



FAQ: Medical Assistance for Mental Health Services in Special Education

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The Special Education Division in the Minnesota Department of Education (MDE) has developed responses to the most frequently asked questions (FAQ) concerning the compatibility of school Medical Assistance billing for mental health services in an Individualized Education Program (IEP) with special education due process requirements. The questions were collected during information sessions with school districts and charter schools conducted by MDE and the Department of Human Services in 2024. The responses to the questions were jointly developed by the Interagency Partnerships Unit and the Program Monitoring Unit of the Special Education Division.

This FAQ document is meant to provide basic and general information to schools. Specific situations will often require information that is more detailed. The provided basic and general information does not include all of the parts of state and federal law that could be involved. This document does not provide legal advice and should not be relied upon for a response to a legal situation. These questions and answers relate only to Part B of federal *Individuals with Disabilities Education Act* (IDEA) and its implementing regulations, and not to Part C of IDEA and its implementing regulations.

Question 1: Do recent changes in state law related to school access to Medical Assistance reimbursement for mental health services provided through an IEP change special education due process requirements?

Answer: Changes in 2023 to the Minnesota statute related to Medical Assistance reimbursement for mental health services provided through an IEP do not change current special education due process requirements. Changes were made to a state statute that governs reimbursements from Medical Assistance, the state's Medicaid program, for special education services (Minn. Stat. 256B.0625, subd. 26), and do not affect school district responsibilities under IDEA (20 USC § 1400 et seq. or 34 C.F.R. §§ 300 or 303) or Minnesota law (Minn.

R. 125A or Minn. R. 3525). For more information on the changes to Minnesota Statutes 256B.0625, subdivision 26, see MDE and DHS's [School Mental Health Services](#) webpage.

Question 2: Can mental health services be provided as part of special education?

Answer: Mental health services may be considered related services, as defined by IDEA and its implementing regulations (20 U.S.C. § 1401(26) and 34 C.F.R. § 300.34), if they are required to assist a child with a disability to benefit from special education. All special education and related services, including required mental health services determined necessary following the completion of a comprehensive initial evaluation or reevaluation, must be determined by an IEP team on an individualized basis. For more information, see MDE published guidance [Q&A: Individualized Education Programs \(IEP's\), Evaluations and Reevaluations](#) and [Q&A: Related Services](#).

Question 3: Can mental health services in an IEP be reimbursed through Medical Assistance?

Answer: IDEA and its implementing regulations at 34 C.F.R. § 300.154 and state law at Minnesota Statutes 125A.21 allow schools to be reimbursed from Medical Assistance for federal share of the costs of mental health services included in an IEP if the services are covered by Medical Assistance. Requirements for coverage include informed written consent of parents, annual notice to parents by schools of intent to bill Medical Assistance, as well as the separate terms of coverage in the Medical Assistance program as provided by the Department of Human Services in the Minnesota Health Care Programs Provider Manual, in the IEP Services section for [Mental Health Services in Special Education](#).

Question 4: When a mental health status examination, face-to-face interview, or other assessments need to be completed for Medical Assistance coverage requirements, can they only be completed as part of a special education evaluation?

Answer: If the special education evaluation team are going to use the mental health status examination, face-to-face interview, or other assessments required by Medical Assistance, as a basis for possible mental health services in the IEP, then those assessments must be completed as part of a special education evaluation and meet the same requirements for all assessments in a special education evaluation (Minn. R. 3525.2710). If other assessments will be used to meet federal and state requirements for a special education evaluation, and to provide a basis for possibly including mental health services in an IEP, then the mental health status examination, face-to-face interview, or other assessments used solely for Medical Assistance purposes of

establishing medical necessity under Minnesota Statutes 256B.0625, subdivision 26, and Minnesota Rule 9505.0175, subpart 25, should be completed separately from the special education evaluation.

Question 5: Where should the summary and recommendations required for Medical Assistance be located in an evaluation report or IEP?

Answer: There is not a requirement in special education laws that the summary and recommendations for Medical Assistance be located in any part of a special education evaluation report or IEP (20 U.S.C. §§ 1414(a) – (d), 34 C.F.R. §§ 300.301 – 306 and 300.320, Minnesota Statutes 125A.08, and Minn. R. 3525.2710 and 2810). However, important Medical Assistance requirements for documentation of a summary and recommendations in the special education evaluation report or IEP are provided in the Minnesota Health Care Programs Provider Manual in the [Mental Health Services in Special Education \(MH-SPED\) \(School Social Work Services\)](#) section under IEP Services. These requirements include that medical necessity must be documented in writing. See the DHS and MHCP Manual information for specifics, and contact DHS for additional assistance.

Question 6: If assessments and the summary and recommendations required by Medical Assistance were not previously included in a special education evaluation, can the evaluation report be amended to add those additional components and documentation?

Answer: There is no process under IDEA or Minnesota law to amend an initial evaluation or reevaluation. However, a school district/charter school must conduct a reevaluation if it determines that the educational or related services needs, including improved academic achievement and functional performance, of the student warrant a reevaluation or if the student’s parent or teacher requests a reevaluation. 34 CFR § 300.303(a).

