



Uniform Service Standards

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Community and Care Integration Reform

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What is “paperwork”?

In 2017, providers asked us to address “excessive paperwork” in mental health services. Did this mean:

- DHS requirements? MCOs? Federal?
- Paperwork we could do without? Information we had to have?
- Clinical documentation, impacting the person and family?
- Administrative complexity, that impacts staff and billing?
- Requirement to report data?

Yes

Outline for today

- Project Goals: Based on what we heard, what is driving this work?
- Bill Language Overview
- Outcomes: What are some of the key reforms that USS can deliver this year?

USS Project Goals

Equity

- Re-examine how policies impact diverse communities.
- Emphasize person/family centered practice.

Value and Clarity

- Aligning standards to reduce administrative burden.
- Remove complex requirements that don't add value.
- Reduce unintentional barriers to service integration.

Improved Process

- Work towards a single, unified review process.
- Respond quickly and effectively to maltreatment or other misconduct.
- Due process rights and legal enforceability.

Project Goals: Equity

What happens when I *know* someone has trauma, but they aren't ready to talk about it?

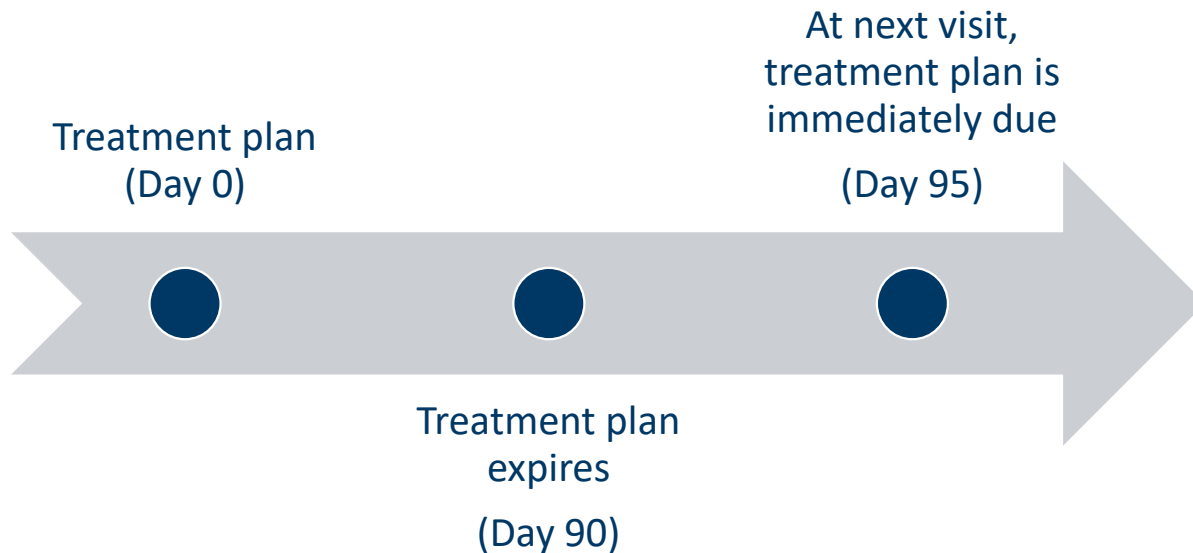
-Provider working with Karen refugee communities

We can make services work for us, but we don't talk like this.

