Minnesota Health Care Programs

Children’s Mental Health
Crisis Response Services

Re-certification Application Instructions
Table of Contents

General Tools and Tips .................................................................................................................. 1
Completing the Application ............................................................................................................ 1
Agency Information .......................................................................................................................... 2
Practice Site Information ............................................................................................................... 2
Local Certification ........................................................................................................................... 3
Administrative Infrastructure ......................................................................................................... 3
Staff ................................................................................................................................................ 3
Significant Changes ....................................................................................................................... 5
Performance Measurement .......................................................................................................... 5
Service Coordination .................................................................................................................... 6
Assurance Statements ................................................................................................................... 6
For Further Information ................................................................................................................. 6

This information is available in alternative formats to individuals with disabilities by calling your agency at (651) 431-2321. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency’s ADA coordinator.
The information included in this guide is intended to provide additional clarity or guidance for completing select sections in the Crisis Response Service (CRS) Primary Certification Application.

Read Children’s Mental Health Crisis Response Services PRIOR to reading these instructions and completing the application.

Only sections that require more information are included in this document. The application and instructions should provide all of the information necessary to complete this certification process. However, if you have remaining questions, please contact Karry Udvig at Karry.Udvig@state.mn.us or (651) 431-2330.

**General Tools and Tips**

The instructions include additional information about some CRS Application questions to assist the providers through the certification process. Every question in the application does not include a corresponding instruction reference.

**Hyperlinks**

For your convenience there are hyperlinks throughout the application that will connect you to the relevant section of these instructions if additional guidance is provided. Simply click on the underlined text to view the information. There are also hyperlinks within this document to other relevant sections.

**Completing the Application**

When completing the application the agency must incorporate all individuals, agencies and organizations that are a partner, vendor, or subcontractor providing supervisory functions, or services to clients.

Agency must submit an electronic version of the primary and local applications (for each county identified on the primary CRS re-certification application).

A copy of the completed primary application along with the appropriate local application will be forwarded to each county agency listed under “Local Certification” to enhance the local re-certification processes. Failure to include all counties agency under the “Local Certifications” section of this application will result in a delayed certification.

Re-certification will not be based upon how the agency formats responses. However, if the application is difficult to read or understand, responses are not limited to provision of CRS, or all information required per instructions is not readily found, it may be returned for re-submission before being reviewed.
Agency Information

**Name of agency**
Provide the legal name and business address of agency that will submit claims to Minnesota Health Care Programs (MHCP) for CRS mental health services. If an agency does business under a different name indicate the name.

**Name of contact person**
While many people will likely contribute to this application, identify the person primarily responsible for completing the application and his/her contact information. This is the person that can facilitate questions that DHS may have about the application.

**Accreditation or certification**
Agencies are not required to meet one of these certifications to be accredited for CRS certification.
Organizations may be able to demonstrate meeting CRS administrative requirements if they are accredited or certified.

Check appropriate box and insert date of current accreditation or certification from:
- Joint Commission on the Accreditation of Health Organizations (JCAHO)
- DHS Licensing as a Community Mental Health Center as defined by *Minnesota Statutes 256B.062* or as a Mental Health Clinic as defined by Minnesota Rules, parts *9520.075* to *9520.087*.
- Children’s Therapeutic Services and Supports (CTSS).

Practice Site Information

**Practice sites**
A practice location is a specific site or physical plant, where the agency provides CRS services. The main practice location should function as the agency’s record and documentation storage area and house most of the administrative functions for the agency. There is an expectation that the majority of CRS will be conducted at locations other than the main site.

Services delivered at secondary practice locations or in the community should meet the same administrative and clinical standards as those in the main location.

A child’s home is a place of service but is not a practice location because other clients should not be receiving services in another child’s home.

**A therapist’s vehicle is not a practice location or place of service.**

**Services**
Agencies need to provide:
- Crisis assessment
- Crisis intervention
- Crisis stabilization
Administrative Infrastructure

CRS policies and procedures must be pertinent to the delivery of CRS even though CRS standards mandate providers follow administrative and clinical infrastructure requirements defined in the Children’s Therapeutic Services and Supports (CTSS). Minnesota Statutes 256B.094, subd. 5 requires agencies to have an administrative infrastructure that includes critically important aspects of a business.

DHS expects agencies to have an administrative infrastructure that exceeds CRS certification requirements as the agency is only being asked to provide minimal information about basic policies that must be in place to be a provider under MHCP.

CRS Requirements

Written material must support descriptions of how the agency meets each requirement. Application responses must have enough information to demonstrate the agency has thought through various administrative functions and activities in enough detail to support the delivery of medically necessary, crisis services for the most common mental health needs.

Minnesota Statutes 256B.094 states the provider’s written policies and procedures must be reviewed at a minimum of every three years. Any changes to policy and procedures must be distributed to staff and must be communicated to other affected parties in a consistent manner.

