Minnesota Health Care Programs

Children’s Mental Health
Children’s Therapeutic Services and Supports

Re-certification Review Process
Overview

Children’s Therapeutic Services and Supports (CTSS) certification is time limited and must be renewed at least every three years. Re-certification applications are not required at the end of the initial, one year CTSS certification. Such providers will be contacted at the end of the first year to arrange an on-site evaluation of whether certification should be extended.

CTSS re-certification is to ensure client access to appropriate and effective services. Therefore, the primary focus of the review is on appropriateness and effectiveness of the services. This includes reviewing the array of services provided, as well as the program’s success in meeting the intent and spirit of the standards DHS has for CTSS providers.

Ninety days before expiration of an existing certification a CTSS provider needs to submit the formal application for re-certification to the Department of Human Services Children’s Mental Health Division at DHS.CTSSRecert@state.mn.us.

Most applicants will have an on-site evaluation.

Upon completion of the review and on-site evaluation, Children’s Mental Health staff will assemble a report. The purpose of the report is to address technical assistance needs by summarizing the strengths and weaknesses found. In addition a determination will be made for the Department to:

A) Re-certify the provider (which may include submission of a Plan of Improvement for those standards not fully met)
B) De-certify the provider

The certification review is not an audit. However, certain practices may be discovered during the re-certification process necessitating a report to the appropriate parties who will determine whether an audit or investigation should be performed by them.

On-site Evaluation

The on-site evaluation is an opportunity to acquire more information, resulting in better recommendations for re-certification. It is both an opportunity to ensure that provider assurances made in the initial certification and re-certification applications are in place as well as an opportunity to deliver provider-specific technical assistance based on the needs and practices of the provider and the quality of their clinical documentation. It provides a basis for reinforcing Department goals, plans and intent with providers and to alert providers to any concerns that may exist with the content and quality of their service documentation.

A site visit is designed to be a way to collect information that verifies the accuracy of the re-certification application and to educate the provider about how well their documentation conveys sufficient information to support their billings for CTSS services. The intent of an on-site evaluation is informative, not punitive. Its goal is to increase the ability of the provider to clearly document and support that the services they provide meet the rehabilitative intent and requirements for CTSS providers.

The site visit allows the Children’s Mental Health Division to learn about the provider’s environment, organization, facilities and general practices. A typical site visit starts with a brief introductory meeting to learn how CTSS services fit into the provider’s overall organization and how CTSS services are provided and fit in with other components of the provider’s service array. It is an opportunity for the reviewers to learn about the agency and for provider staff to identify any concerns or questions they have about CTSS requirements.
The reviewers perform three primary activities during a site visit: personnel record review, policy and procedure review, and clinical records review. The typical site visit lasts approximately 6-7 hours.

**Personnel Records Review:** MN Statute 256B.0943 identifies staff requirements for different types of services and documentation that must be kept in personnel records. Depending on the services specified in the provider's certification, the reviewers will examine at least one personnel record for a mental health professional, a mental health practitioner and a mental health behavioral aide (MHBA). These will be for staff involved in providing services to clients whose clinical records are reviewed during the visit. Evaluation of personnel records will include, at minimum, verification of criminal background check, evidence of qualifications for the position including degree, experience, licensure (if relevant), regular performance reviews and documentation of continuing education requirements. If the provider employs mental health practitioners who qualify as clinical trainees pursuing licensure and who are conducting diagnostic assessments and/or psychotherapy, the reviewers will look for clinical supervision plans in accordance with the requirements in MN Rules 9505.0370-9505.0372 (“Rule 47”). Clinical supervision plans will also be reviewed in personnel files for MHBAs. If the provider uses contracted mental health professionals as part of their CTSS certification, the reviewers will want to verify that such contracts are current and that the provider is maintaining documentation of appropriate current licensure for contracted professionals.

**Policies and Procedures Review:** MN Statute 256B.0943 identifies several requirements for administrative and clinical policies and procedures that certified providers must have in place. Some of these are submitted as part of the initial certification application, others are identified through assurances agreed to by the provider as part of the application. The on-site review will examine relevant provider policies and procedures to verify that they are maintained as written policies and procedures that are current and distributed to staff. **Materials written and submitted as part of your CTSS application only are not acceptable as agency policies and procedures.** Although you may have been required to submit specific policies and procedures, your application document is not a policy and procedure. Policies and procedures should exist as a separate document or set of documents that govern provider decision making and practices and are accessible by all staff. All areas of policies and procedures specified in MN Statute 256B.0943 will be reviewed, including personnel policies (recruitment and retention, developing cultural competency of staff, criminal background check procedures, violations of ethical standards, data privacy, volunteers, provider qualifications, supervision, training), fiscal policies and procedures (fiscal controls, billing, collection of revenues and bad debt), client record guidelines, service coordination processes and quality assurance policies (quality improvement plans, committees, client satisfaction surveys). Providers should be able to identify and readily retrieve policies and procedures in these areas on the date of the site visit.

**Clinical Records Review:** Clients will be selected from CTSS payment information for the record reviews. In addition to those randomly selected by DHS reviewers, the provider will be asked to self-identify one case they would like to have reviewed. This may be a case that the provider feels exemplifies their best efforts at documenting clinical needs and delivery of CTSS services in accordance with Minnesota Health Care Program (MHCP) requirements and MN Statute 256B.0943, or it may be a case that the provider feels represents issues or concerns the provider would like the reviewers to address during the site visit. Information about the self-identified case will be asked for in advance of the visit so that reviewers may bring payment sheets for the identified client to verify accuracy of documentation for billed services. The intent is to review no fewer than 3 clinical records during the site visit, but more may be reviewed.
Clinical records will be evaluated for consistency with and inclusion of all required information identified in the MHCP provider manual and MN Statute 256B.0943. In addition, the content of clinical documents will be evaluated for clinical quality as well as for inclusion of all required components. Reviewers will seek to identify:

- Whether record documents clearly identify cultural and familial concerns that are important for understanding the family and how to tailor treatment to meet their needs
- If content supports the diagnoses listed in the diagnostic assessment and if needed differential diagnosis has been completed
- If rule-outs are identified, determine if there are steps to resolve such diagnostic concerns
- Documentation of medical necessity for rehabilitative mental health services
- If treatment is adjusted based on the results of services delivered
- If progress notes clearly support the type of services billed

Quality of clinical documentation is important because many families and children with mental health needs may use several providers over the course of their treatment history. Good clinical documentation helps insure that current treatment is solidly based on prior treatment even when such treatment was received from other providers.

Following the completion of all components of the on-site review, the DHS reviewers will meet with provider staff and clinical supervisors. It is particularly important that clinical supervisors responsible for staff delivering CTSS services by present to discuss any concerns arising from the review. The length of this meeting will depend on the findings of the review and the questions of provider staff, and may last from 30 minutes to 90 minutes. A written report of the site visit findings will be completed and sent along with the re-certification decision letter. The provider may need to complete and submit a plan of improvement for any CTSS requirements that are not fully met.

Further Information
Contact Dwight Heil by

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This information is available in alternative formats to individuals with disabilities by calling (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 programs, contact your agency’s ADA coordinator.