Who should be here today?

• Administrative Business Person/School District Representative
  • responsible for the overall success of the business
  • ensuring that the business follows the guidelines for offering CTSS

• Clinical Staff Person
  • responsible for the overall clinical components of the business
  • ensuring that the business follows the clinical documentation guidelines for offering CTSS

• Persons interested in learning more about CTSS

Agenda

• Introductions
• What is CTSS?
• Eligibility for CTSS
  • Provider Eligibility
  • Client Eligibility
• CTSS Services
• The CTSS Team and their Roles
• Policies and Procedures
Introductions

- Dwight W. Heil, Ph.D., MBA
  - CTSS Policy and Compliance Staff
  - Phone: 651-431-4957
  - Email: dwh.ctss@state.mn.us
  - CTSS - Community Providers Webpage

- Mary Jo Avendano, Psy.D., LMFT, LICSW, LPC
  - CTSS Policy Staff, Clinical Consultant
  - Phone: 651-431-2339
  - Email: dhs.ctss@state.mn.us

Guests:
- Mai Yang - enrollment with Minnesota Health Care Programs
- David Cammack - OIG/SIRS

Introductions – at DHS & Greater MN (Roll call)

- Name
- Agency?
- Agency Location?
- Anyone not registered?
  ➢ Send name, agency, e-mail address and TrainLink ID to dwight.heil@state.mn.us
What is CTSS?

Children's Therapeutic Service Supports (CTSS) are:

- A flexible set of mental health services
- Rehabilitation of functions impaired by mental health disorders
- Based on a comprehensive diagnostic assessment showing impaired functions
- Documented as medically necessary rehabilitation
- Planned, monitored treatment activities
- Provided to MHCP eligible recipients by certified providers as required by MN laws

CTSS are Outpatient Rehabilitative Services

- Rehabilitation focuses on restoring functions lost as a result of the mental health disorder
- For children, may be services to return the child to normal developmental trajectory disrupted by mental health disorder
- Not just beneficial – necessary & restorative as established in diagnostic assessment
CTSS Services Include:

Core Services
• Psychotherapy – individual, family or group
• Skills Training – individual, family or group
• Crisis Assistance

*required for all providers

Optional Services
• Day Treatment – skills and therapy
• MHBA & Direction of MHBA

Eligibility for CTSS

Provider Eligibility
• Must be Certified by the State of Minnesota
• Must be a MA-approved Provider Organization in one of the following groups:
  • County-operated entities
  • Community mental health centers (CMHCs)
  • Hospital-based providers
  • Indian health services and 638 facilities
  • Non-county providers (includes schools)
Eligibility for CTSS

Provider Eligibility

• Must provide Core CTSS Services

• Any potential provider must have experience in providing mental health services and have two mental health professionals

• Educating families about services offered

• Family participation in agency development and planning

• Collaborating with others in the community in the care of a child

School CTSS

There are 2 Options for School CTSS Certification:

• School - Contract CTSS (previously named Option 2)

• School – CTSS (previously named Option 3)

• Schools CTSS providers must comply with both CTSS statute and Special Education Services

• An Individualized Education Plan (IEP) must recommend mental health services aligned with services identified in the diagnostic assessment (DA)

• Schools must offer all core CTSS services. Day Treatment and MHBA services are optional.

• Schools must offer all core CTSS services. Day Treatment and MHBA services are optional.

Eligibility for CTSS

Client Eligibility

• A person under the age of 21

• A current (< 1 yr) Diagnostic Assessment (DA), by a qualified mental health professional or clinical trainee, that includes:

• A primary diagnosis of an emotional disturbance for children under 18 years old or mental illness for young adults 18 through 20 years old

• Medical necessity for CTSS

• A completed SDQ and CASII or ECSII
## Eligibility for CTSS

### Client Eligibility

- **Diagnostic Assessment (DA) – continued**
  - Include current diagnoses including any differential diagnosis, in accordance with all criteria for a complete diagnosis and diagnostic profile as specified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, or, for children under five years old, as specified in the current edition of the Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood
  - Be used in the development of the recipient’s ITP goals and objectives

