ARMHS Information Seminar for
Potential Provider Organizations & Clinicians

Wade Keller | Mental Health Program Consultant - ARMHS
For those participating via VIDYO, please send questions to:

dhs.armhs@state.mn.us
Who is here today?

- **Administrative Business Person**
  - responsible for the overall success of the business
  - ensuring that the business follows the guidelines for offering ARMHS

- **Clinical Supervisor**
  - ensuring that the clients are eligible for ARMHS,
  - ensuring services meet medical necessity, and
  - ensuring all documentation is in line with requirements
• Introductions
• What is ARMHS?
• Eligibility for ARMHS
  • Provider Eligibility
  • Client Eligibility
• ARMHS Service Categories
• The ARMHS Team & Roles
• Certified Peer Specialists

• Mental Health Information System (MHIS)
• Minnesota Health Care Programs (MHCP) Provider Enrollment
• Office of Inspector General (OIG)
• ARMHS Documentation
• The Certification Application
• Resources
Introductions
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Introductions – at DHS & Greater MN

• Name
• Agency & Location
• Your role – Admin/Owner/Mental Health Professional
• Background?/Why ARMHS?
  • Serving any unique needs/populations?
What is ARMHS?
• In 2002, the MN DHS Adult Mental Health Division was granted an Medical Assistance (MA) Rehabilitation Waiver.
  • MA would now cover certain services previously deemed “non-medical” in nature but essential to mental health care.
  • MA reimbursement for essential mental health services recognizes that mental illness is:
    • a real disease
    • needing the same continuum of care as cancer, diabetes, etc.
What is a “Rehabilitative” Service?

“Medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under State Law, for maximum reduction of physical or mental disability and restoration of a recipient to his/her best possible functional level.”

Goal ~ reduce the duration & intensity of medical care to the least intrusive level possible which sustains health.

Center for Medicare/Medicaid Services (CMS)
Characteristics of ARMHS

MN Statute 256B.0623

“Mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, independent living, parenting skills, and community skills, when these abilities are impaired by the symptoms of mental illness...

...Enable a recipient to retain stability and functioning if the recipient is at risk of losing significant functionality or being admitted to a more restrictive service setting without these services; and...
What is ARMHS?

• ARMHS Services ARE:
  • Restorative, recovery-oriented interventions
  • Delivered to individuals who have the capacity to benefit from them
  • When...skills and abilities that have been lost or diminished due to the symptoms of mental illness
  • Can be... acquired, practiced, and enhanced whenever and wherever they are needed.
  • Delivered in their homes or elsewhere in the community.
  • Delivered Face-to-Face
Eligibility for ARMHS
Eligibility for ARMHS

Provider Eligibility

• Must be **Certified** by the State Of Minnesota

• Must be a **MA-approved** Provider Organization (MHCP)

• Must have the capacity to provide the **full array** of covered ARMHS categories either directly, or by contract.

• Must **coordinate** within the community mental health system that you are serving.
Eligibility for ARMHS

Client Eligibility

• Adult, age 18+

• Diagnosed of a medical condition, such as mental illness or traumatic brain injury, for which ARMHS are needed

• Substantial disability and functional impairment in 3+ life domains, due to the symptom(s) of the serious mental illness, decreasing self sufficiency
Eligibility for ARMHS

Client Eligibility

• Current Diagnostic Assessment by a qualified mental health professional, indicating medical necessity; (required annually)

• Mental Health Professional opinion that the person has the cognitive capacity to engage in & benefit from the rehabilitative nature of this service
ARMHS Covered Service Categories
ARMHS Covered Service Categories

- Functional Assessment (FA)
- Individual Treatment Plan (ITP)
- Basic Living and Social Skills (BLSS)
- Medication Education
- Community Intervention (CI)
- Transition to Community Living (TCL)
- Certified Peer Specialist Services (CPSS)
Functional Assessment

• Product Category: FA + LOCUS + Interpretive Summary

• Describes how the person’s mental health symptoms currently impact their day-to-day functioning in a variety of roles and settings

• Face-to-Face

• Individual only
With the client, not for the client. (Person-Centered)

A written plan that documents the treatment strategy, the schedule for accomplishing the goals and objectives, and the responsible party for each treatment component. Complete an individual treatment plan before mental health service delivery begins.

