



# Mental Health Services in Special Education

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# What Has Changed

**Simplified processes:** Streamlined documentation and administrative procedures by allowing a special education evaluation, and assessments for and within the Individualized Education Program (IEP), or Individualized Family Service Plan (IFSP) to determine medical necessity for services.

**Expanded benefits:** Increased coverage for a broader range of mental health services.

**Eliminated:** Certification requirement of the Children's Therapeutic Services and Supports (CTSS) program.

# Provider Manual and Webpage

- [Mental Health Services in Special Education](#) in the Minnesota Health Care Programs (MHCP) Provider Manual
- [School Mental Health Services](#) webpage
- Do you have access to SharePoint?

Request an invite from [julie.neururer@state.mn.us](mailto:julie.neururer@state.mn.us)

Receive the invite

Here's the site that Neururer, Julie (MDE) shared with you.

Go to [Third Party Reimbursement](#)

- Trouble accessing? [SharePoint Troubleshooting document](#) (able to view with SharePoint access.)

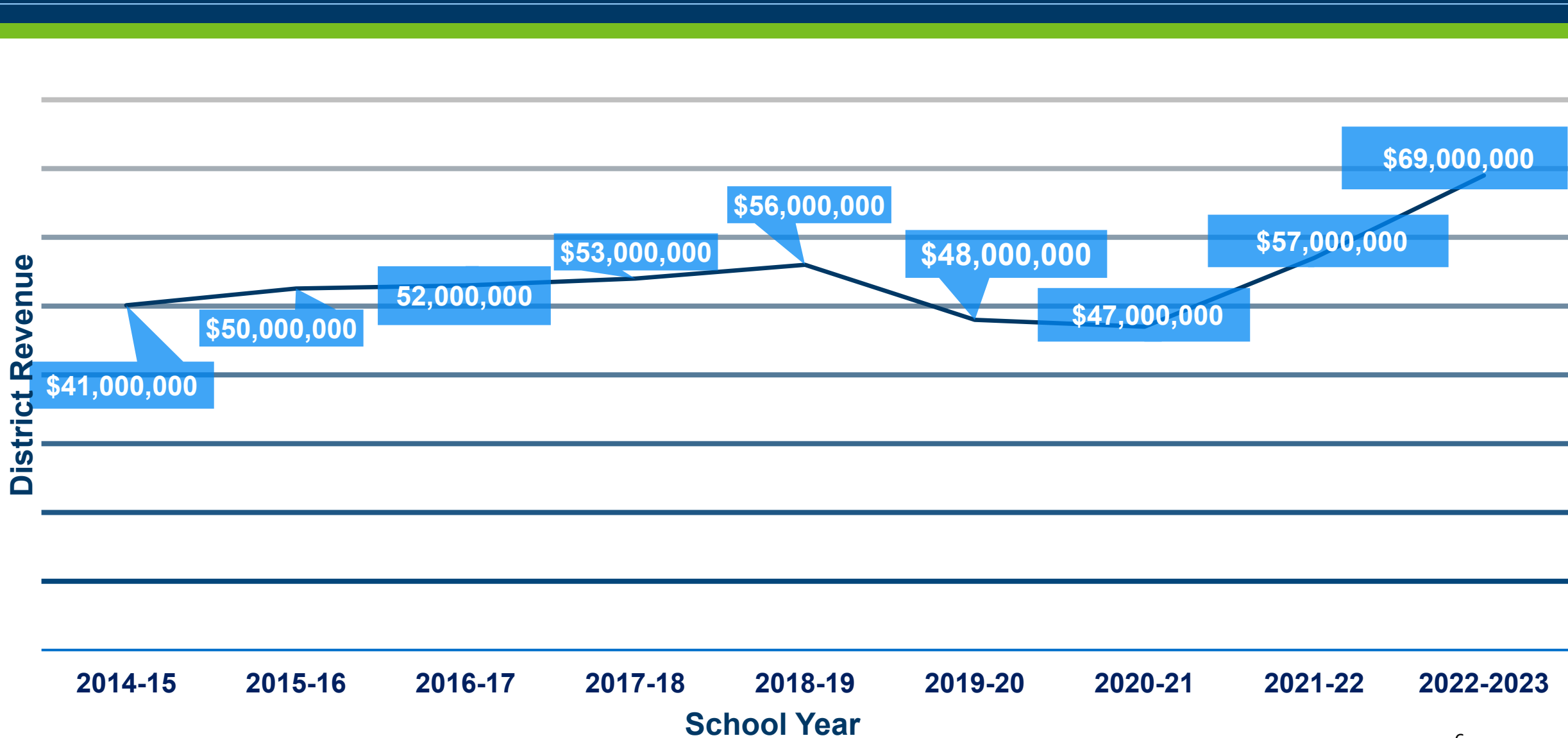


# Third-Party Reimbursement Mental Health Services in Special Education

# Third Party Reimbursement

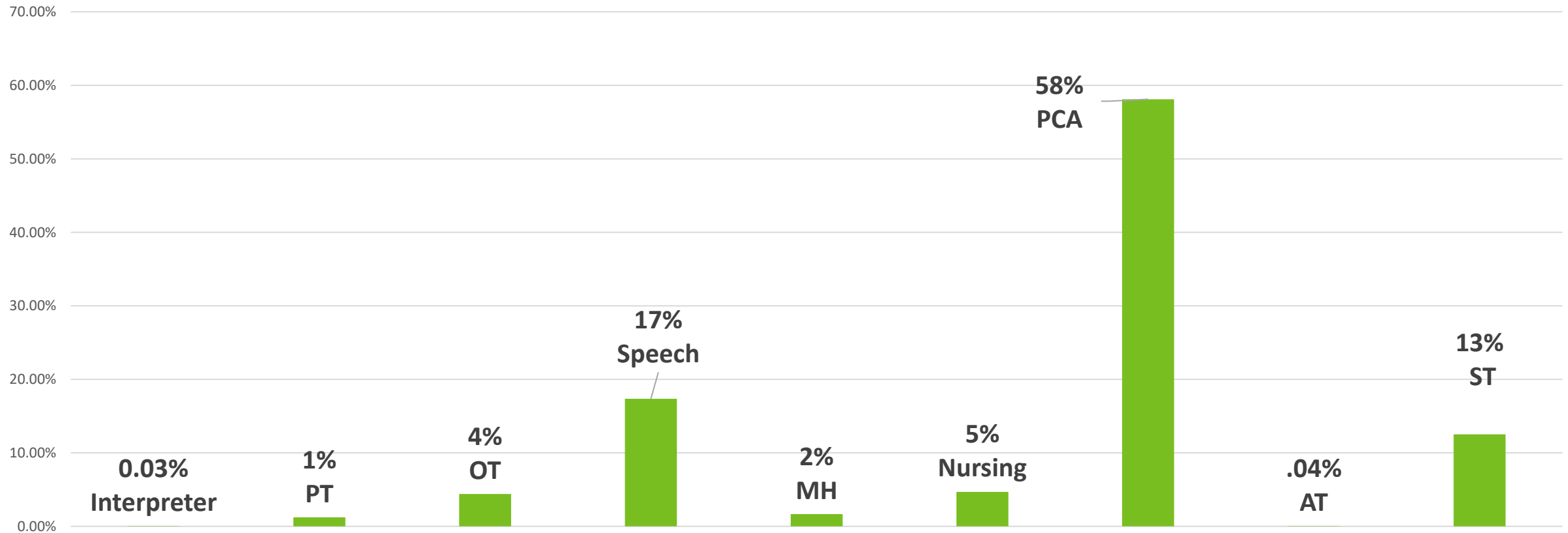
- Districts are required to seek Medicaid funds for the IEP or IFSP health-related services they provide by qualified professionals
- Districts only receive the federal share of the cost of an IEP or IFSP service
- Cost based versus fee for service
- Funds can only be used for the following:
  - Pay for the administrative or contracted staff that does the billing to the Minnesota Department of Human Services (DHS)
  - Pay for training on how to use your Medical Assistance (MA) funds and how to better bill DHS
  - Use the funds to benefit a student with a disability. This could include paying for a teacher's salary, benefits, vehicles, etc.

