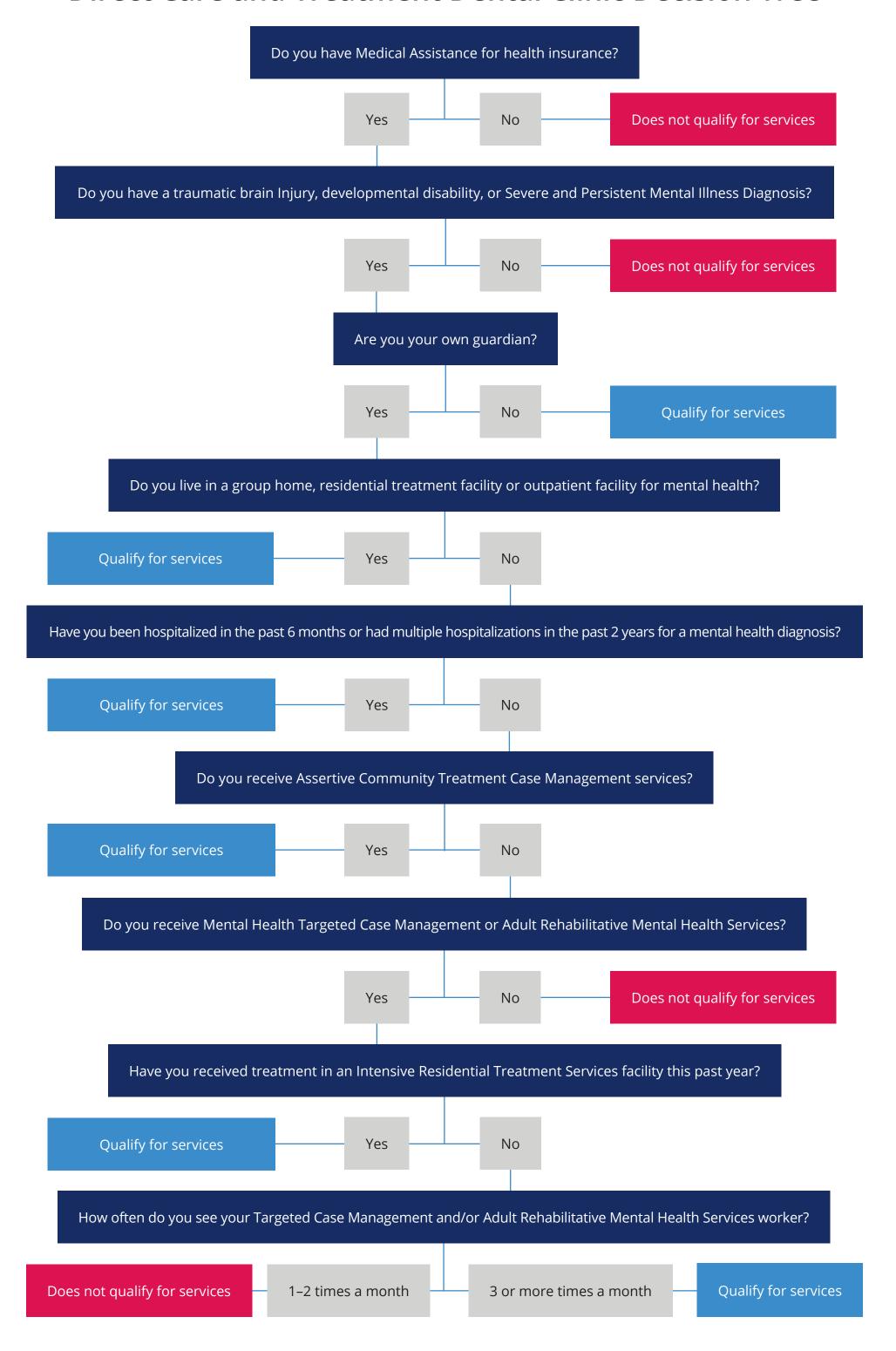
## Direct Care and Treatment Dental Clinic Decision Tree