Face-to-Face

Individual only
Basic Living and Social Skills

ARMHS services *instruct, assist, & support* the recipient in areas such as:

- Interpersonal Communication Skills
- Utilizing Community Resources and Community Integration
- Crisis Assistance
- Mental Illness Symptom Management
- Relapse Prevention Skills
- Healthy Lifestyle Skills and Practices

- **Face-to-Face**
- **Individual or Group**
Medication Education

Medication Education services center on:

• The **role and effects** of medications in treating symptoms of mental illness

• The **side effects** of medications

• Face to Face

• Individual or Group
Community Intervention

Services activated on behalf of a client in order to:

• **Alleviate or reduce a barrier(s)** to community integration or independent living; ~ or ~

• **Minimize the risk of loss** of functioning which could result in hospitalization or placement in a more restrictive living arrangement

*Examples:* Potential Eviction, Job Performance or Attendance

• Face-to-face **not required**. Client does not need to be present for this service.
Transition to Community Living (TCL)

Pre-Authorized concurrent services provided to the person currently receiving higher level of care services AND

• The person is leaving a higher level of care service (ex: ACT) within 180 days.

• Allows ARMHS and the provider to work with the person to promote successful re-entry into the community.

• Are coordinated with, but not replacing the responsibilities required of the higher level of care services.

• Face-to-Face

• Individual Only
ARMHS Covered Service Categories

Certified Peer Specialist (CPS) Support Services

• A non-clinical service approach emphasizing recovery.

• Person-Centered approach (Individualized)

• Interventions promote:
  
  Recovery, socialization, self-sufficiency, self-advocacy, natural supports development, maintenance skills learned from other support services.

• Through the sharing of a mutual life experience related to mental illness.

• Face-to-Face

• Individual or Group
Non-Covered Services

• Room & Board services
• Personal care attendant (PCA) services
• Transportation of people to and fro
• Vocational/Occupational (pre-vocational training)
• Academic education (classroom, teaching to read or write)
• Provider “doing for” activities, i.e. household chores, grocery shopping
• Services to persons while residing in public institutions (specifically inmates of penal institution, IMDs, state custody, under state administrative control)
The ARMHS Team and Their Roles
The Team and their Roles

- Mental Health Professional
  - Clinical Supervisor
  - Treatment Director (+/-)

- Mental Health Practitioner
  - Treatment Director (+/-)

- Mental Health Rehabilitation Worker

- Certified Peer Specialist (CPS I or II)
The Team and Their Roles

Mental Health Professional
Clinical Supervisor
(could also be Treatment Director)

Mental Health Practitioner
(Tx. Dir.)

Mental Health Rehabilitation Worker

Certified Peer Specialist (I or II)
The Team and their Roles

Clinical Supervisor

• Must be Medicaid approved/enrolled with MHCP.

• Directs and oversees the work of all ARMHS staff.

• All approved service activities are implemented under Their Board licensure.

• 256B.0623 Subd. 6 – responsibilities

• 245.462 Subd. 18 - qualifications
Clinical Supervisor

• Examines & approves documentation EX: DA, FA, ITP & Progress updates.

• Conducts recipient record reviews of progress notes for each client every 6 months with feedback documented in the clients record.

• Conducts ARMHS supervision (1:1 or group) at least once monthly.
  • Group Supervision max. of 6 participants – 9505.0371.4.B.2

• Assures recipient eligibility
Clinical Supervisor

• Meets with ARMHS Treatment Director (if applicable) to:
  • review program needs
  • review field observations & evaluate MHRW & CPS I
  • plan staff training
  • consultation as needed
• Available for urgent consultation (with ARMHS staff)
The Team and their Roles

**Treatment Director**

- Could be the MHP clinical supervisor **OR** an experienced MH Practitioner.
- Ensure *field observations* requirements are met.
- Meets at least 1x month with Clinical Supervisor regarding program matters
- Examines and assures *timely completion of documentation*.
- **256B.0623 Subd. 6 (d)**
The Team and their Roles

Mental Health Practitioner
Conducts all ARMHS services with recipients

Qualifications vary:

• Behavioral Science Coursework (30 Semester or 45 Quarter Hours)
  • + 2000 hours experience in the delivery of services to adults with mental illness, substance use disorder, emotional disturbance, developmental disabilities or traumatic brain injury OR
  • Fluent in non-English language to which at least 50 percent of the practitioner's clients belong OR
  • Practicum or Internship completed with direct service experience
Mental Health Practitioner...cont’d

• No degree + 4,000 hours experience in the delivery of services to persons with mental illness OR substance use disorder, emotional disturbance, developmental disabilities or traumatic brain injury OR

• A Graduate student in one of the behavioral sciences or related fields and is formally assigned for training purposes OR

• Master's Degree in one of the behavioral sciences or related fields

• 245.462 Subd. 17
Only implements rehabilitative interventions identified in the person’s individual treatment plan.

