



Minnesota Health Care Programs
Behavioral Health Division
Children's Intensive Behavioral Health Services

Program Overview for Providers

Minnesota Department of Human Services
Behavioral Health, Housing, and Deaf and Hard of Hearing Services Administration
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Background

NOTE: In this document, the Minnesota Department of Human Services Behavioral Health Division is referred to as the “Department.”

Purpose of this Guide

The Children’s Intensive Behavioral Health Services (CIBHS) Program Overview for Providers is a guide to help providers seeking reimbursement from Minnesota Health Care Programs (MHCP) for CIBHS understand the program and certification process. It includes background information, treatment components, policies, procedures and the steps agencies and individual providers must complete to become a certified CIBHS provider.

Reading this guide and the other program materials on the [DHS CIBHS web page](#) is the first step for a provider interested in becoming a certified provider. An orientation session with DHS staff is required prior to submitting a certification application. More information about the process can be found near the end of this guide.

History of CIBHS

CIBHS was developed in 2012 through a series of stakeholder groups with counties, tribes, treatment foster care providers, mental health providers, advocacy organizations and parents. The program was initially named Intensive Treatment in Foster Care and served only children and youth in family foster care settings (traditional treatment foster home, relative or kinship home, or a county or tribally licensed home). In 2023, the program expanded to serve both children and youth living in family foster care settings or living with their legal guardians who are at risk of out-of-home placement.

The service was created to meet the unique needs of the population served. CIBHS is a flexible service package that includes the active participation of all members of the client’s identified family, and/or any person identified by the client or client’s parent or guardian as being important to the client’s mental health treatment. Often, children and youth in foster care or children at risk of out-of-home placement have been to multiple providers (both physical and mental health) with no comprehensive assessment that incorporates all their previous care; therefore, a standard diagnostic assessment, including an extensive review of records and trauma assessment, is completed. To combat issues of children and youth experiencing multiple placements or unnecessary hospitalizations, clients have access to clinical phone support 24 hours per day, 7 days per week, and providers coordinate with local or regional mobile crisis intervention teams. Lastly, coordination of care is a central component of CIBHS, and CIBHS utilizes a team approach to help coordinate care across providers to help align treatment goals, enhance communication and improve outcomes.

Overview

Children’s Intensive Behavioral Health Service (CIBHS) is a mental health service for children and youth who require intensive clinical and ancillary services and who either live in a family foster care setting or with their parents or other legal guardians and are at risk of out-of-home placement. These services are delivered using various combinations of services and treatment modalities to achieve the treatment outcomes identified in the client’s individualized treatment plan (ITP). Unlike Children’s Therapeutic Services and Supports (CTSS), or Children’s Residential Treatment (CRT), CIBHS is not a rehabilitative service.

CIBHS is a bundled package of services to be delivered in the client’s home, foster home, school, parent’s current residence or any other appropriate setting. Services may be delivered in an outpatient setting (i.e., office) when it is deemed medically necessary based on the intervention. Services are to be delivered at least three days per week for two hours per encounter, totaling at least six hours of service.

CIBHS includes:

- Psychotherapy (individual, family and group)
- Psychoeducational services (individual, family and group)
- Clinical care consultation
- Crisis planning
- Treatment team planning

Client and Provider Eligibility

Eligible CIBHS Recipients

To be eligible for CIBHS, all the following must be true for the client:

- Be between the ages of 0 to 21.
- Live in a family foster care setting (where the license holder lives in the home) or with their parents or other legal guardians and be at risk for out-of-home placement.
- Be a recipient of Minnesota Health Care Programs.
- Have a standard diagnostic assessment within the past 180 days that documents a mental illness.
- Documentation of medical necessity that intensive treatment services are required to treat symptoms and functional impairments.
- A level of care determination that demonstrates intensive intervention without 24-hour medical monitoring (level of care 4) is required.

Eligible CIBHS Providers

To be an eligible provider of CIBHS, an agency must meet the provider certification requirements described in this document. Only CIBHS certified agencies and their qualified employees enrolled as Minnesota Health Care Programs (MHCP) providers may provide CIBHS services.

The following entities may request MHCP certification as a CIBHS provider:

- County-operated entity
- An Indian Health Service facility or Rule 638 tribal organization under Title 25 or Title 3 of the Indian Self-Determination Act, Public Law 93-638
- Non-county entity

Only Mental Health Professionals as defined in [Minnesota Statutes 245I.04, subdivision 2](#) and clinical trainees as defined in [Minnesota Statutes 245I.04, subdivision 5](#) may provide CIBHS services.