New information from assessment procedures, including the assessments required by Medical Assistance (e.g. mental health status examination or face-to-face interview) cannot be added through amending a special education evaluation. If a special education evaluation or reevaluation did not include the assessment procedures required for Medical Assistance and an IEP team determines that those assessment procedures are necessary for purposes of determining eligibility and educational needs as described in 34 C.F.R. 300.305(a)(2), those assessment procedures should be added through a reevaluation. Conducting the reevaluation must meet federal and state requirements for reevaluation in IDEA regulations 34. C.F.R. §§ 300.300 through 300.306, Minnesota Statutes 125A.08, and Minn. R. 3525.2710.

For more information, see MDE published guidance [Q&A: Individualized Education Programs \(IEP's\), Evaluations and Reevaluations](#) and [Q&A: Related Services](#).

Question 7: If an IEP Team wants to add a mental health service to the IEP that is covered by Medical Assistance, or add a new school staff provider for that service, is a special education reevaluation or prior written notice necessary first?

Answer: A reevaluation is not necessary to add an additional special education related service to an IEP (34 C.F.R. § 300.324). The need for the service can be documented in the IEP and the service can be added as part of the IEP review and revision. However, IDEA and its implementing regulations and state law specify that a prior written notice is required when the school district or charter school proposes or refuses to initiate or change the special education identification, evaluation, or educational placement of the child or the provision of FAPE to the child (20 U.S.C. § 1415, 34 CFR 300.503, Minn. Stat. 125A.091, subd. 3a, and Minn. R. 3525.3600). Adding, removing, or changing a related service (such as a mental health service) in an IEP meets these criteria and requires a prior written notice. For more information, see MDE published guidance in [Q&A: Individualized Education Programs \(IEP's\), Evaluations and Reevaluations](#) and [Q&A: Related Services](#).

Question 8: How can mental health crisis services be listed in the IEP when the IEP team cannot know when or how often the student will need those services?

Answer: The IEP team determines the related services and supplementary aids and services to be provided to, or on behalf of, a student based on the student's identified educational needs (e.g. special education evaluation, progress reports, or consideration of other special factors). Crisis services can be included anywhere in the IEP. However, the IEP must be clear as to when, where and by whom the services will be provided and list the projected date for the beginning of and the anticipated frequency, location, and duration of the student's services and modifications. (34 C.F.R. § 300.320 and Minn. R. 3525.2810(1)(A)(6)).

Question 9: If Medical Assistance requires an Individual Treatment Plan (ITP) to be updated every 180 days, and if the IEP serves as the ITP, would that require a full IEP Team meeting every 180 days for students receiving services covered by Medical Assistance?

Answer: Under IDEA and Minnesota law, a student's IEP team is required to meet at least once a year to review the student's IEP to determine whether the student's annual goals are being achieved and revise the IEP, as appropriate, to address any lack of progress toward the annual goals and in the general education curriculum if appropriate, the results of a reevaluation, information about the student provided to or by the student's parents, the student's anticipated needs, or other matters (20 U.S.C. § 1414(d)(4), 34 C.F.R. § 300.324(b), and Minn. R. 3525.2810, subd. 3).

In making changes to a child's IEP after the annual IEP meeting for a school year, the parent of a child with a disability and the school district or charter school may agree to not convene an IEP Team meeting for the purposes of making such changes and to instead develop a written document to amend or modify the child's current IEP. Changes to the IEP may be made either by the entire IEP Team or by amending the IEP rather than by redrafting the entire IEP. Upon request a parent should be provided with a revised copy of the IEP with the amendments incorporated (34 C.F.R. § 300.324(a)(4)).

Question 10: If an ICD-10 code or another diagnostic code required for Medical Assistance needs to be added to a special education evaluation report or changed in a special education evaluation report, is a reevaluation necessary?

Answer: A reevaluation would be required only if the ICD-10 code or another diagnostic code required for Medical Assistance is or will be included within the special education evaluation. If it is neither currently or planned to be in the special education evaluation then a special education reevaluation is not necessary.

Question 11: If an ICD-10 code or another diagnostic code required for Medical Assistance needs to be added to an IEP or changed in an IEP, is a prior written notice and IEP amendment necessary?

Answer: Adding or changing the ICD-10 or other diagnostic code in an IEP for purposes of Medical Assistance (Minn. Stat. 256B.0625, subd. 26) does not require prior written notice. Federal special education regulations and state special education rule specify that a prior written notice is required when the school district or charter school is proposing or refusing to initiate or change the special education identification, evaluation, or educational placement of the student, or the provision of FAPE to the student (34 C.F.R. 300.503 and Minn. R. 3525.3600).

Adding or changing the ICD-10 code or other diagnostic code included in an IEP is a change to the IEP. Federal special education regulations specify that changes to the IEP may be made either by the entire IEP Team or by amending the IEP rather than by redrafting the entire IEP (IDEA 20 U.S.C. § 1414(d)(3)(D)). Upon request a parent shall be provided with a revised copy of the IEP with the amendments incorporated.

For more information, see MDE published guidance [Q&A: Individualized Education Programs \(IEP's\), Evaluations and Reevaluations](#).

For more information contact:

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