### Eligibility for CTSS

- **Diagnostic Assessment (DA) – continued**
  - Document CTSS as medically necessary rehabilitation to address restoration of functioning and return to normal development that has been impaired by a diagnosed mental health condition (see 256B.0943, Subdivision 1(s))
  - Be completed annually until child is 18 years old or updated annually for recipients 18 through 20 years old, unless a recipient’s mental health condition has changed markedly since the most recent diagnostic assessment

### Eligibility for CTSS

- **A completed and signed individual treatment plan (ITP) that:**
  - Documents specific baselines, goals and objectives for CTSS services
  - Is signed by the supervising mental health professional and the parent or guardian prior to service delivery
  - Is reviewed for progress on every objective at least every 90 days
Eligibility for CTSS

Non Covered Services include:

- Any CTSS services (other than MHSPD) provided before a completed ITP
- Components of CTSS provided by more than one provider entity without authorization
- Service components of CTSS that are the responsibility of a residential provider
- Recreation oriented activities (sports, exercise groups, crafts, snacks, community activities)
- Social or educational services, or prevention services
- Treatment for primary diagnoses of alcohol or other drug abuse

CTSS Service Categories

All providers are required to be able to provide the four Core Services of CTSS

- Psychotherapy – Family, Group, Individual
- Skills Training – Family, Group, Individual
- Crisis Assistance [crisis planning]
- Mental Health Service Plan Development

Two optional Service Categories:

- Day Treatment
- Mental Health Behavioral Aide (MHBA & Direction)
Psychotherapy – Family, Group, Individual

- The mental health professional (or clinical trainee) provides planned & structured face-to-face treatment of a child’s emotional disturbance through:
  - Psychological methods
  - Psychiatric methods
  - Interpersonal methods
- Directed to accomplish measurable goals and objectives specified in the recipient’s individual treatment plan (ITP)

Skills Training – Family, Group, Individual

- Skills training is defined as training to improve the basic functional abilities of the child in areas such as social functioning, daily living skills and community living skills.
- A skill is observable by others, it is an activity that must be practiced in order to be mastered and maintained, there are right ways and wrong ways to perform the skill
- A skill is performed for a reason, and a skill can be generalized and adapted to many different situations.
- Skills training has many different uses across settings and populations.

Skills Training – Family, Group, Individual – continued

- Targeted to specific deficits or maladaptations due to a mental health disorder and prescribed by the child’s individual treatment plan (ITP)
- Must be a rehabilitative service, not habilitative

Examples of Skills Training:

- Social skills training
- Assertiveness skills training
- Anger management training
CTSS Core Service Categories

Skills Training – Family, Group, Individual – continued

Skills Training is NOT:
• It is NOT Psychotherapy by MH practitioners
• It is NOT Parenting classes
• It is NOT Mentoring
• It is NOT Teaching or practice of specific vocational or recreational skills
  • OJT, bowling, ski trips, equine therapy, swimming, etc.
• It is NOT Field trips
  • Shopping, science museum, Disneyland, etc.

CTSS Core Service Categories

Psychotherapy vs Skills Training

Psychotherapy
• Directed toward change in an underlying mental health condition or cognitive errors
• Provided by licensed professionals trained in diagnosis and therapy

Skills Training
• Rehabilitation through teaching and practice of specific behavioral skills impaired by mental health issues
• Used to monitor, cope, counteract problems or replace undesirable behaviors

CTSS Core Service Categories

Crisis Assistance

• Assistance to the child, family, & all service providers for the child to:
  • Recognize factors precipitating a mental health crisis
  • Identify behaviors related to a crisis
  • Identify resources to resolve a crisis
• Develop arrangements for direct intervention and support services and/or the use of more appropriate resources
CTSS Core Service Categories

Crisis Assistance – continued

- Developed by a mental health professional or practitioner with clinical supervision
- Must be written, dated and signed
- IT IS CLIENT SPECIFIC PLANNING FOR A CRISIS, NOT CRISIS INTERVENTION!