Clinical Infrastructure and Treatment Modality

All CIBHS services must be delivered using trauma-informed practices. Mental health professionals must be trained, certified or credentialed in the specific treatment modality employed. Providers should utilize either Trauma-Informed Child Parent

Psychotherapy (TI-CPP) or Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) whenever appropriate. However, other evidence-based practices, best practices, promising practices or culturally appropriate treatment may be used in order to meet the specific needs of clients and families when approved by the Department. Clinical trainees must be trained in the specific modality used and receiving supervision from and billing under a mental health professional trained in the approved modality. If clinical trainees are utilizing TI-CPP or TF-CBT, they must be trained in the modality and receiving supervision from, and billing under, an EBP-certified mental health professional and within 1,000 hours of licensure.

The Department determines through the CIBHS certification process whether an agency has a clinical infrastructure, administrative infrastructure and service delivery system that meets the standards identified by the Department as necessary for intensive work with foster children and children at risk of out-of-home placement. All of these must support an individualized treatment planning process that is culturally appropriate, child-centered and family-driven to achieve the maximum mental health benefit and permanency outcomes for children, youth and their families.

Services

Agencies must be able to provide the following services:

- Psychotherapy (individual, family, and group)
- Psychoeducation (individual, family, and group)
- Crisis planning
- Clinical care coordination
- Individual Treatment Plan development

Service Provision Standards

CIBHS has strict service provision payment delivery standards described in [Minnesota Statute, Section 256B.0946](#) that require the following:

- CIBHS is a bundled service for MHCP and is reimbursed at a single day per client encounter rate. For a provider to receive the daily per client encounter rate, at least one of the following core services must be provided: psychotherapy provided by a mental health professional or a clinical trainee; crisis planning; or individual, family, and group psychoeducation services provided by a mental health professional or a clinical trainee. Clinical care consultation provided by a mental health professional or clinical trainee and individual treatment plan development may be included as part of the daily per client encounter rate once a core service has been provided on the same day.
- Services must be delivered and documented at least three days per week for two hours per encounter, equaling at least six hours of treatment per week. If the mental health professional, client and family agree, service units may be temporarily reduced for a period of no more than 60 days in order to meet the needs of the client and family, as part of transition or as a discharge plan to another service or level of care. The reasons for service reduction must be identified, documented and included in the treatment plan. Billing and payment are prohibited for days on which no services are delivered and documented.
- Providers must develop and practice written policies and procedures for CIBHS.
- All services must be delivered by a mental health professional or a clinical trainee, as defined in [Minnesota Statute, Section 245I.04](#).
- Each client receiving treatment services must receive a standard diagnostic assessment prior to enrollment in this service unless the client has a previous standard diagnostic assessment (within 180 days) that the client, parent and mental health professional agree still accurately describes the child's current mental health functioning.
- The level of care assessment and functional assessment must be updated every 180 days, or prior to discharge from the service, whichever comes first. The level of care assessment must remain at least a level of care 4 for program eligibility. When a client's level of care score decreases, transition planning to a lower level of care must begin and not take longer than 60 days.
- Each previous and current mental health, school and physical health treatment provider must be contacted to request documentation of treatment and assessments that the eligible child has received. This information must be reviewed and incorporated into the diagnostic assessment and team consultation and treatment planning review process.
- Each client receiving treatment must be assessed for a trauma history and the client's treatment plan must document how the results of the assessment will be incorporated into treatment.
- Each client receiving services must have an individual treatment plan that is reviewed, evaluated and approved every 180 days, using the team consultation and treatment planning process.
- Clinical care consultation must be provided in accordance with the client's individual treatment plan.

- Each client must have a crisis assistance plan within ten days of initiating services and must have access to clinical phone support 24 hours per day, seven days per week, during treatment. The crisis plan must demonstrate coordination with the local or regional mobile crisis intervention team.
- Location of service delivery must be in the client's home, day care setting, school or other community-based setting that is specified on the client's individualized treatment plan.
- Treatment must be developmentally and culturally appropriate for the client.
- Services must be delivered in continual collaboration and consultation with the client's medical providers, in particular, with the prescribers of psychotropic medications, including those prescribed on an off-label basis. Members of the service team must be aware of the medication regimen and potential side effects.
- The client's identified family members, or any person who is identified by the client and the client's parent or guardian as being important to the client's mental health treatment, along with members of the client's permanency plan must be involved in treatment and service delivery unless otherwise noted in the treatment plan.
- Transition planning for the client must be conducted starting with the first treatment plan and must be addressed throughout treatment to support the client's permanency plan and post-discharge mental health service needs.