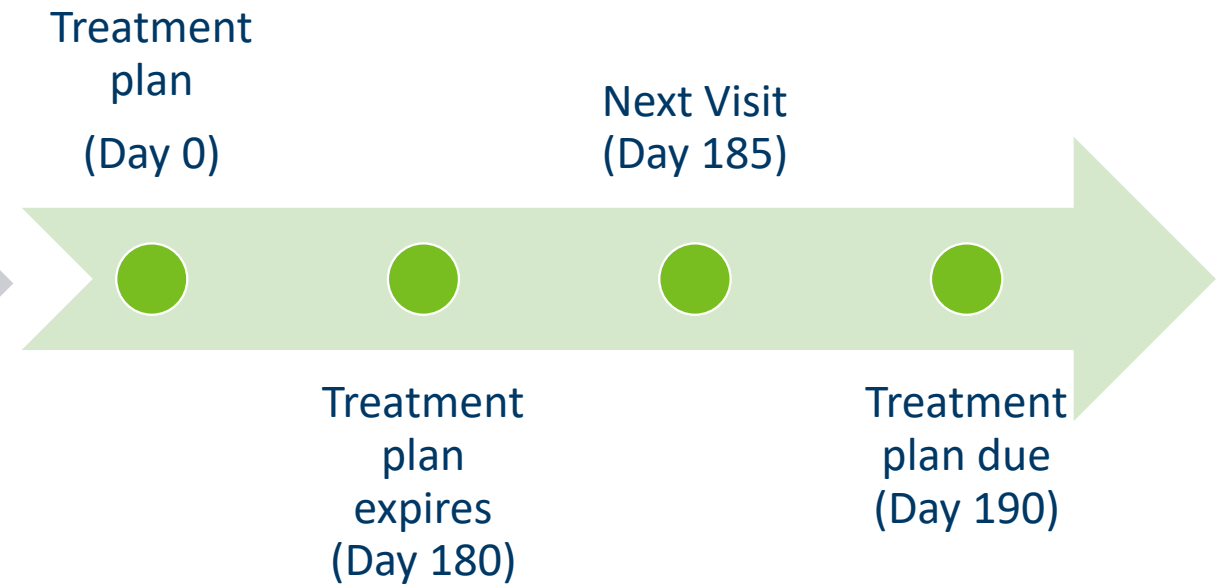
-Tribal provider, commenting on required elements of an assessment