# Reference Page

Diagnosis Critoria			
Diagnosis Criteria  Description			
Diagnosis & Criteria  Course & Descriptort Montal Illness (CDMI)	Description		
Severe & Persistent Mental Illness (SPMI)  Reference MN State Statue 245.462 Subdivision 20  Diagnosis criteria 1. Major Depression 2. Bipolar I 3. Bipolar II 4. Schizophrenia 5. Borderline Personality Disorder	<ul> <li>Adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months</li> <li>Adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding 6 months duration within the preceding 12 months</li> <li>Adult has been treated by a crisis team two or more times within the preceding 24 months</li> <li>Written opinion from a mental health professional (past 3 years), stating the adult is resonably likely to have future episodes requiring inpatient or residential treatment</li> <li>Adult in the last three years has been committed by a court as a person who is mentally ill or the adult's commitment has been stayed or continued</li> </ul>		
Traumatic Brain Injury (TBI) <u>Reference</u> MN State Statue 144.661	<ul> <li>Sudden insult or damage to the brain or its coverings used by an external physical force which my produce a diminished or altered state of consciousness &amp; which result in the following disabilities:         <ul> <li>Impairment of cognitive or mental abilities</li> <li>Impairment of physical functioning or</li> <li>Disturbance of behavioral or emotional functioning</li> </ul> </li> <li>These disabilities may be temporary or permanent &amp; may result in partial or total loss function.</li> <li>TBI does not include injuries of a degenerative or congenital nature</li> </ul>		
Reference MN Statue 9525.0016 Case Management Administration; Subpart 2  Diagnosis Criteria 1. Development Disability – person who has been diagnosed as having substantial limitations in present functioning, manifests ed as significant subaverage intellectual functioning, existing concurrently with demonstrate deficits in adaptive behavior & who manifests these conditions before the 22nd birthday 2. Deficits in Adaptive Behavior – significant limitation in an individual's effectiveness in meeting the standards of maturation, learning, personal independence, & social responsibility expected by the individual's age elvel & cultural group, as determined by a clinical assessment & standardized tests. 3. Significantly Subaverage Intellectual Functioning – full scale IQ score of 70 or less based on assessment that includes one or more individually administered standardized intelligence tests developed for the purpose of assessing intellectual functioning. 4. Substantial Functional Limitations – long-ter inability to significantly perform an activity or task	<ul> <li>Severe, chronic disability that meets the following conditions: cerebral palsy, epilepsy, autism, Prader-Willi syndrome, or an emotional disturbance found closely to be related to developmental disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of person with developmental disabilities and requires treatment or services</li> <li>Manifested before the person reaches 22 years of age</li> <li>Likely to continue indefinitely</li> <li>Results in substantial functional limitations in three or more of major life activities: self-care, understanding &amp; use of language, learning, mobility, self-direction or capacity for independent living</li> </ul>		















### **Residential Facilities**

**Residential Facility** 

Intensive Residential Treatment Services (IRTS) <u>Reference:</u> MN Department of Human Services - Intensive Residential Treatment Services	<ul> <li>18 and older</li> <li>Receiving Medical Assistance (Medicaid)</li> <li>Primary diagnosis of mental illness</li> <li>Time limited mental health services provided in a residential setting.</li> <li>90 day treatment facility (average length of stay 70 days).</li> <li>Rehabilitate following a hospital visit.</li> <li>Use of IRTS instead of a hospitalization.</li> </ul>	<ul> <li>IRTS are designed to develop &amp; enhance psychiatric stability, personal &amp; emotional adjustment, self-sufficiency, or skills to live in a more independent setting</li> <li>Illness management &amp; recovery – education about mental illness &amp; symptoms, etc.</li> <li>Family education</li> <li>Treatment team staff 24/7</li> </ul>
	Use of IRTS instead of a nospitalization.	· Treatment team Staff 24/7

#### Adult Day Treatment - Outpatient

- · Licensee outpatient hospitals
- Community mental health centers
- Entities under contract with a county to operate as a day treatment program

MN DHS - MHCP Provider Manual

Eligible for MN Health Care Programs (e.g. Medicaid)

treatment recovery history, and engagement

18 and older

problems

Criteria for Services

- Primary diagnosis of mental illness
- Three or more areas of significant impairment in function as determined in the functional assessment (mental health symptoms, mental health services, use of drugs/alcohol, vocational, educational, social, interpersonal, self-care and independent living, medical, dental, financial, housing, transportation Level 3 indication on the Level of Care Utilization System (LOCUS)

