

## **Mental Health Model Benefit Set**

### **What is the Model Benefit Set?**

The model benefit set is a collection of evidence-based treatment and supports for people with serious mental illnesses that are covered by Medical Assistance (MA) and Minnesota Care. This model represents a shift from the previous focus on institutional care in hospitals and residential treatment facilities to offering mental health services in the community.

### **What Does the Model Benefit Set Include?**

In 2007, the legislature included coverage for the mental health model benefit set under Minnesota Health Care Programs (MHCP). These benefits include:

Case Management: The coordination of community services for people with serious mental illnesses by a qualified professional. Case managers assess a person's treatment needs, create an individualized service plan, coordinate referrals and appointments and assist with transportation and other issues that might be barriers to a person's successful completion of a treatment plan.

Clinical Case Consultation: Consultation between a primary care provider and a mental health professional in which the mental health professional acts as an advisor/specialist to the primary provider about a person's mental health needs.

Assertive Community Treatment (ACT): A team of professionals who provide individualized and comprehensive treatment to people with serious mental illnesses. Services can include: supportive therapy, substance abuse treatment, symptom management, supported employment, family support, legal and advocacy services, time management and help with daily activities.

Children's Therapeutic Services and Supports (CTSS): Individualized supports and services for children with mental illnesses. CTSS Services include individual therapy, family therapy, group therapy, individual skills training and group skills training. These services are provided either at home or in a community setting.

Adult Mental Health Rehabilitative Services (ARMHS): Services provided in the least restrictive setting possible to reduce psychiatric impairment, restore functioning, improve community integration and increase self-sufficiency. Services can include independent living skills training, medication management, vocational rehabilitation, relapse prevention plans and management of medical conditions.

Therapeutic Foster Care: Individualized treatment for children, youth and their families in a foster care setting. Treatment is provided by foster parents who are trained, supervised and supported by qualified professionals.

Emergency/Crisis Care: Crisis services seek to intervene immediately, provide brief and intensive treatment, involve families in treatment, link people and families with other community support services and avert unnecessary hospital stays. Examples include crisis assessments, mobile crisis outreach teams, crisis intervention counseling and crisis stabilization.

**\*Over\***

Intensive Residential Treatment Services (IRTS): Short-term, in-patient, treatment for people with serious mental illnesses who are in need of intensive services in a more restrictive setting. IRTS services are designed to improve a person's psychiatric stability, self-sufficiency and ability to live independently.

Children's Residential Treatment: Intensive in-patient treatment for children with serious mental illnesses.

Dialectical Behavior Therapy (DBT): An intensive out-patient treatment regimen for people with a diagnosis of borderline personality disorder and who experience major challenges being in the community. Research has found that this treatment reduces unnecessary and costly emergency room visits and inpatient psychiatric hospitalization.

**NAMI Minnesota**  
800 Transfer Rd. Suite 31  
St. Paul, MN 55114  
651-645-2948  
nami-mn@nami.org  
[www.namihelps.org](http://www.namihelps.org)