



DEPARTMENT OF HUMAN SERVICES

CTSS Information Seminar
Clinical Infrastructure

Mary Jo Avendaño | CTSS Clinical Staff

Who is here today?

- **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 Clinical Infrastructure**

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Agenda

- Introductions
- What is CTSS?
- Application, Clinical Infrastructure
- Overall Themes
- Additional Services
- Resources & References

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Introductions

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Introductions

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 - [CTSS – Community Providers Webpage](#)

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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

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What is CTSS?

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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

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CTSS are 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

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CTSS Services Include:

Core Services

*required for all providers

- Psychotherapy – individual, family or group
- Skills Training – individual, family or group
- Mental Health Service Plan Development (MHSPD)
- Crisis Assistance

Optional Services

- Day Treatment – skills and therapy
- MHBA & Direction of MHBA

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Application Clinical Infrastructure

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CTSS Application / Clinical Infrastructure

DEPARTMENT OF HUMAN SERVICES
 STATE OF MINNESOTA
Children's Therapeutic Services and Supports (CTSS)
Provider Application

Provider Information
All providers must first be established as a provider entity, registered with the Minnesota Secretary of State, and must be eligible to enroll in administrative health care programs provided. This section must provide contact information for key individuals in your organization. You must fill out each section.

Agency Information
Agency Name Agency Address
Physical Address of Office Provider ID#
Agency Type Agency Phone
Agency Fax Agency Email
Physical Street Address of Office State Zip Code
City
Name of Contact in Agency Contact Person Email Address
Business Address (location not required for this section) Phone Number

Provider Type (select)
 Provider - Free Float
 Provider - Homebased
 School - providing with community CTSS providers
 School - providing direct CTSS
 Other

Application Type
 Culturally specific provider

will print as provided. Unchecked options (blank) will print as provided. Unchecked options (blank) will print as provided. Unchecked options (blank) will print as provided.

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Policies and Procedures Diagnostic Assessment (DA)

Diagnostic Assessment (DA)

- **Providing or obtaining a client's DA**
 - In house DAs
 - External DAs

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Diagnostic Assessment (DA)

Diagnostic Assessment (DA)

- Establishes the **emotional disturbance/MH diagnosis and medical necessity**
- Establishes baseline for problem behaviors (required!)
- A written evaluation, which includes an 1:1 interview with the youth/family & conducted by a qualified Mental Health Professional.
- Performed Annually, either a Standard or Extended
- 18 years old and thereafter Adult Up date is allowed

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Policies and Procedures Functional Assessment (FA)

Functional Assessment (FA)

- Presented and interpreted in diagnostic assessment, they include:
 - Child and Adolescent Service Intensity Instrument (CASII) age 6 to 21
 - Early Childhood Service Intensity Instrument (ECSII) for children under age 6
 - Strengths and Difficulties Questionnaire (SDQ)
- Information is submitted through MN-ITS at least every six months.
- Training is available throughout the year, via DHS, on the instruments

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Policies and Procedures Individual Treatment Plant (ITP)

Developing an Individual Treatment Plan (ITP)

- A written plan based on the DA and baselines to include:
 - Goals/objectives including responsible persons (to verify scope)
 - Strategy for accomplishing those
 - Identify treatment modifications due to culture – not copy & paste from DA
 - At least 90 days reviewed – or sooner – up to agency
 - Required signatures and method to assure to capture those on time

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ITP

Individual Treatment Plan (ITP)

- Identifies priorities and who will provide each service
- Specifies a plan for discharge
- Revised with family input at least every 90 days
- Required signatures/ verbal consent - if allow or not – agency's decision

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Policies and Procedures Individual Behavior Plan (IBP)

"Individual behavioral plan" means a plan of intervention, treatment, and services for a child written by a mental health professional or mental health practitioner, under the clinical supervision of a mental health professional, to guide the work of the mental health behavioral aide.