# MHCP Reimbursement for All MHCP-Enrolled Schools



# Percent of Reimbursement Per Service

## Percent of Reimbursement Service 22-23



2022-2023 Data

# Eligible Students

Student eligibility for MH-SPED reimbursement requires the following:

- Must be under 22 years old unless otherwise identified under a specific service.
- Must have a current IEP or IFSP that identifies the covered IEP health-related service to be provided
- Must be actively enrolled in one of the following MHCP major program codes:
  - Medical Assistance (MA)
  - NM - These covered services are similar to MA services for certain non-citizens and children with Children's Health Insurance Program eligibility types CB (infants from birth to 2 years old) or PC (pregnant people)
  - Refugee Medical Assistance (RM)



# Parental Consent

- Parental consent must be obtained to share information with DHS.
- Federal regulations require school districts to provide specific information to parents **before** obtaining their consent to share information with MA and submitting bills, and annually thereafter in the district's **Procedural Safeguard** documents or the Written Annual Notice Related to Third Party Billing for IFSP Health-Related Services for part C students.
- **Informed** (part B and part C) consent is only required one time.



# Services and Providers

# Covered Mental Health Services in Special Education

- Explanation of Findings
- Psychotherapy for Crisis
- Clinical Case Consultation
- Dialectical Behavioral Therapy
- Child and Family Psychoeducation
- Individual, Family, and Group Psychotherapy

<b>What services are you providing?</b>	<b>Mental health professional</b>	<b>Mental health clinical trainee (under the supervision of a professional)</b>	<b>Mental health practitioner (under supervision of a professional)</b>
<a href="#"><u>Explanation of Findings</u></a>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<a href="#"><u>Psychotherapy for Crisis</u></a>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<a href="#"><u>Clinical Case Consultation</u></a>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<a href="#"><u>Dialectical Behavioral Therapy</u></a>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<a href="#"><u>Child and Family Psychoeducation</u></a>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<a href="#"><u>Individual, Family, and Group Psychotherapy</u></a>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	

# Eligible Providers of Mental Health Services

Services must be provided by the following school staff within the scope of practice as defined in [Minnesota Statutes, 245I.04](#)

- [Mental Health Professional](#)
- [Mental Health Practitioner](#) under the supervision of a Mental Health Professional
- [Clinical Trainee](#) under the supervision of a Mental Health Professional

# Provider – School Providers

- Common school positions that qualify as **practitioners not professionals** include the following:
  - School psychologists (that are not an LP)
  - School counselors (that are not an LPCC)
  - School social workers (that are not an LICSW)
- Some community therapists (those that do not meet Minnesota Statutes, 245I.04).
- A Minnesota Professional Educator Licensing and Standards Board (PELSB) license does not equal a mental health professional.

# Documentation – Supervision

**Supervision** of each mental health practitioner and clinical trainee providing MH-SPED to students must be provided by a mental health professional as described in Minnesota Statutes, 245I.06.

A treatment supervisor must follow the supervisee's written treatment supervision plan.

- A treatment supervisor must ensure staff can effectively meet the student's needs.

## Supervision Plan

A written treatment supervision plan must be developed by the treatment supervisor and the supervisee within 30 days of employment and updated annually.

**The Supervisor is responsible for all services delivered by their supervisee.**





# Funding and Rates



## Qualified billable providers must be paid using state or local funds.

- [Third-Party Funding Guide](#)
- Employees and contracted service providers cannot be paid with the following funds and then billed for IEP or IFSP MA reimbursement:
  - Federal special education funds (Finance 419, 420 or 422),
  - IEP-MA Funds (Finance 372) or
  - LCTS (Finance 799)
  - Any Federal grants
- Services provided within the student's IEP or IFSP must be billed under the district's national provider identifier number (NPI) even when provided by an outside agency.
- School District Funding Options for Providing Mental Health Services to Students with Disabilities