Project Goals: Requirements that add value

Current State



USS Proposed

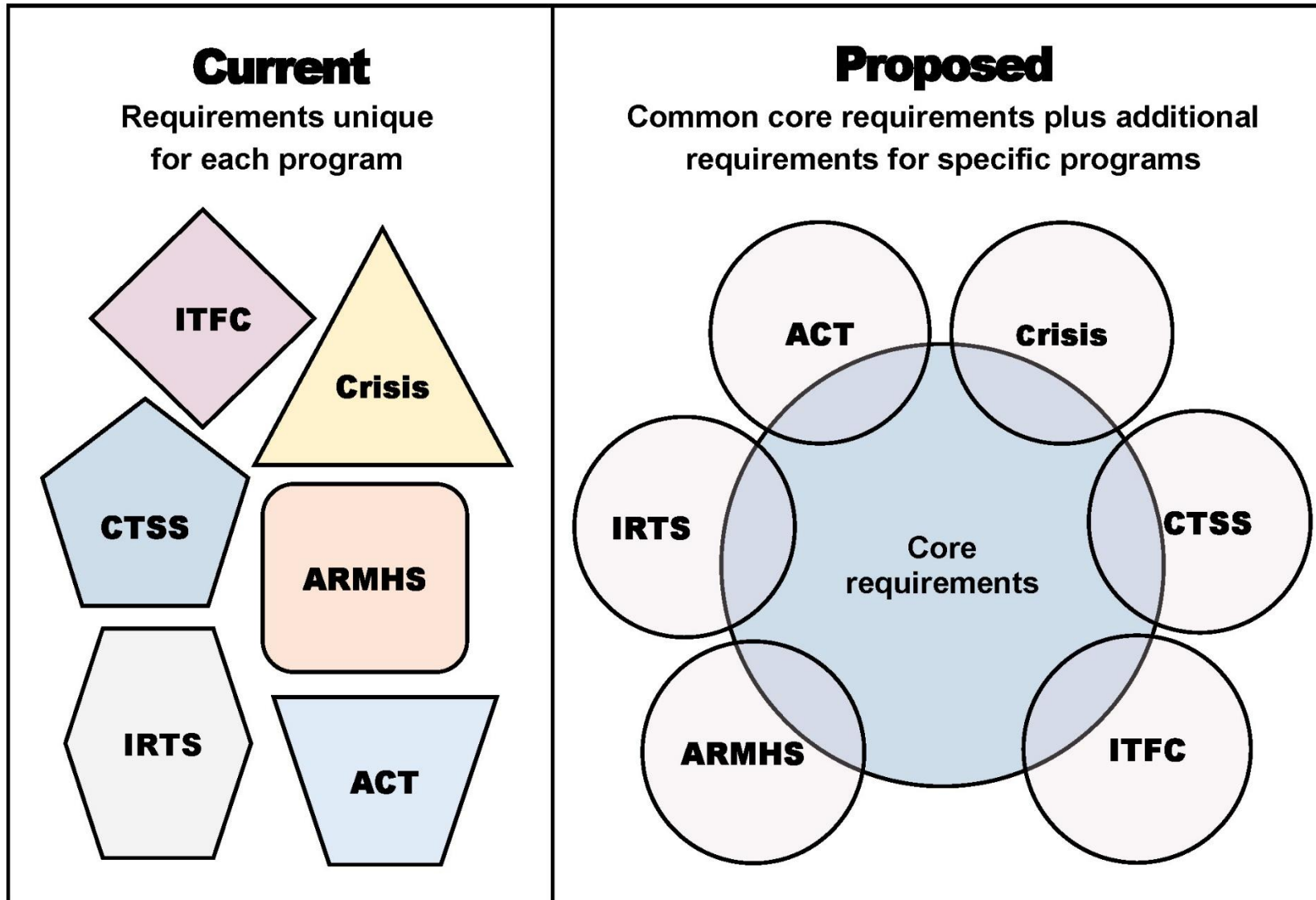


Project Goals: Clarity of requirements

Errors in defining Mental Health Professional

	9505.0371	245.462	245.4871	62A.1	62A.3094	9505.018	256J.08	9533.0110	256B.0623	9505.0260	Other 256B services
APRN/Nursing	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
LISCW/Social Work	✓	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗
Psychologist	✗	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓
Psychiatrist	✗	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓
LMFT	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓
LPCC	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✓
Tribal Credential	✓	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗
Other Errors	✓	✗	✗	✓	✓	✓	✓	✗	✗	✓	✓

Project Goals: Improved Process



- Article 1: Core
 - See “Uniform Service Standards Outline” handout for detail.
- Article 2: Crisis
 - Unifying Adult/Children’s standards
 - Emphasis on service to family and natural supports, as well as the individual
- Article 3: Conforming Changes
 - References to mental health professional, clinical trainee, practitioner
 - Removing standards that duplicate or conflict with the core
 - Adult and Children’s Mental Health Acts (245), Medical Assistance (256B), other references

Flexibility on engagement

- Trust matters when working with diverse populations, and trust takes time.
- Misdiagnosis can hurt, and delay effective treatment.
- Restoring the focus on care. Arbitrary, tight deadlines burn out staff, without improving outcomes for the client.



- Abby Vavra, Public Policy and Compliance Counsel
- Fraser provides Children's Therapeutic Services and Supports, including school based services

Improving IRTS

- Opening days of an IRTS stay can be overwhelming.
- Spacing out assessments and required documentation is helpful to both staff and the client.
- Standardized expectations for discharge will help us track and improve outcomes.



- Brooke Schultz, Associate Director of Clinical Services
- RADIUS Health provides ACT, IRTS, and other services

Updating R29 and the future of USS

- The current standards for Rule 29 have been involved and burdensome, with limited value.
- Workforce shortages make requirements impossible at times.
- This proposal is the first step: we need to reduce the time and complexity of being approved.



- Jinny Palen, Executive Director
- Minnesota Association of Community Mental Health Programs (MACMHP)