Documents treatment strategies to be provided by the mental health behavioral aide

The individual behavioral plan may be incorporated into the child's individual treatment plan so long as the behavioral plan is separately communicable to the mental health behavioral aide.

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Individual Behavior Plan (IBP)

- The individual behavior plan must include:
- (i) detailed instructions on the treatment strategies to be provided;
- (ii) time allocated to each treatment strategy;
- (iii) methods of documenting the child's behavior;
- (iv) methods of monitoring the child's progress in reaching objectives; and
- (v) goals to increase or decrease targeted behavior as identified in the individual treatment plan;

Policies and Procedures Clinical Supervision Plans

"Clinical supervision" must be based on each supervisee's written supervision plan and must be conducted by a qualified supervisor.

The supervision plan must be developed by the supervisor and the supervisee.

Agency's definition of supervisee

The plan must be reviewed and updated at least annually.

For new staff the plan must be completed and implemented within 30 days of the new staff person's employment.

Including the components listed under the MN Rule 9505.0371. Subp. 4. C.

Policies and Procedures Service Delivery

Provider entity must deliver the service components of children's therapeutic services and supports in compliance with the requirements ensuring:

Reasonably provider's caseload size, staffing and facilities

Deliver or arrange for medically necessary services

Deliver services that fall within the scope of the provider's practice

Observe and maintain ratio requirement for the number of group participants

Application / Clinical Infrastructure

2. **ITP Review** - Insert or attach the ITP review policy and describe the process the agency uses to determine:
 - a. If the goals and objectives of the ITP have been met.
 - b. If additional or different services are necessary.
 - c. If the child is ready to be discharged from services.
 - d. How often the ITP is reviewed.
 - e. How the ITP review is approved by the parent or other people authorized by statute for clients under age 18.
3. Describe how a **family's culture** is included or addressed in diagnostic assessment and treatment planning.
4. Insert the **policies and procedures for completing progress notes and contact charting**. Include directions or training provided to staff regarding these procedures.

Policies and Procedures ITP Review

Method to evaluate and monitor:

- Meeting goals and objectives
- Need for new services
- Readiness to discharge
- Indicators for frequent reviews
- Compliance with signature requirements

Describe Family's Culture

Informing the agency practices to comply with the requirement regarding the meaning of "family's Culture" to inform the Diagnostic Assessment and the implications those represent in the treatment planning.

Guidelines to consider and follow when treatment is affected by cultural considerations

Specific difference between culture information documented in the DA and the ITP

Purpose and implications in both documents to meet requirements

Policies and Procedures Progress Notes and Contact Charting

Ensure that documentation complies with Minnesota Rules, parts [9505.2175](#) and [9505.2197](#) :

As a condition for payment by a program, a vendor must document each occurrence of a health service provided to a recipient.

Program funds paid for a health service not documented in a recipient's health service record shall be recovered by the department.

- Agency's interpretation of "provider must **promptly** document"
- Whose signatures are required

Application / Clinical Infrastructure

Model Clinical Case

The model clinical case file, developed internally by your hired or contracted mental health professional for the clinical infrastructure review, is expected to be an example of your agency's best possible work. All documents must include required dates and signatures. The model clinical case must include the following documents:

1. A comprehensive standard or extended **diagnostic assessment (DA)** for a fictitious client that:
 - a. supports medical necessity for CTSS – see [MN Statute 256B.0943, Subdivision 1\(s\)](#) and <https://www.revisor.mn.gov/statutes/cite/256B.0943#stat.256B.0943.3>.
 - b. and provides a functional assessment.
2. An **individualized treatment plan (ITP)** with goals and objectives addressing needs in the DA and addressing why psychotherapy is or is not provided.
3. An **Individualized Behavior Plan (IBP)** (only for providers who plan to have MHBA services).
4. **Progress note samples** for each CTSS service being provided (including clinical supervision).
5. An **ITP review**.
6. A **discharge summary**.

