RAMSEY COUNTY
Social Services

Children and Family Services
Childrens Mental Health
SSD.CMHIntakeResponseUnit@co.ramsey.mn.us

Children's Mental Health Case Management is a voluntary service to assist parents with location and accessing resources and coordinating their child's Mental Health Services.

Eligibility

- Child should be under the age of 18 and be a Ramsey County resident.
- The parent/guardian requesting CMH CM services on behalf of the child must have the legal authority to do so.
- The parent(s), or in the case of a child age 16 or older, must VOLUNTARILY agree to CMH case management.
- The child must be evaluated by a Mental Health Professional and be determined to meet criteria for Severe Emotional Disturbance (SED). Medically necessary services must be documented. Not every diagnosis qualifies (ADHD, ODD, and Adjustment Disorder may not quality).
- The child must have a current Diagnostic Assessment completed within the last 6 months.
- The child should be on medical assistance (including PMAP) or apply for TEFRA (income based assistance) for medical assistance eligibility.

Making a referral

- Consider other options for children with developmental delays, brain injuries (such as fetal alcohol and other cognitively low functioning). Call MNChoices at 651-266-3613 for information on services for these clients.
- Obtain a release of information and have the mental health professional complete the referral form. It can be found at https://www.ramseycounty.us/sites/default/files/Assistance%20and%20Support/Children%27s%20Mental%20Health%20referral%20form.pdf
- Fax release of information, referral form, and diagnostic or psychological evaluation assessment to 651-266-3941.

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Ramsey County Children's Mental Health Case Management Referral

Diagnostic Addendum/Application

A mental health professional must complete this form AND attach a current (within 6 months) diagnostic assessment.

The assessment must meet all guidelines to bill Minnesota Health Care programs and establish medical necessity for case management. This includes CASII, SDQ, & CAGE-AID or GAIN-SS for children over 12.

Date:

Client Name: **DOB:**

Parent Name(s): **DOB:**

Address:

Home phone: **Cell:**

Second Parent/guardian if not living with child (required): **DOB:**

Address: **Phone**

Primary language:

SED Documentation

Must be checked to make referral and release of information faxed

This person has been diagnosed as having:

☑ Serious Emotional Disturbance (SED)

Serious Emotional Disturbance (SED) means the condition of child who has a mental illness AND meets at least one of the following criteria (check all that apply):

☐ The child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance; OR

☐ The child is a Minnesota resident, and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact; OR

☐ The child has one of the following as determined by a mental health professional:

- Psychosis or clinical depression; OR
- Risk of harming self or others as a result of an emotional disturbance; OR
- Psychopathological symptoms as a result of being a victim of physical OR sexual abuse or of psychic trauma within the past year; OR
  - The child as a result of an emotional disturbance has significantly impaired home, school OR community functioning that has lasted at least one year OR
  - In the written opinion of a mental health professional, presents a substantial risk of lasting at least one year.

Children's Mental Health Case Management Services CANNOT BE PROVIDED UNLESS Medical Necessity is established in at least one domain. Information you provide below will determine eligibility for this service.

Medical Issues [include hearing, vision and sensory issues]:

Current Functioning –

Description of medically necessary service needs in relation to mental health diagnosis of child:

Social Skills:

Current Functioning -

Description of medically necessary service needs in relation to mental health diagnosis of child:

Self Care & Independent Living Skills:

Current Functioning –

Description of medically necessary service needs in relation to mental health diagnosis of child:

School/Work Functioning and Concern:

Current Functioning –

Description of medically necessary service needs in relation to mental health diagnosis of child:

Substance Use/Addiction/Other Addictive Behaviors: (required for children 12 & older)

Which screen was completed?

☐ GAIN-SS ☐ CAGE-AID

What was the outcome of your assessment?

Completed by: Must be signed by a licensed Mental Health Professional

Signature: _____

Printed Name:

Address: **Phone Number:**

Supervisor Signature (if required):_____

Printed Name:

I qualify as a 'Mental Health Professional' in a following field:

☐ Psychiatric Nursing ☐ Allied Field ☐ Psychiatry ☐ Psychology ☐ LICSW ☐ LMFT ☐ LPCC

****When completed, please fax to Children's Services Screeners at (651) 266-3941****