# Time and Effort Documentation

- If a position is paid by multiple funding sources, Time and Effort documentation is required to accurately report special education costs in SEDRA
- Time and Effort documentation means documenting the time spent on activities associated with special education
- Work with your district representative to determine how the district is collecting Time and Effort documentation
- If a school has no allocated costs reported in SEDRA then there is no “cost”
- **No cost equals No rates equals No Third-Party Reimbursement**

[Time and Effort](#) (Registration link to SPED Fiscal Monitoring Time and Effort webinar)

# Establishing a Costs Basis for Rates

Uniform Financial Accounting and Reporting Standards (**UFARS**) is required by MDE to report **all general and special education** district expenditure and revenue data

Special Education Data Reporting Application (**SEDRA**) is required by MDE to report costs for special education only

Data from SEDRA is used by DHS to establish rates for third party reimbursement

Federally funded providers are included in rate setting but cannot bill for services

# The Rate Formula

Total Expenses

- Salaries + Fringe Benefit Totals + Contract Expenses

Total Staff Hours

- FTE x Days in a school year x Hours in a school day

Average Hourly Cost

- Total expenses/Total staff hours

Calculated Rate

- Average Hourly cost x Total MA hours/Total MA encounters

Indirect Cost

- Rate for service x MDE Unrestricted Indirect Percentage

Interim Final Rate

- Rate for service + Indirect Cost

**Rates:** If you are currently only billing for evaluations or assessments you may want to have your rates adjusted.

- Request access to SharePoint to locate rate adjustment calculators by emailing [mde.special-ed@state.mn.us](mailto:mde.special-ed@state.mn.us)
- Contact the Minnesota Department of Human Services at [dhs\\_rates\\_iep@state.mn.us](mailto:dhs_rates_iep@state.mn.us)

# Documentation



**Medical necessity:** A mental health professional, or clinical trainee under the supervision of a professional, must complete a **Summary of Recommendations** to determine medical necessity.

- Refer to the [Mental Health Services in Special Education](#) in the MHCP Provider Manual and the Mental Health Services in Special Education Checklist and Mental Health Services in Special Education Summary and Recommendations (available soon on the [School Mental Health Services](#) webpage)

**The Mental Health Summary and Recommendations can be included in:**

- Special Education Evaluation, [IEP \(Individualized Education Program\)](#) or [IFSP \(Individualized Family Service Plan\)](#)

# Documentation – ITP or IEP or IFSP

- For the provision of mental health services in special education, the IEP or IFSP serves as the written treatment plan outlining a client's needs, goals, and interventions and should clearly specify the location, frequency, duration of each service.
- The ITP or IEP or IFSP can be developed by a clinical trainee or mental health practitioner with oversight and approval through physical signature by a supervising professional

[Individual Treatment Plan \(ITP\)](#) (Minnesota Statute)

[Individualized Education Program \(IEP\)](#) (Minnesota Statute)

[Individualized Family Service Plan \(IFSP\)](#) (Minnesota Statute)



# Progress Notes and Progress Reporting

**Progress Notes:** A license holder must use a progress note to document each occurrence of a mental health service that a staff person provides to a student. Progress notes may also be referred to as encounter notes, activity logs, or session logs.

- Refer to the [Mental Health Services in Special Education](#) in the MHCP Provider Manual for specific progress notes and requirements for individual services.

## **Progress Reporting**

- Must be reviewed and updated with the client's progress and any changes to goals or treatment approach at a minimum every 180 calendar days

## **Already established standards**

- Part B, The minimum is at least as often as same-aged peers.
- Part C, a periodic review is required at least every 6 months.