Application / Clinical Infrastructure

- Model case is a perfect case never achieved in real practice
- Keep it simple, no comorbid diagnosis
- Include details, do not leave it up to the reader to make assumptions
- Make sure you document how the mental health condition is responsible for the issues being addressed in treatment
- Clearly identify medical necessity for rehab services, level of care and location of services (home, office, school, community)

ITP

ITP – Psychotherapy Goals/Objectives

Involves complex tasks:

- Knowledge – ability to learn information
- Comprehension – ability to grasp meaning, explain, restate ideas
- Analysis - ability to separate material into component parts and show relationship between parts
- Synthesis - ability to put together the separate ideas to form new whole, establish new relationships
- Evaluation - ability to judge the worth material against state criteria

ITP

ITP – Skills Goals/Objectives

- Ideally informed by the work done in psychotherapy
- Include baselines
- State what will be accomplished during specific treatment period (up to 90 days)
- Serve as shorter-term outcomes
- Often are incremental steps to longer-term goals
- Are measurable – not artificial, but measurement of symptom reduction/skill development
- May be changed with every treatment plan review

ITP

ITP – Skills Goals/Objectives - continued

- Target the specific maladaptive behavior resulting from a mental health condition
- Concrete behavioral not abstract
- Broken down from domains such communication, social, self-esteem, coping, positive character skills, etc.
- Not of academic nature

CTSS ITP

Individual Treatment Plan Goals/Objectives/Strategies

Long Term Goal:
John will explore, identify and resolve the nature of his anxiety. Staff responsible: Therapist
(Outcome: reduce symptoms of anxiety from daily to 1 time a week)

Short Term Goal:
John will acquire, implement and master 2 relaxation skills. Staff responsible: Therapist

Objectives:

- John will acquire, implement and master "blow the balloon skill" incrementally until 10 out of 10 opportunities. Baseline 0 out of 10. Staff responsible: Skills trainer

90 days progress review: John is able to use the skill 2 out of 10 opportunities, will continue until 10/10 is mastered.

- John will acquire, implement and master "soft spaghetti--hard spaghetti skill" incrementally until 10 out of 10 opportunities. Baseline 0 out of 10. Staff responsible: skills trainer

90 days progress review: Objective not introduced yet.

Strategies: In psychotherapy processing and identifying thoughts and feelings by exploring, identifying triggers, replacing cognitive distortions, creating trauma narrative, etc. In skills training Juan will be introduced to, role play, demonstrate with prompting and then without prompting, practice with in the session, once mastered; generalize to multiple settings. Generalization: Caregivers will prompt and redirect the mastered skills in multiple settings.

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CTSS Documentation

Progress Notes (PN)

- 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.
- Documentation must include: date entry was made, date service was provided, length of time spent with youth, summary of services and how it links to goals identified in the ITP

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CTSS Documentation Training

PN - 4 Core Questions for Progress Notes

- What goal/objective (from ITP) were you working on?
- What was the intervention?
 - Information regarding the exact nature of service, specific interventions used, modalities, frequency, duration, purpose, etc.
- How did the individual respond?
 - Outcome of the service, intervention and modality – client response to intervention and progress (non-progress) toward ITP goals and objectives
- What are the next steps?

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CTSS Documentation Training

PN - How to "Show Progress" in your Progress Notes

Objective worked on in today's session:

John will acquire and implement "blow the balloon skill" 4 out of 5 opportunities. Baseline 0/5.

John was given 5 opportunities to demonstrate "blow the balloon skill"

Progress: Yes, John is able to use "blow the balloon skill" 1 out of 5 opportunities without prompting. Compared to 0/5, will continue the objective until 4/5 is mastered.

While playing go fish John does not like when he is losing, however, today he was able to calm himself down when he was losing all the points by using the skill without prompting.