Telehealth

Telehealth is a tool that helps meet the needs of individuals and families by increasing flexibility and decreasing barriers. Per [Minnesota Statute 256B.0946](#), "location of service delivery must be in the client's home, day care setting, school, or other community-based setting that is specified on the client's individualized treatment plan." When clients and families are unable to meet in their home or community, telehealth is an option and may be utilized on a limited basis. However, because CIBHS is an intensive service that serves children and youth with significant behavioral health needs and their families, telehealth may not be an appropriate fit for many clients.

Telehealth may be utilized on a limited basis when it is clinically appropriate and an effective means for delivering the service to the person being served and the needs of the client and family require it. Telehealth cannot be used for reasons outside of meeting the needs of the client and family (exceptions can be made for safety reasons due to weather and travel conditions). For example, telehealth cannot be used because the agency wants to decrease travel time or due to provider preference.

Examples of appropriate use of telehealth with CIBHS clients, when clinically appropriate, include but are not limited to:

- The client's biological parents live in a different community than the foster family/agency and are unable to access in-person services.
- Household members are ill, but the client/family are still able to meet virtually.
- Client moves outside of the agency's service area, is near completion of the program and remaining with the same provider for continuity of care purposes is recommended.

Anytime telehealth is utilized, an explanation for how it meets the needs of the client and family and how it is clinically appropriate must be clearly explained and documented in the client's case notes. For the use of telehealth beyond a single session, it must also be clearly documented in the client's ITP.

Telehealth must meet state and federal laws, regulations and policies. See [Minnesota Statute 256B.0625](#) and the Telehealth section of the MHCP Provider Manual for additional state information.

Application Requirements

Certification Application

To become a certified provider agency, the agency must meet all applicable administrative and clinical infrastructure standards noted in [Minnesota Statutes, section 256B.0946](#), and Medicaid related rules and laws. CIBHS certification is required, and a qualifying provider must:

- Attend a CIBHS orientation session with Department staff.
- Complete and submit an application, including the sample clinical case file.

Certification Process

The Minnesota Department of Human Services (DHS), as the Minnesota Medicaid authority, is responsible for the overall certification process. DHS reserves the authority to revise certification and recertification criteria at any time without notice. The certification process determines whether the provider meets the following applicable standards established by the Department that are needed to provide adequate mental health services to children and youth in foster care placements or living with their legal guardians and at risk for out-of-home placements:

- Agencies must identify the evidence-based practices, best practices, promising practices or culturally appropriate treatment that will be utilized to meet the specific needs of clients and families and request approval by the Department. All CIBHS services must be delivered using trauma-informed practices. Trauma-Informed Child Parent Psychotherapy (TI-CPP) or Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) should be utilized whenever appropriate and providers should work towards credentialing all clinicians in TF-CBT or TI-CPP.
- Agencies must document mental health professionals, treatment supervisors and clinical trainees that will be providing this service, including information on training, certification or credentialing in the approved treatment modality.
- Each individual provider of this service must have completed a criminal background investigation at the time of application. In accordance with [Minnesota Statutes, Section 245C.32](#), the clinician must provide informed consent to the background investigation and release of the information to the Department. Whenever a new therapist joins the agency to provide CIBHS, a new background check must be conducted and the Department must be notified.
- Agencies must provide information on organizational structure and how CIBHS services fit into the continuum of care.
- Agencies must describe the 24/7 phone availability staffing plan for the service and the agency's crisis assistance plan and documentation of coordination with local crisis response services.
- Agencies must provide training to CIBHS staff in accordance with [Minnesota Statutes, 245I.05](#).
- Agencies will need to create a special informed consent form for this service that describes the program, confidentiality and how information is shared within a team approach that emphasizes collaboration.
- Agencies must also create and submit a sample clinical file that contains the following information:
 - Standard diagnostic assessment (include trauma assessment, CASII/ECSII level of care, medical necessity)
 - Individual treatment plan that is created with a team treatment planning process
 - Crisis assistance plan
 - Informed consent form
 - Two weeks of progress notes
 - Individual treatment plan review (done at 6 months of service provision)

Application

The agency must submit a complete application. This means all required application materials and attachments are submitted to the Minnesota Department of Human Services by following the directions on the application form and emailing the required application documents to CIBHS.DHS@state.mn.us.

NOTE: IHS and 93-638 facility provider agencies seeking to become a CIBHS provider may complete the same certification application process or submit their standards for certification and/or credentialing. Per [Minnesota Statutes 256B.02](#), a federally recognized tribe that intends to implement standards for certification or credentialing an individual provider must submit the standards to the commissioner of DHS, along with evidence of meeting, exceeding or being exempt from corresponding state standards.