- Cannot perform FA, LOCUS, Interpretive Summary or ITP

Qualifications Vary:
- Mandatory MH training topics
- Field Supervision and Clinical Supervision required
  - Lived experience, Cultural competence, Educational experience
- 256B.0623 subd. 5
Certified Peer Specialist (CPS)

- Level 1 CPS
  - Certified as a CPS by the state of MN
- Level 2 CPS
  - Certified as a CPS by the state of MN
  - Qualified as a MH Practitioner
- **256B.0615**
Certified Peer Specialists

Shelley White
Peer Specialist Policy Lead
Where do I find the legislative statutory language?

So glad you asked

MN Statute 256B.0615

MENTAL HEALTH CERTIFIED PEER SPECIALIST.
Who can be a Certified Peer Specialist?

• Subd. 5. Certified peer specialist training and certification.

• Must be at least 21 years of age.

• The candidates must have had a primary diagnosis of mental illness

• Be a current or former consumer of mental health services,

• Demonstrate leadership and advocacy skills and a strong dedication to recovery.

• Successfully complete the approved training

NOTE: CHANGE in 2017 NO LONGER IS A HIGH SCHOOL DIPOLMA REQUIRED
What is the current training?

- DHS has approved the RI International (formerly Recovery Innovations) Peer Employment Training (PET) as the official training. It is
  - 76 hours of in person training
  - Nightly homework, take home mid-term
  - Closed book final
  - Observed and graded role play
  - Required attendance and participation
- Currently taught Monday- Friday 8:30-4:30 for two concurrent weeks
Just a cute picture!
How do we find candidates?

Share training information with your local providers.

Be on the look out for individuals who are living well in their recovery and are ready for work or to change careers.

Please remember this is an intense training. If you are asked to make a recommendation consider- if you were in a position to hire this person- would you?

A person might make a great peer but timing is important. The potential student gets only one bite at the state training dollar. Coming right out of intense services is not usually the best time to take the training.
Northland Counseling Center was awarded a contract in 2016 to:

- Collect and screen candidates for training, and coordinate the training logistics.
- Develop a web site that posts training dates and locations, employment and continuing education opportunities.

PEERS LINK TO HOPE

www.peerslinktohope.org
Things to remember

IF YOU HAVE PEERS THAT ARE INTERESTED...

HAVE THEM SEND IN THEIR COMPLETE APPLICATIONS

We need a minimum of 14 folks in an area to hold a training.

The maximum class size is 22.

WE NEED TO KNOW THERE ARE ENOUGH

QUALIFIED TRAINING CANDIDATES TO HOLD A TRAINING IN YOUR AREA

Because of demand applicants often must wait 6 months before getting into a class
Don’t be afraid you can call me  651-431-2518

Email me  shelley.white@state.mn.us
Thank You!

Shelley White
One more time!!!!!!
Shelley.white@state.mn.us
651-431-2518
Mental Health Information System (MHIS)
What is MHIS?

MHIS (Mental Health Information System) is a secure web-based portal that is used to collect client-level data on those who receive mental health services.
Who is reported into MHIS?

• **Who to report:** all clients who receive publically or grant funded mental health services
  
  • Clients who received services reimbursed **entirely** by private insurance or self-pay **should not be reported**
What is collected?

• MHIS collects information on:
  • Client demographics
  • Outcome data

• This information is reported every 6 months
  • January - June
  • July – December
MHIS

Why do we collect this data?