Staff

Organizational chart

Develop an organizational chart that clearly outlines individuals responsible to deliver, supervise, or administer CRS. Indicate whether individual is employed full-time or part-time at agency. State how your organization defines part time and full time status.

For each mental health professional, mental health practitioner, and administrative staff identified in the chart, include the:
- Person’s name
- Title
- Show reporting relationships
- Employment status – FTE/PTE.

Depending on the size of the agency, there may be multiple pages needed for the organizational chart.
**Mental Health Professionals (MHP)**

**Mental Health Professional’s name**
Enter the full name of each MHP who is employed by or under contract with the agency.

**Licensure**
Indicate the MHP’s current licensure.

**MHCP Enrolled**
The MHCP number refers to the MHP’s individual provider number not the agency’s MHCP number. MHPs who deliver and/or supervise services, must separately enroll with MHCP to allow claims submission to MHCP. Go to the provider enrollment page on the [DHS Web site](#).

**Sites**
Refer to Practice Sites table for the list of sites. Indicate the site(s) from that list, where the MHP provides services. For example, if a person works at three sites, find those locations on the Practice Sites table and list the name for each of those site(s).

**Clinical supervision**
Is the MHP identified responsible to provide clinical supervision for any mental health practitioners and/or mental health behavioral aides? If yes, total the number of mental health practitioners and MHBAs separately (if applicable) that person supervises from all sites combined. This should include both part and full time staff.

**Mental Health Practitioner**

**Mental Health Practitioner’s name**
Enter the full name of each practitioner who is employed by or under contract with the agency.

**Sites**
Refer to Practice Sites table for the list of sites.

**Clinical Supervisor’s name**
Enter full name of MHP who provides the majority of clinical supervision.
**Significant Changes**

These include, but are not limited to, changes to policies and/or procedures for enhancing family involvement or cultural competency in program planning and implementation; fiscal procedures and changes to written administrative or clinical policy and/or procedures. Provide a brief but adequate description of any significant change(s) since the last certification/re-certification. Be sure to indicate the counties affected by the change(s).

**Performance Measurement**

**Quality Assurance**

The initial CRS Primary Certification required the agency to submit a quality assurance plan in addition to policies and procedures for development, review and updating of the plan. Additionally, identify any changes made to the previously submitted plan.

**Client satisfaction process**

The agency's description should include the following three parts:

- **Results – Client satisfaction with**
  - Treatment progress
  - Access to services
  - Participation in treatment plan development

- **Steps taken**
  Describe changes made to CRS as a result of the past year’s client satisfaction process for each of the above three domains. If some changes have not been fully implemented, indicate what the change will be when completed and what steps, to date, have been implemented. Include changes not yet begun under next item.

- **Plans not yet begun**
  Describe plans for future changes that have been developed as a result of the client satisfaction process for each of the domains in the first bullet. Limit this to plans prepared during the past 12 months but not yet begun (the plan exists, but implementing the plan has not started). Also include timelines for when implementation will occur.

**Client outcomes**

A client’s outcomes are changes resulting from a treatment/service provided. Outcomes are not merely the goal(s) of a treatment or service. The goal(s) of a treatment or service is what the agency and client intended to accomplish, but the outcomes are what was actually attained. Review of this section is not for success of treatment or services. Instead, it is focused on the agency incorporating changes as a result of measuring client outcomes.

For each outcome study completed or performed during the past year discuss the below points. Unless the agency notes otherwise, the reviewers will understand all items in this section apply to all counties served.

For each outcome study, include the outcome measured, methodology, results, steps taken, and plans made for future implementation. See below for a brief description of what to include in each.

- **Which client outcomes**
  Include the name of the treatment/service, its goal(s), description of the treatment/service, and outcome(s) being measured
Methodology
Title/name of the instrument(s) used to measure change, timing of administering the same, and the methodology should be included. Include a copy of the instrument(s) as an attachment or send by mail.

Results
A brief summary of results

Steps taken
Describe changes already taken as a result of measuring client outcomes and reviewing the same. Do not include changes made to programs solely for reasons other than the result of measuring client outcomes.

Plans to improve
Describe plans to improve the treatment/services based upon the result(s) of having measured and reviewed client outcomes which have not been implemented. Do NOT include plans for changes based upon reasons other than the result of measuring outcomes for clients receiving the treatment or service.

Service Coordination

Agencies are required to effectively coordinate CRS with other services – whether other services are provided by the agency or other agencies.

Assurance Statements

Read each assurance statement and select the appropriate response. The response default is “No”; choose “Yes” for all assurance statements to which the agency agrees. Keep in mind that the policies and procedures required under the assurance statements must be immediately available upon request by DHS. If any assurance statements are not agreed to, CRS certification will be denied.

For Further Information

Contact Karry Udvig by:

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