Application Review

The Department will acknowledge receipt of an application within fifteen days. A partially completed application cannot be considered a valid application. If the agency's application does not meet minimum standards, the Department shall communicate

in writing the reason(s) for denial or request additional information be provided to show how the agency meets requirements or to clarify content. The agency has 60 days from receiving the request to respond to the Department's request for additional information. Thereafter, the application is denied.

The Department will provide technical assistance on CIBHS standards and requirements. However, meeting the standards and criteria of the certification process is the responsibility of the agency. Once receiving all necessary and requested information the Department will conduct a formal review of the application. The Department strives to process applications in a reasonable time frame and the process typically takes less than 30 days.

If the Department does not certify the agency, the Department will notify the agency in writing and list the reason(s) for the agency's denial.

Certification

The CIBHS initial certification is effective for one year from the effective date. Prior to the end of the initial certification the Department or Department representatives will conduct an on-site evaluation. Approval of continuing certification is required prior to the end of the initial certification if the provider plans to continue to provide and seek reimbursement for CIBHS services. Thereafter, periodic recertification applications will be required.

At the time of recertification, agencies need to provide assurance and documentation that background checks for all of the employees providing CIBHS services have been completed and provide documentation of staff training plans in adherence with [Minnesota Statutes, 245I.05](#). Recertification applications will be approved based on the following requirements:

- Adherence to employee background checks and training policies.
- Providers trained, certified or credentialed in treatment modality approved by DHS.
- Clinical case documentation standards.
- Significant change as measured by assessment tool for children and youth upon discharge.
- Decrease use of local crisis and hospital inpatient services during CIBHS treatment.

Identifying and connecting with potential referral sources is an important component of being a CIBHS provider. Once agencies have state certification, outreach can be done to counties, tribes and other organizations to educate them about CIBHS, inform them of the agency's certification and share information about the referral process for children and youth living in family foster care settings and living with their guardians and at risk of out-of-home placement.

Changes Occurring after Certification

Following certification, a certified provider will likely experience changes in personnel, administrative and clinical policies, procedures, organizational structure and other changes. Certain changes need to be communicated to the Department so appropriate action may be taken. Certain changes must be communicated in writing. All changes in personnel must be submitted in writing with attestation of criminal background checks completed as required in certification process by completing the Children's Intensive Behavioral Health Services Change DHS-5360C form on the [CIBHS web page](#).

For changes affecting provider's ability to meet CIBHS standards, the Department will review within 30 days and approve or not approve. If approved, the Department will communicate this to the provider agency. The Department can approve significant changes if the changes comply with certification and MA requirements. If the submitted written changes are unclear or not approvable, the Department can require a meeting with the provider and/or clarification in writing. If problems related to clarity or non-approval cannot be resolved within an additional 30 days through this communication process, then the Department may take action to address the problem through the decertification process.

NOTE: If significant changes result in a provider becoming noncompliant with requirements (e.g., lack of clinical supervision, lack of qualified staff, etc.), the provider is no longer eligible to receive reimbursement for services provided under CIBHS. The effective date of noncompliance is the date the change occurred and the provider no longer met CIBHS standards.

Agencies must comply with all policies and requirements as defined in Mental Health Services of the [Minnesota HealthCare Programs Provider Manual](#).

Definitions

At Risk

“At risk” has the meaning given in section [256B.0946](#).

Clinical Care Consultation

“Clinical care consultation” means communication from a treating clinician to other providers working with the same client to inform, inquire, and instruct regarding the client’s symptoms, strategies for effective engagement, care and intervention needs, and treatment expectations across service settings, including but not limited to the client’s school, social services, day care, probation, home, primary care, medication prescribers, disabilities services, and other mental health providers and to direct and coordinate clinical service components provided to the client and family.

Clinical Trainee

“Clinical trainee” means a staff person who is qualified according to section [245I.04](#), subdivision 6.

Crisis Planning

“Crisis Planning” has the meaning given in section [245.4871, subdivision 9a](#).

Culturally appropriate

“Culturally appropriate” means providing mental health services in a manner that incorporates the child’s cultural influences into interventions as a way to maximize resiliency factors and utilize cultural strengths and resources to promote overall wellness.

Department

Minnesota Department of Human Services Behavioral Health Division, Children’s Intensive Behavioral Health Services (CIBHS) certification team.

Family

“Family” means a person who is identified by the client or the client’s parent or guardian as being important to the client’s mental health treatment. Family may include, but is not limited to, parents, foster parents, children, spouse, committed partners, former spouses, persons related by blood or adoption, persons who are a part of the client’s permanency plan, or persons who are presently residing together as a family unit.