CTSS Optional Service Categories

Mental Health Service Plan Development (MHSPD)

- Development, review & revision of the individual treatment plan, including involvement of the client or client’s parents, primary caregiver, or other person authorized to consent to mental health services for the client, and including arrangement of treatment and support activities specified in the individual treatment plan
- Administering standardized outcome measurement instruments to evaluate the effectiveness of treatment and reporting outcome measures

Mental Health Behavioral Aide (MHBA)

- Mental Health Behavioral Aide services are 1:1 services provided by a MHBA designed to provide medically necessary services to improve the functioning of the child in the progressive use of developmentally-appropriate psycho-social skills. (Secondary skills training)
- Only check/completed this section if you plan to provide it
  - Level I and/or Level II job descriptions
  - Job duties for the MHBA
  - Require 30 hours of pre-service training
CTSS Optional Service Categories

Day Treatment (Day Tx)

- CTSS children's day treatment is a site-based, structured mental health treatment program of daily psychotherapy and skills training.
- Only complete this section if you plan to provide it
  - Detailed program description
  - Sample weekly schedule of services
  - Clinical Supervision process
- It consists of psychotherapy and skills training services.

- It is provided by a multidisciplinary team, under the clinical supervision of a mental health professional
- Services available twelve months of the year
- Stabilize the child's mental health status
- Restore and develop the child's independent living and socialization skills
- Provide training to enable the child to live in the community
- Are not part of inpatient or residential treatment services

CTSS Team and Roles
CTSS Team and Their Roles

- Mental Health Professional
  - Clinical Supervisor
  - Mental Health Practitioner
  - Mental Health Behavioral Aides (optional)

Mental Health Professional (MHP)
- Must be an MHCP enrolled provider (except for School CTSS professional)
- Directs and oversees the work of all CTSS staff – MH practitioners & MHBAs
- Can provide any CTSS service
- Reviews recently conducted Diagnostic Assessments and direct components of service delivery
- Readily accessible while supervisee provides services
- All agencies must identify a back-up MHP
- Agencies will NOT be approved with only one MHP listed on the application

Mental Health Professional (MHP)
- Qualified in one of the following areas:
  - Licensed Psychologist (LP)
  - Licensed Professional Clinical Counselor (LPCC)
  - Licensed Independent Clinical Social Worker (LICSW)
  - Licensed Marriage and Family Therapist (LMFT)
  - Psychiatrist or an Osteopathic Physician
  - Clinical Nurse Specialist (CNS)
  - Psychiatric Nurse Practitioner (NP)
  - Tribally approved mental health care professional who meets the standards in Minnesota Statutes, section 256B.02, subdivision 7, paragraphs (b) and (c), and who is serving a federally recognized Indian tribe.
CTSS Team and Their Roles

Mental Health Practitioner

- May provide the following CTSS Services:
  - Skills training
  - Crisis assistance
  - Direction of mental health behavioral aides (MHBA)
  - Treatment plan development and review
  - Administering and reporting standardized measures

CTSS Team and Their Roles

Qualifications vary:

- Bachelor’s degree in one of the behavioral sciences or related fields from an accredited college or university, training in working with children AND
  - Has at least 2,000 hours of supervised work experience in the delivery of services to persons with mental illness, emotional disturbance, substance use disorder OR
    - Traumatic brain injury or developmental disabilities and completes training on
      - Mental illness
      - Recovery from mental illness
      - Mental health de-escalation techniques
      - Co-occurring mental illness and substance abuse, and
      - Psychotropic medications and side effects
  - OR

- At least 4,000 hours of supervised work experience in the delivery of services to persons with mental illness, emotional disturbance, substance use disorder OR
  - Traumatic brain injury or developmental disabilities and completes training

- A graduate student in one of the behavioral sciences or related fields and is formally assigned by an accredited college or university to an agency or facility for clinical training OR
  - Has a Master’s or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university with less than 4,000 hours post-master’s experience in the treatment of mental illness.
  - OR
CTSS Team and Their Roles – Mental Health Practitioner

- Has at least 2,000 hours of supervised experience in delivery of services to adults or children with mental illness, and
- Receives documented clinical supervision at least once weekly until the 4,000 hours of supervised experience are completed
- OR
- Holds a bachelor's degree in behavioral sciences and related field AND completes a practicum or internship that
  - Requires direct interaction with children or adults, and
  - Is focused on behavioral health