• DHS requires regular reporting of client outcome information for publically funded services
  • Policy decisions
  • Program funding
  • Federally mandated reporting
Resources:

MHIS Technical Assistance

• [MHIS Technical Assistance Webpage](#)
• email: [dhs.amhis@state.mn.us](mailto:dhs.amhis@state.mn.us)
• phone: 651-431-2239
MHCP Provider Eligibility and Compliance
MHCP Provider Enrollment

START
Apply to become ARMHS Provider

MHCP Site Visit

MHCP Provider screening & Fee Payment

Final Notice Sent

MHCP is Notified of Approval

Application Synopsis
Provider Screening Requirements Overview

- Navigating the website for resources!
- MHCP Provider Enrollment
  - Application Fees
  - MHCP Eligibility and Compliance Screening Actions:
    - Risk Levels
    - Site Visits
- Denials and Terminations
- How to contact MHCP?
MHCP Partners and Providers webpage: https://mn.gov/dhs/partners-and-providers/

Instructions, links to manuals, statutes, and the adult mental health policies and procedures webpage.

Search the DHS library for frequently needed forms, applications, brochures, bulletins.

DHS Contact phone numbers and email addresses.

Stay up to date on DHS news and initiatives, view MHCP provider news and updates, sign-up for email subscriptions.
MHCP Provider Basics: Provider Requirements, Health Care Programs and Services, Managed Care Organizations (MCOs), Billing Policy Overview, Authorization
MHCP Provider Manual - Mental Health Services: ARMHS and Certified Peer Specialist Services

Adult Rehabilitative Mental Health Services (ARMHS)

Revised: April 9, 2019

- Eligible Providers
- Eligible Recipients
- Covered Services
  - Basic Living and Social Skills
  - Certified Peer Specialist Services
  - Community Intervention
  - Functional Assessment
  - Level of Care Utilization System (LOCUS)
  - Individual Treatment Plan
  - Medication Education
  - Transition to Community Living Services

- Progress Notes
- Noncovered Services
- Authorization
- Authorization Requirements for TCL Services
- Billing
- Legal References
Application Fees

- Required for ARMHS (institutional provider)

- The application fee is determined by the Centers for Medicare and Medicaid Services (CMS) and can change every calendar year.

- You are subject to the application fee for each new enrollment, reenrollment and at time of revalidation for each of your locations or provider type records.

  - MHCP enrolled providers are required to revalidate their enrollment record(s) at least once within every five years.
MHCP Provider Eligibility and Compliance

Risk Levels and Screening Actions:

• CMS established risk levels for provider types that enroll in Medicare.

• For providers that are not eligible to enroll with Medicare, The State of Minnesota assigns the risk levels to those services.
  ✓ ARMHS = Moderate Risk

• All providers are subject to some type of screening action. Some screening actions are required for all provider types, while others are specific to provider types with a high or moderate risk level.
What is SIRS?

- A section within DHS/OIG (Office of Inspector General)

- SIRS (Surveillance Integrity Review Section) investigates suspected:
  - Medical assistance fraud, theft, abuse;
  - Presentment of false or duplicate claims;
  - Presentment of claims not medically necessary; or
  - False statements or representations of material facts by vendors of medical care

- SIRS imposes sanctions including termination, suspension, fines, and/or overpayment recoupment
When Are Site Visits Conducted

• **Pre-enrollment** - Occurs prior to initial enrollment (Unannounced)

• **Post-enrollment** - Occurs typically between 6-12 months after pre-enrollment visit

• **Re-validation** - Occurs after provider completes the re-validation process

Provider Enrollment

• **Re-enrollment** - Occurs after previously enrolled provider re-applies to become a provider
SIRS Pre-Enrollment Site Visit Outcomes

• Cases referred for a site visit will either be approved or denied
  • Approved = provider will receive a welcome letter from DHS Provider Enrollment and will be eligible to begin providing services
  • Denied = provider will receive a denial status letter from DHS Provider Enrollment and will have to re-apply

• Screening Investigators may educate the provider on concerns identified during the visit

• If fraud, waste, or abuse is suspected during the site visit, the case will be referred to SIRS Provider Investigations
SIRS Pre-Enrollment Site Visit Denial Reasons

• The SMA (State Medicaid Authority) may deny the provider’s application in circumstances such as:
  • Lack of access - Failure to allow access to any and all site locations will result in a denied site visit
  • Ineligible site location - Sites located at P.O. boxes or other ineligible locations will be denied
  • Inaccurate or untimely enrollment documents - example: failure to disclose all owners, managers, board members, and parties with 5% or more of controlling interest
  • Lack of required bonds and/or insurance
SIRS/OIG commonly seen Trends/Schemes

- Up-coding
- Identity theft
- “Robo” signing
- Starting services without the proper documentation
- Having unqualified staff provide services
- Copying and pasting documentation
- Falsifying staff credentials
- Recipient “kick backs”
- Padding time
- Lack of supervision
What does SIRS Investigation Unit do with Investigations?