# Billing

# Billing – Evaluation and Assessments

- **Evaluation or Assessment** must include the start and end times of each billable activity
  - Face-to-face (or observation when appropriate) health-related assessments
  - Interpreting health-related assessment results.
  - Writing a report on the health-related assessment results.
- An evaluation or assessment specifically conducted to determine the medical necessity for mental health services within special education may be billed separately from the evaluation/assessments performed by the school psychologist that focuses solely on identifying health-related needs to support the child's IEP or IFSP. The date of evaluation must be different.
- Date of service is the date the evaluation or assessment is completed (total of all times)
- School IEP or IFSP limits four evaluations or assessments per year
- T1018 U4
- ICD-10 code indicating the mental health diagnosis or condition

Refer to [Mental Health Services in Special Education \(MH-SPED\) \(School Social Work Services\)](#) in the MHCP Provider Manual for complete documentation requirements

# Billing – Services

- **New Services:** Identify and document the service (Explanation of Findings, Psychotherapy for Crisis, Clinical Case Consultation, Dialectical Behavioral Therapy, Child and Family Psychoeducation, Individual, Family, and Group Psychotherapy)
- Schools must be able to track the services provided
- Start and end time of each service
- One encounter per day, per service
- Procedure code and modifier: T1018 U4 TM
- Services can be identified anywhere in the IEP/IFSP and are determined by the IEP team
- Indirect or direct service
- **Refer to individual service documentation requirements under [Mental Health Services in Special Education \(MH-SPED\) \(School Social Work Services\)](#) in the MHCP Provider Manual for complete documentation requirements.**

# Billing Reminders

- **Eligible**
- **Consent**
- **Important! Rates:** If currently only billing for evaluations or assessments you may want to have your rates adjusted.
- **Evaluation or Assessment - Summary and Recommendations**
- **Service:** Must identify the type of service provided by appropriate staff within their scope of practice.
- **Start and end times**
- **Documentation** – May be different depending on the service
- **Tracking:** Must be able to track services provided
- **ICD-10 code indicating diagnosis or condition**
- **CPT/HCPCS: T1018**
- **Modifier:** U4 (evaluations) and U4 TM (MH Treatment)

**Process Checklist for Mental Health Services in Special Education** (available soon on the [School Mental Health Services](#) webpage)

**Coming soon: 101 mental health training videos in SharePoint!**

**If you don't document, it did not happen!**



# How Can this Work in My School?

- **Cooperatives** that hire or contract mental health professionals could conduct evaluations or supervision
- **School-linked providers** could provide supervision and evaluations while schools provide skill services
- **Contracted outside providers** could provide supervision and evaluations while schools could provide skill services
- **Schools** could provide skills, evaluations and supervision and refer to contracted or community provider for psychotherapy services

# How Can this Look in Your School?

- Local Collaborative Time Study (LCTS) funds could be used for supervision and the school could conduct evaluation and provide services
- Utilize recent legislative funding and sustain with Third Party Funds
- Utilize support grants and sustain with Third Party Funds
- Schools could do all evaluations, services, and supervision
- Does an outside provider have a completed DA
- Full-service community schools as a resource for a professional
- Provider didn't qualify? Still seek reimbursement through the IEP.

# Getting Started

- Start small "**KNOW YOUR STAFF**"
- Identify staff - start with only professionals who do not need supervision or start conversations around who will supervise or have conversations with outside providers and how they can help support
- Designate a building, program, or disability
- Identify students. Are they health-related services? Are the services reimbursable? Are they on Medical Assistance?
- Establish a role on the IEP team
- Establish a process for medical necessity, documentation, and supervision if necessary (use checklist)
- Work with your billing coordinator to ensure all billing documentation is complete to support reimbursement.
- Referral system have conversations with outside providers on how they can support.
- Most importantly, If you are going to bill for services **ADJUST YOUR RATES!**



# Benefits of Third Party Reimbursement

- **Sustainable:** Accessing federal Medicaid funds is a sustainable revenue source that build the schools behavioral health capacity and expand community supports
- **Increased Access:** School behavioral health providers provide consistent and reliable access for students and their behavioral health needs
- **Equitable:** Federal Medicaid funding increases health equity across schools by allowing additional Medicaid reimbursement to schools who have a higher Medicaid population
- Schools can play an important role in bridging equity gaps among students in low-income and rural communities where access to health care services may be more limited
- **Cost effective:**
  - This is of no cost to the state as schools are only reimbursed with federal funds
  - Schools are one of the most cost effective ways of providing behavioral health services to our students

# Thank you!

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