CTSS Team and Their Roles

Mental Health Behavioral Aides – Optional

- A paraprofessional working under the clinical supervision of mental health professionals (employed by the same CTSS provider or another CTSS agency).
- Implements the one-on-one MHBA services identified in a child's ITP and individual behavior plan (IBP).
- Must complete 30 hours pre-service training, and 20 hours of continued training every 2 years

CTSS Application
Application Basics

- Available through the CTSS website: https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/ctss-community-providers/
- Review website information and steps
- Expand "Initial Certification" and click on Application

Provider Information

- Agency Information
  - Includes Name, FEIN, NPI # (can add as many as needed), Address, Owner/Board Chair
  - Must identify Provider Type (County, Private Provider, School, Tribe)
    - Schools decide if doing services directly or contracting with Community CTSS Provider
    - Changes the content of the application
  - Must identify Application Type
    - New is for first time or initial certification for CTSS
    - Update is to add optional services to certification – day treatment and/or MHBA services

Provider Information continued

- Agency Information
  - Administrative Director or Business Manager information
  - Clinical Manager information
  - Designated CTSS agency contact person
  - Mental Health Professionals – at least two or certification denied
    - Name, licensure, MHCP enrollment, NPI, Supervision responsibilities
    - Can add as many as you need, one for each professional associated with CTSS
  - CTSS Services – identify the services you are seeking certification for
Practice Sites

- Practice sites are places where agencies house staff and records and provide service
  - Identify the street address for each, not PO Boxes
  - Identify the services provided from the site
  - Add site fields as necessary
  - If providing services in schools, identify school sites also
  - For School Districts, identify all schools in the district

Organizational Chart

- Submit an organizational chart outlining people administering, supervising, and delivering CTSS
  - Identify Person's name, title, level of employment (part-time, full-time, contract)
  - Show lines of accountability – who manages/supervises who
  - If large practice sites, may need chart for each
  - Identify open positions if such positions exist
  - School-Contract CTSS providers: indicate relationship between each school building, school administrators, and contracted providers

Experience Providing Mental Health Services

- Describe agency experience providing MH services to youth
  - If a new agency, describe experience of the professionals forming the agency
  - How CTSS fits with prior experience and agency mission
  - How agency will educate families about CTSS availability
  - What age groups will you serve?
Service Collaboration Plans

- How does the agency collaborate with other providers?
  - Mental health case managers, psychiatrists, family physicians
  - Welfare organizations, acute care providers, legal system
  - Family
    - How agency will help families participate in agency planning
    - How families will participate in service planning for their child

Policies and Procedures

- Policy – principle, rule, guideline to reach agency long-term goals
- Procedure – specific methods & steps used in day-to-day operations
- Often motivated by external regulations
- Specific to an agency
  - Inform clients, staff what is to be done, how it is done, remedies if not done – who does what?
  - Your CTSS application cannot serve as your policy & procedure
  - Policies & procedures need to be changed as encounter different situations, changes in regulations

Culturally & Linguistically Appropriate Services

- Agencies are required to identify policies and procedures for recruiting, hiring, training, and retention of culturally and linguistically competent providers
  - Are there specific cultures you target for services?
  - Are there specific languages in which you are prepared to provide services?
  - Identify ways the agency improves cultural competence of staff
    - Are there required trainings?
  - Assessments and treatment plans by your agency should document how you have considered cultural variations and how you and the client have examined these factors and determined how they impact treatment concerns.
CTSS Personnel Procedures

Criminal Background Study
• Agencies must submit procedures for completing criminal background studies.
  • Who do you use? How do you do it? What information do you check for?
  • Do you complete it prior to hiring or prior to service delivery?
  • Do you use it to disqualify job candidates?
  • Identify your specific steps your agency uses.