- rating on risk of harm, functional status, co-morbidity, recovery environment - level of stress, recovery environment - live of support, Group time focused on rehabilitative interventions or other intensive

Crisis assistance Nursing services

Inter-agency service coordination

Living skills development

**Description of Services** 

therapeutic services, provided by multidisciplinary staff Services: stabilize individual's mental health status, develop & improve

Services instruct, assist, & support individual in areas of interpersonal

communication skills, community resource utilization & integration

budgeting & shopping, healthy lifestyle skills & practices, cooking & nutrition skills, transportation, medication education & monitoring,

employment, parenting and transition to community living resources.

skills, crisis assistance, relapse prevention, health care directives,

mental illness symptom management, household management,

Assessment & services for co-occurring substance abuse & disorders

independent living & socialization skills, & have an individual treatment plan

Individualized assessment & treatment planning

Transition & discharge planning assistance

Minimum of 1-2 hours of group psychotherapy

#### Case Management Criteria

Mental Health Services Covered

Case Management Services	Criteria for Services	Description of Services
Assertive Community Treatment Team (ACT)  Reference: MN Statue 256B.0622 Assertive community Treatment & Intensive Residential Treatment Services	<ul> <li>18 and older</li> <li>Receiving Medical Assistance (Medicaid)</li> <li>Mental illness (primary diagnosis schizophrenia, schizoaffective disorder, major depressive disorder with psychotic features, other psychotic disorders or bipolar disorder)</li> <li>Two or more psychiatric hospitalizations or residential crisis stabilization services in the previous 12 months.</li> <li>Frequent utilization of mental health crisis services in the previous six months.</li> <li>Thirty or more consecutive days of psychiatric hospitalization in the previous 24 months.</li> </ul>	<ul> <li>Interdisciplinary mental health staff who work as a team to provider assertive community treatment.</li> <li>Provides nonresidential treatment &amp; rehabilitative mental health services that are offered 24 hours a day, 7-days a week, in a community-based setting.</li> <li>Services: treatment plan, finance support, co-occurring disorder treatment, crisis assessment &amp; intervention, employment services, housing access support, medication assistance, support &amp; education, peer specialist support, physical health services, rehabilitative mental health services, symptom management, therapeutic interventions &amp; wellness self-management.</li> </ul>
Targeted Case Management (TCM) <u>Reference:</u> MN Statue 256B.0924 Targeted Case Management Services	<ul> <li>18 and older</li> <li>Receiving Medical Assistance (Medicaid)</li> <li>Significant functional limitations</li> <li>Need service coordination to attain or maintain living in an integrated community setting</li> <li>Vulnerable adult</li> </ul>	<ul> <li>Assessment of person's needs</li> <li>Treatment plan</li> <li>Coordination of referrals for needed services &amp; monitoring of service delivery</li> <li>Assistance with legal support</li> <li>Advocating for the individual when services barriers are encountered</li> <li>Monitoring and evaluating services on the treatment plan</li> <li>Face-to-face monitoring</li> <li>Formal &amp; informal services: social, health, mental health, residence, family, educational &amp; vocational, safety, legal, self-determination, financial, &amp; chemical health</li> </ul>
Adult Rehabilitative Mental Health Services (ARMHS) <u>Reference:</u> MN Statue 256B.0623 Adult Rehabilitative	<ul> <li>18 and older</li> <li>Diagnosed with a medical condition such as mental illness or traumatic brain injury</li> <li>Substantial disability &amp; functional impairment in three or more areas.</li> </ul> These areas include: mental health symptoms, mental health needs use.	Mental health services which are rehabilitative & enable the recipient to develop & enhance psychiatric stability, social competencies, personal & emotional adjustment, independent living, parenting skills, & community skills.      Services instruct, assist, & support individual in areas of interpersonal.

These areas include: mental health symptoms, mental health needs, use

of drugs & alcohol, vocational & educational functioning, interpersonal

functioning, self-care & independent living capacity, medical & dental

needs, financial assistance, housing & transportation, and other