- No action
- Recover overpayments
- Settlement agreements / payment plans
- Refer to other state agencies, MCOs, or DHS divisions
- Refer to Law Enforcement
  - MN Attorney General’s Office (MFCU)
  - Federal OIG
- Terminate or Suspend a provider
- Payment Withhold
MHCP Timelines

• MHCP has 30 days to process your application
  • From the date of a complete submission
  • Once application is processed, request a pre-screening site visit

• OIG/SIRS has 60 days to complete the pre-screening site visit
  • Recommend approval/denial

• MHCP gives final approval or denial
  • If approved, you may begin billing for ARMHS
How to Contact MHCP

Questions or inquiries?

MHCP Provider Call Center: 651-431-2700 or 1-800-366-5411 for questions about MHCP coverage policies and billing procedures.

MHCP Members and applicants who have questions should call the MHCP Member Help Desk at 651-431-2670 or 1-800-657-3739.

Report Fraud Waste and Abuse:

Phone: 651-431-2650
Fax: 651-431-7569
Email: DHS.SIRS@state.mn.us
ARMHS Documentation
• Diagnostic Assessment (DA)
• Functional Assessment (FA)
  • LOCUS
  • Interpretive Summary
• Individual Treatment Plan (ITP)
• Progress Notes & Written
• Review of Progress
Order of Services

DA → FA (LOCUS + Interpretive Summary) → ITP → BLSS

• 1. Diagnostic Assessment
• 2. Functional Assessment
  • 2a. LOCUS
  • 2b. Interpretive Summary
• 3. Individual Treatment Plan
• 4. Basic Living & Social Skills (BLSS)
## Service Requirements

<table>
<thead>
<tr>
<th>Service</th>
<th>Updates</th>
<th>Timeline</th>
<th>Billable Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>DA</td>
<td>Required annually</td>
<td>-</td>
<td>Not an ARMHS service</td>
</tr>
<tr>
<td>FA</td>
<td>Minimum every 6 months</td>
<td>w/in first 30 days</td>
<td>6 sessions/ calendar year</td>
</tr>
<tr>
<td>ITP</td>
<td>Minimum every 6 months</td>
<td>w/in first 30 days</td>
<td>4 sessions/ calendar year</td>
</tr>
<tr>
<td>BLSS</td>
<td>-</td>
<td></td>
<td>300 hours/ calendar year</td>
</tr>
<tr>
<td>Community Intervention</td>
<td>-</td>
<td></td>
<td>Max. 10/month 72 units/year</td>
</tr>
<tr>
<td>Medication Education</td>
<td>-</td>
<td></td>
<td>26 hours/ calendar year</td>
</tr>
</tbody>
</table>

Documentation is not complete until signed by both ARMHS staff and the Clinical Supervisor

10/1/2020
Diagnostic Assessment (DA)

• MH Outpatient Service. NOT an ARMHS service

• Establishes the **MH Diagnosis and medical necessity**

• A written evaluation, which includes an 1:1 interview with the individual & conducted by a qualified Mental Health Professional.

• Follows criteria as defined [MHCP Provider Manual](#) / [MH Outpatient Services](#).

• Performed Annually
Functional Assessment (FA)

• Further establishes **Eligibility** for ARMHS 256B.0623 & 245.462

• **Assesses** current status & functioning of a person **from their perspective**

• Describes **client’s perception** of the mental health symptom(s) they experience and the **impact to their functioning**

• Details any strengths and resources of the client

• Info gathered from: the client and the most current DA
(FA) – cont...

- Documenting client voice & participation *vs.* staff opinion and judgement
  - Client reports, states, endorses, etc...

- Avoid writing anything we wouldn’t be comfortable with our client reading

- Updates – Review with client and update
  - All areas w/a previous functional impairment must be updated
  - Avoid “no change”
How does person view/describe symptoms/behaviors? Do the symptoms/behaviors of the mental illness interfere with/impact client’s life? If so how? When?