CTSS Personnel Procedures

New Employee Screening
• Agencies must not employ persons on the DHS Excluded Providers List
  • Both federal and state lists
    • Updated monthly
  • Check staff prior to hiring, and continue to check staff after hiring to see if they've been added
  • http://www.dhs.state.mn.us/dhs16_177378

CTSS Personnel Procedures

Violations of Ethical Conduct
• Agencies are required to identify policies and procedures for investigating, reporting, and acting on violations of ethical conduct.
  • Identify standards
  • How reporting happens – to whom, what timeframes are used
  • How families are notified
  • How resolution is determined
CTSS Personnel Procedures

Data Privacy Violations
- Agencies are required to identify policies and procedures for investigating, reporting, and acting on data privacy violations.
  - State and Federal requirements – HIPPA and MN Government Data Practices ACT
  - Authorizations for release of information
  - Violations for releasing data - how are they reported and to whom
  - How families are notified and resolution is determined
- ACTIONS – who, what, where, when, why and how

CTSS Personnel Procedures

Volunteers
- If you agency utilizes volunteers, statute requires you to have policies and procedures in place that include:
  - Conducting criminal background checks
  - How you utilize volunteers – including screening, training and supervision
  - Liability coverage for volunteers
  - Be clear in identifying what roles volunteers play in your agency.

CTSS Personnel Procedures

Managing Provider Qualifications
- Verification process for provider qualifications – licensure & experience
- Provision and/or verification of training for professionals, practitioners, MHBAs
- Development of clinical supervision plans for practitioners
- Documentation of supervision – for staff and client specific
Fiscal Policies/Procedures

Policies & procedures related to finances, billing, purchasing & payments
• Internal fiscal control practices (cash control, payables, receivables)
  • Process for tracking income and expenses
  • Process for reviewing and auditing financials, including auditing of claims
• Billing and collecting revenues in accordance with laws & MHCP requirements

Client Outcome Measurement System

• Agencies receiving payment for CTSS must provide data through MN-ITS on
  • Child & Adolescent Service Intensity Instrument (CASII) for kids 6 – 18
  • Early Childhood Service Intensity Instrument (ECSII) for kids 0 – 5
  • Strengths and Difficulties Questionnaire (SDQ) for all kids
  • Child Behavior Checklist (CBCL) for children age 5 and younger for agencies with a Early Childhood Mental Health Grant
• System for measuring, tracking treatment plan baseline measures must also be included

CTSS Documentation
Client Record System Policies

Policies & procedures for setting up client record and required contents
• Identify process for establishing client record
  • When will one be established?
  • What forms/contents? (personal information, data privacy forms, consents, diagnostic assessments, psychological testing, treatment plans, other clinical documents)
• Identify process for maintaining record security (staff training, transport of records, etc.)

Clinical Infrastructure and Model Record

• Providing/obtaining a diagnostic assessment (DA)
  • Addressing family culture and expectations
• Developing an individual treatment plan (ITP) and review process
  • Addressing required contents and approval process
• Developing an individual behavior plan (IBP) – if applying for MHBA
• Documenting service delivery
• Documenting clinical supervision

CTSS Documentation

Documentation is required for CTSS
• Medical necessity must be documented throughout
  • Diagnostic Assessment (DA) - and Individualized Education Plan (IEP) for School CTSS certification
  • Functional Assessment (FA)
  • Individual Treatment Plan (ITP)
  • Progress Notes
  • ITP Review
  • Discharge Summary
CTSS Documentation

Common Mistakes

• NOT linking the medically necessity throughout
• NOT identifying therapeutic interventions
• NOT ensuring services offered are part of the treatment plan
• NOT documenting how group activities related to the individual’s needs

The Certification Process

CTSS Certification Process
New CTSS Application

- New CTSS Application now available through CTSS website
- Old form will be accepted until March 15, 2019
- If application complete, reviewed within 5 weeks
- Application will be approved or denied
  - In rare instances when application one or two items short of approval, may be pended for additional information request
  - When denied, may submit a new application after three weeks
  - Can request consultation before new application

MHCP Provider Eligibility and Compliance

Application Synopsis

START
Apply to become CTSS Provider

Provider Enrollment Notified of Approval

Provider Pays Fee

MHCP Site Visit

Final Notice Sent
Provider Basics

MHCP Provider Manual - Provider Basics
This online MHCP Provider Manual is your primary information source for MHCP coverage policies, rates and billing procedures. The following five sections are for all providers and considered “provider basics”:

Provider Requirements
- Access Services
- Billing Organizations/Responsibilities
- Enrollment with MHCP
- Excluded Provider Lists
- Provider Screening Requirements
- Risk Levels and Enrollment Verification Requirements

Access Services

MHCP Provider Manual - Provider Basics

Access Services

Minnesotan Health Care Program (MHCP) covers the following access services:
- Transportation and Travel expenses
- Language Interpreters
- Sign Language

Face-to-Face Spoken Language Interpreters

MHCP has several has spoken language interpreters available to help communicate when services are needed. Download the Minnesota Interpreters Brochure for more information. When spoken language interpreters are available, the rates are:

- $20 per hour for interpreters

Interpreters
Rule 101 means all recipients must be treated equally and the same.