Foster Care

“Foster care” has the meaning given in section [260C.007, subdivision 18](#).

Foster Family Setting

“Foster family setting” means the foster home in which the license holder resides.

Individual Treatment Plan

“Individual treatment plan” means the plan described in section [245I.10, subdivisions 7 and 8](#).

Medical Necessity or Medically Necessary

Per [Minnesota Administrative Rule 9505.0175](#), a health service is consistent with the child’s diagnosis and:

- Is recognized as the prevailing standard or current practice by the provider’s peer group; and
- Is rendered in response to a life threatening condition or pain; or to treat an injury, illness or infection; or to treat a condition that could result in physical or mental disability; or to care for a mother and child through the maternity period; or to achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition; or
- Is a preventative health service.

Medical necessity is demonstrated by providing the rationale for why the child requires this level of service rather than a less intensive service to treat the same diagnosed condition. CIBHS distinguishes itself from other services on the children’s mental health continuum since it is an intensive clinical service that does not require a rehabilitative focus. The service package focuses on decreasing symptoms and impairments to functioning but does not require the clinicians to document what capacity the child

lacks or was not able to acquire because of her or his mental illness. Medical necessity for CIBHS must focus on the child's current symptomology, functional impairments and placement needs within the family foster care setting.

Mental Health Professional

"Mental health professional" means a staff person who is qualified according to section [245I.04](#), subdivision 2.

Mental Illness

"Mental illness" has the meaning given in section [245I.02, subdivision 29](#).

Parent

"Parent" has the meaning given in section [260C.007, subdivision 25](#).

Psychoeducation Services

"Psychoeducation services" means information or demonstration provided to an individual, family, or group to explain, educate, and support the individual, family, or group in understanding a child's symptoms of mental illness, the impact on the child's development, and needed components of treatment and skill development so that the individual, family, or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental health and long-term resilience.

Psychotherapy

"Psychotherapy" means the treatment described in section [256B.0671, subdivision 11](#).

Standard Diagnostic Assessment

"Standard diagnostic assessment" means the assessment described in section [245I.10, subdivision 6](#).

Team Consultation and Treatment Planning

"Team consultation and treatment planning" means the coordination of treatment plans and consultation among providers in a group concerning the treatment needs of the child, including disseminating the child's treatment service schedule to all members of the service team. Team members must include all mental health professionals working with the child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and at least two of the following: an individualized education program case manager; probation agent; children's mental health case manager; child welfare worker, including adoption or guardianship worker; primary care provider; foster parent; and any other member of the child's service team.

Trauma

"Trauma" has the meaning given in section [245I.02, subdivision 38](#).

Treatment Supervision

"Treatment supervision" means the supervision described under section [245I.06](#).

Children’s Intensive Behavioral Health Services & Other Concurrent Service

CIBHS certified agency must provide all the covered services.

When requesting authorization, clearly document medical necessity for the additional service(s), including reasons CIBHS does not or cannot meet recipient’s needs (for example, specialty service, transitional service, etc.).

| Other Service | Is service included in CIBHS? | Can service be provided in addition to CIBHS? | Service Limitations |
|---|-------------------------------|---|---|
| MH-TCM | No | Yes | |
| Children’s Mental Health Day Treatment | No | Yes | Day treatment program must request authorization. |
| Children’s Residential Treatment Services | No | No | Cannot be billed separately. |
| Partial Hospitalization | No | Yes | Partial hospitalization thresholds and limitations apply. |
| IRTS | No | Yes | CIBHS and IRTS may be provided concurrently without authorization. |
| CTSS and ARMHS | No | No | Rehabilitative skills training is a not a component of CIBHS services and cannot be billed separately. |
| Mental Health Behavioral Aide Services | No | No | Cannot be billed separately. |
| Crisis Assessment and Intervention (mobile) | No | No | Can be billed separately. |
| Crisis Stabilization – non-residential | No | No | Cannot be billed separately. |
| Crisis Stabilization – residential | No | Yes | Service limits apply. Services must be provided with CIBHS and residential provider. |
| Medication Management | No | Yes | May be provided by physician or advance practice registered nurse with mental health certification. |
| Outpatient Psychotherapy | Yes | No | A component of CIBHS. Cannot be billed separately |
| Inpatient Hospitalization | No | Yes | Inpatient hospitalization services are reimbursed separately from CIBHS. CIBHS claims: enter POS code 21. |
| Waivered Services | No | No | Cannot be billed separately. |
| Other medical services (e.g., PCA) | No | Yes | Service limits apply to each service. |