- **Current Status:** “Just the facts” about the individual. What information do we have about “what is” and “what is not”

- **Functioning:** Should contain a detailed description of how the consumer functions in each domain. It includes consumer's strengths as well as functional impairments and deficits.
LOCUS

• A LOCUS (Level of Care Utilization System) is used to determine the resource intensity needs of individuals who receive adult mental health services.

• To be eligible for ARMHS, the score must be a level 2 or 3.

• LOCUS Instructions

• Must use the approved/copyrighted LOCUS form DHS-6249
Interpretive Summary

• Takes all of the person’s information, and makes it meaningful for rehabilitation.

• **States** the person’s view of what they want to see happen in their life/what are their **desired outcomes**

• **Summarizes** how the Mental Health symptoms are affecting the person’s life

• Provides direction & sets priorities significant to the service plan

• See [MHCP ARMHS Provider Manual](#)
Individual Treatment Plan (ITP) – What’s Required?

• Recovery Vision: In the client’s own words.

• Functional Barriers: List of functional barriers to be addressed.

• Strengths/Resources: List of strengths and resources for client

• Cultural Considerations: What information would be helpful to know about this client’s culture, related to service delivery.

• Service Coordination: List of current service behavioral health service providers, and frequency of contact

• Referrals: Is the client being referred to any other services?
ITP cont...What’s Required?

• **Frequency**: How frequently will services be delivered?

• **Modality**: Will services be Individual or Group or both?

• **Service Category**: Which service(s) will target an objective/goal?
  - BLSS, Medication Education, Certified Peer Support

• **Update on Progress/Barriers**: Evaluation of progress or barriers to each specific objective. Addresses whether an objective was achieved/not achieved. Will an objective be modified or removed?
ITP cont...Goals

• The ITP is based upon:
  • The clients Recovery Vision (stated in their own words)
  • The Functional Assessment, LOCUS & Diagnostic Assessment

• **Rehabilitative Goals**: to be accomplished in 9 mos – 18 mos
  • Must be concrete and measureable
  • Must be related to the clients mental health symptoms/functioning deficits
  • A well written goal will answer – Why?/In order to accomplish what?
ITP cont...Objectives

• **Rehabilitative Objectives**: to be accomplished in 6 months or less “Small steps towards goals”

• Objectives must be measurable and observable

• Objectives must identify **baseline** & **target** measurements
SMART GOALS & OBJECTIVES

• **S** Specific: define the goal with specific and clear language. Who is involved? What do they/I want to accomplish? Why are they/I doing this? (Outcome)

• **M** Measurable: can you track progress and measure the outcome? How will you/I know the goal has been accomplished?

• **A** Achievable/Attainable: does client believe the goals can be accomplished? Is the goal realistic?

• **R** Relevant: Is the goal directly linked to mental health symptoms/functioning deficits from mental health symptoms? Will this goal move them forward?

• **T** Time Limited: Is the goal specific to when this will be achieved? i.e I will accomplish this by Dec. 15, 2018.
• Same SMART principles apply for objectives
• Objectives must include a baseline and a target measurement
• Timeframes for objectives should be realistic and achievable
  • If a client can accomplish an objective in 1 month, write it up that way!
  • We want the individuals we serve to be making tangible progress. This gives an opportunity for positive reinforcement and encouragement.
ITP cont...Interventions

• **Rehabilitative Interventions**: What will the ARMHS staff do?

• What value is the ARMHS staff adding in helping the client achieve their objectives and goals?

• Identifies skills or skill set to be learned, mastered or generalized by the client
ARMHS INTERVENTIONS...

- Crisis Assistance
- Relapse Prevention
- Budgeting
- Cooking and Nutrition
- Medication Monitoring
- MH Symptom Management
- Community Resource Management/Utilization
- Social Skills

- Communication Skills
- Coping Strategies/Techniques
- Problem Solving
- Role-Playing
- Modeling
- Cognitive Restructuring
- Relaxation Techniques
Progress Notes

• Formal documentation that summarizes person’s progress and barriers.

• **Supports** the submitted MA service claim

• Developed & written with the person **concurrently** by the end of each service session.

• Should follow GIRPS

• Must meet Mental Health [provider travel documentation requirements](#)
Progress Notes

• Every encounter requires a progress/encounter note (FA, ITP, CI)

• All progress notes/encounter notes have the same requirements (time in, time out, location, date, service, etc.)