Example: If you have 2 clients who have a spenddown account. One client has 10.00 and the other has 1000.00. If you waive the 10.00, you will have to waive the 1000.00.

Questions or inquiries?
Call MHCP Call Center: 651-431-2700
What is SIRS?

- A section within DHS/OIG
- SIRS 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

What is SIRS? (Cont’d)

- SIRS also conducts unscheduled, unannounced on-site visits for provider screening

What is a Provider Screening Site Visit?

- Under Federal and State law, the State Medicaid Agency (SMA) must:
  - Conduct pre-enrollment and post-enrollment site visits of providers that are included in the “moderate” or “high” screening levels in Medicaid
  - The purpose of the site visit is to verify that the information submitted to the SMA is accurate and to determine compliance with federal and state enrollment requirements
- CTSS is categorized as a moderate risk provider type
- As an enrolled or enrolling provider, you are required to allow the SMA to conduct unannounced on-site inspections of any and all provider locations
### SIRS Screening Site Visit

<table>
<thead>
<tr>
<th>When Are Site Visits Conducted</th>
<th>What To Expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unscheduled and unannounced</td>
<td>• Interview with provider - provider background, policy/procedures, verify enrollment information.</td>
</tr>
<tr>
<td>• Pre-enrollment - Occurs prior to initial enrollment</td>
<td>• Record review of recipient files to ensure compliance with statutory requirements.</td>
</tr>
<tr>
<td>• Post-enrollment - Occurs typically between 6-12 months after pre-enrollment visit</td>
<td>• Review of employment files to confirm employee providing services are eligible and properly qualified.</td>
</tr>
<tr>
<td>• Re-validation - Occurs after provider completes the re-validation process Provider Enrollment</td>
<td></td>
</tr>
<tr>
<td>• Re-enrollment - Occurs after previously enrolled provider re-applies to become a provider</td>
<td></td>
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</tbody>
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### 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

### Site Visit Outcomes (Cont’d)

- 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
Site Visit Denial Reasons

- The SMA may deny the provider’s enrollment 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

Results of SIRS Provider Screening

- 2725 - Site visits completed
  - 263 - Cases Denied
  - 326 - Cases referred for SIRS Provider Investigation

- CTSS ONLY
  - 105 - Site visits completed
  - 11 - Cases Denied
  - 1 - Case referred for SIRS Provider Investigation

What Does SIRS Provider Investigations Do?

- Post-payment review of claims submitted
  - Fee for Service
  - Managed Care Organizations
  - Educate Providers

- 104 Provider types of Medicaid services

- Medicaid expenditures for:
  - FY 2013 = $8,133,862,000
  - FY 2017 = $12,657,633,000 (Estimated)
How does SIRS Provider Investigations get its Cases?

- Hotline calls: citizens, providers, recipients etc.
- Internal and other state agency referrals
- Providers – self reporting
- Law enforcement
- Managed Care Organizations (MCOs)
- Federal CMS referral, audit contractors
- Data mining
- SIRS Screening Investigations Unit

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

What is an Overpayment?

- Overpayments can result from:
  - Errors
  - Fraud
  - Waste
  - Abuse
- States have one year to return the federal share once an overpayment is identified, regardless of whether the state made a recovery
- SIRS recovers from the Pay-To-Provider
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 are the Results of SIRS Investigations?

- 2017 Statistics:
  - 582 Cases opened in 2017
  - 112 Provider suspensions/terminations
  - 94 Fraud referrals to other law enforcement agencies
  - 89 Payment withholds based on suspected fraud

Questions?

- Report Fraud Waste and Abuse:
  Phone: 651-431-2650
  Fax: 651-431-7569
  Email: DHS.SIRS@state.mn.us
Thank you!

For more information or questions:
Email: dhs.ctss@state.mn.us
MHCP Call Center: 651-431-2700