Horizontal lines for notes

CTSS Documentation

ITP Review

- The treatment plan is an active process involving the treatment team (youth, family, professional, practitioner and others as identified).
• The individualized treatment plan must be reviewed at least once every 90 days.
• An evaluation that verifies that services remain medically necessary and appropriate for the youth's condition.
• The information gathered may change the treatment direction. This information may be documented in the ITP review process.

Horizontal lines for notes

CTSS Documentation

ITP Review - Step 5 - continued

- When new information clearly changes the diagnoses of the child (as opposed to confirming a rule-out) a new diagnostic assessment should be completed.
• When an agency discharges a youth, the final ITP review should be completed summarizing the impact of treatment services and prognosis for future care.

Horizontal lines for notes

CTSS Documentation

Discharge Summary

The discharge summary should include the following elements:

Reason for discharge	Summary of services provided
Goals obtained	Recommendations
Goals not met and reasons why	Referrals to other services
Length of time services were provided	

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CTSS Documentation

Common Mistakes

- NOT linking the medical 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

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Overall Themes

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Family Involvement

- Family involvement in treatment planning is essential to ensure parental buy-in. Unless the family or legally responsible adults are supportive of the treatment plan, it isn't likely to work.
- Parental approval is necessary for treatment services to be reimbursable.

Clinical Supervision

"Clinical supervision" means the overall responsibility of the mental health professional for the control and direction of individualized treatment planning, service delivery, and treatment review for each client. A mental health professional who is an enrolled Minnesota health care program provider accepts full professional responsibility for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work, and oversees or directs the supervisee's work.

Clinical Supervision continued

- Be present on-site to observe the supervisee directly interacting with each new child for at least one hour during the first 12 hours in which the MHBA provides services to the client.
- After the first 12 hours, the clinical supervisor must be present on site for observation as clinically appropriate. Supervision must be documented in the client record.
- Clinical supervisors in day treatment programs must be present and available on the premises greater than 50% of the time in a five day work period while the supervisee is providing the MH service.

Additional Services

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Additional Services

- Day Treatment
- Individual Behavior Plan (IBP)
- Mental Health Service Plan Development

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CTSS Optional Service Categories

Day Treatment (Day Tx)

- CTSS children's day treatment is a site-based, structured mental health treatment program.
- 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.

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Day Treatment

Day treatment (Day Tx) - continued

- 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

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Individual Behavior Plan (IBP)

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Individual Behavior Plan (IBP) Training

IBP Goal 1: Create opportunities for Jasmine to rehearse and practice with the MHBA the "Hands in my pockets" skill learned during skills training

Direction for the MHBA.
During the therapy session Jasmine has identified a specific situation when she finds it difficult to self-regulate. The skills taught by the practitioner are not being used outside the skills training session. The MHBA will visit Jasmine at her home 3 days a week for an hour

Procedures:
Preparation: MHBA will inform Jasmine her role is to role-play and practice the skills she has learned during skills training. MHBA will review the skills learned by Jasmine on "Hands in my pockets".

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Individual Behavior Plan (IBP) Training

Procedures continued:

Step #1: Let's review the plan again. Jasmine will participate in social interactions with other children. If Jasmine starts showing anger, and getting to close in proximity to other child MHBA will prompt you to put your "hands in your pockets" . . . When mastered, go to Step # 2

Step #2: Tell her, "Jasmine you did a great job last time. Today before we walk to the park we will rehearse the sequence like we did last time. When we are interacting with other children?" . . .

Individual Behavior Plan (IBP) Training

Procedures continued:

Measurement:

Each step is to be mastered completely.

Documentation:

Is the environment conducive to practice the skills? (too noisy, people coming in and out, etc.)

How many times was the child re-directed?

How many trials before she mastered the level?


Mental Health Service Plan Development

Mental Health Service Plan Development

- 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

- Children’s Mental Health Webpage
 - <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/mental-health/>
- Provider Relations Webpage
 - <http://www.dhs.state.mn.us/provider>
- MHCP Provider Manual – Mental Health Services
 - http://www.dhs.state.mn.us/ID_058037

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Thank you!

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