• FA: Goal of the session? What information was gathered, specific to the FA? Did you complete any domains of the FA today? How did the client respond? What’s the plan for next session?

• ITP: Goal of the session? Was the ITP completed? How did the client respond? What’s the plan for next session?
Progress Notes

• **G** – **Goal and Objective** targeted in session (can be multiple)

• **I** – Rehabilitative **Interventions** delivered in session and specifically how they were delivered (methods used)

• **R** – Client **Response**, specific to the interventions utilized in session – was their any progress toward or barriers to progress?

• **P** – What is the **Plan** for next session – What do client and staff want to work on next session?

• **S** – Were there any **Significant Observations**/Changes in symptoms
The **Goal(s) and Objective(s)** targeted in group sessions **must be identified** on the Progress Note (PN).

- Interventions: Elaborate on the **specific interventions** and **methods utilized** with the group.

- Client Responses: How did **the individual client respond** to the interventions provided? More than “client was an active participant in session today” is required. Was progress made? Were barriers evident? etc.
Progress Notes...Community Intervention

• Goal: **Goal of the CI** (Who was contacted and why? What is the problem/situation we’re reacting to on behalf of our client?)

• Intervention: What did we disclose to the other party? **What was discussed?**

• Response: How did the **other party respond**?

• Plan: What is the **plan for helping** the client?

• Significant Observations: Was any information shared that could benefit/impact how to best serve the client?

• Reminder...Any CI done w/out the client present requires a Release of Information (ROI)
Who Can Do What??

• **MH Practitioners and Certified Peer Specialist II CAN**
  - Develop FA’s, LOCUS, Interpretive Summaries, ITP’s, & Progress Notes *under the clinical supervision of the MHP*

• **MH Rehabilitation Workers and CPS I CANNOT**
  - Develop a FA, LOCUS, Interpretive Summary, or ITP’s.
  - **The MH Rehab Worker and CPS I CAN** implement ITP interventions & develop a Progress Note *co-signed by the MHP Clinical Supervisor or Treatment Director*
Common Mistakes

• **NOT** Using a Person-centered approach

• **NOT** Used as a process to engage client

• **NOT** Supporting a recovery process

• **NOT** Rechecked for accuracy and clarification

• **NOT** Linking the medically necessity throughout

• **NOT** Tying functioning to the symptoms of mental illness

• **NOT** Summarizing or condensing information to salient points that support planning & rehabilitation service delivery
The Certification Process
ARMHS Certification Process

1. Apply to become ARMHS Provider
2. Complete Pre-req Training
3. Attend Information Session
4. Complete & Submit Application
5. DHS Application Review
6. Approval/Denial
7. Local Approvals
8. Provider Enrollment/OIG
9. Final MHCP Approval
1. MHP completes pre-req training = **DONE**

2. Staff attends information session = **Almost done!**

3. Complete Application & Submit the following:
   a. Application – [eDoc DHS-7181](#)
   b. Certification Requirements – [eDoc DHS-7181A](#)
   c. Branch Application (if applicable) – [eDoc DHS-7181C](#)
   d. Required Attachments – **with labels and page numbers**

4. Application review – up to 5 weeks for each review

5. When approved, complete local certifications

6. Receive Final Approval – upon receipt of a **local/county approval**

7. Complete MHCP Provider Enrollment Process (Pay fee, submit required doc’s, onsite screening visit)
• Application – Reviewed w/in 5 weeks on receipt

• Resubmissions – Due from provider in no more than 90 days
  • Reviewed w/in 5 weeks

• First Certification Approval – Request local/county approval(s) ~1-2 wks

• Final Certification Approval– Submit required documentation to MHCP

• MHCP - ~30 days for Doc Review. ~60 days for Site Visit

• Credentialing with MCO’s – Can take months, up to a year
Resources
• ARMHS Webpage
• MHCP ARMHS Provider Manual
• DHS3730
• DHS3730A
• LOCUS Instructions
• MHCP Diagnostic Assessment Provider Manual
• Statutes: 256B.0623, 245.462

• Rules: 9505.0370, 9505.0371, 9505.0372
• DHS TrainLink Training Website
• MHCP Provider Enrollment webpage
• MHIS Technical Assistance webpage
• MHCP Provider Manual Basics
Presentation Questions. . .
Thank you!

For more information or ???s
Email:  dhs.armhs@state.mn.us
MHCP Call Center:  651-431-2700