

Mental Health in Special Education (MH-SPED) Webinars – Frequently Asked Questions

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Overview

Mental Health in Special Education (MH-SPED) refers to mental health services provided through an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). These services, as detailed in the Minnesota Health Care Programs (MHCP) Provider Manual, are specific assessments and interventions provided when determined to be medically necessary by qualified professionals in an educational setting. Medical necessity for MH-SPED services is determined through the Summary and Recommendations (S&R) report which is based on a face-to-face meeting with the student and the assessments used for and within the IEP or IFSP.

Notes:

- The following information does not represent the entire MHCP policy for MH-SPED. Refer to [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Provider Manual for more information.
- Medical Assistance (MA) is Minnesota’s Medicaid program.

Topics

- [Services and Providers](#)
- [Billing and Medical Assistance \(MA\)](#)
- [Documentation](#)
- [Treatment Supervision](#)
- [Resources](#)

Services and Providers

1. Are skills services included in the covered services for MH-SPED?

Yes. Child and family psychoeducation includes individual, family, and group skills development and training. Refer to [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Provider Manual for more information.

2. If a student already has an outside therapist, could that therapist become part of the IEP team? Or is this only an in-school support?

Yes, the therapist could become part of the IEP team at the discretion of the parent and the district. Please communicate with your school or district for appropriate guidance of process.

3. Can a school psychologist providing mental health services also bill? Or is this limited to social workers?

For MH-SPED, the billing is directed by the schools and any eligible qualified professional can provide services to students. As long as the school psychologist qualifies as a mental health practitioner, clinical trainee, or mental health professional as appropriate, they would be able to furnish the service if they follow the criteria under [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Provider Manual.

4. Do school counselors qualify as eligible providers if they are being supervised by a licensed independent clinical social worker (LICSW)?

As long as the school counselor qualifies as a mental health practitioner, clinical trainee, or mental health professional, they would be able to provide billable services as described under [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Provider Manual. Mental health practitioners and clinical trainees must receive treatment supervision by a mental health professional, such as a LICSW, to provide services.

5. Does the student need to have a specific goal within their IEP in order to bill for mental health services or can we work off of existing behavioral goals?

To bill for mental health services, there must be a goal related to the student's identified mental health needs. All IEP or IFSP goals must be specific, measurable, and directly linked to the student's needs. If the existing behavioral goals address these mental health needs, they can be used. However, if they do not, new goals or objectives must be added to the IEP or IFSP to address those needs. Different professionals may share goals and objectives but each may require distinct objectives, outcomes, and interventions to support the student in meeting that identified goal.

6. What are the differences between MH-SPED and Children's Therapeutic Services and Supports (CTSS)?

School CTSS is a package of intensive, rehabilitative mental health services provided to students with a mental health disorder or diagnosed emotional disturbance. These services exist to work together to meet those youth identified as needing this level of intervention and are designed to address the specific needs of students requiring a combination of treatments, services, and qualified health care professionals.

A diagnostic assessment with diagnostic criteria is required to determine eligibility and identify the specific need for these bundled services, along with a team-based approach. Additionally, an individual treatment plan is required to outline the services and interventions necessary for the student's care and to provide services. At minimum, the core services of psychotherapy, skills training, and crisis planning must be provided together to the student. Qualified providers for this benefit include mental health professionals, clinical trainees, mental health practitioners, mental health behavioral aides, and mental health certified family peer specialists. Schools must be certified by the Minnesota Department of Human Services (DHS) to provide these services and recertified every three years.

In contrast, MH-SPED offers a menu of individual mental health services provided to students receiving special education services with varying mental health areas of concern and needs. This may include a

diagnosed area of concern, signs and symptoms, crisis and/or social determinants. These services are not as intensive or specialized as CTSS and may not require the same level of diagnostic assessment or a team-based approach. Determination of medical necessity for these services by a qualified mental health professional is documented with the Summary and Recommendation (S&R) assessment utilizing the assessments provided by varying professionals for and within the IEP or IFSP to identify need and services to be included as part of the IEP or IFSP. Any of the covered services or combination of services determined to be medically necessary can be provided to the student. Qualified providers for this benefit include mental health professionals, clinical trainees, and mental health practitioners.

7. Can services be provided to students in groups of two; and are they billable?

Yes, covered services can be provided to students both individually and in groups of two up to eight people as appropriate and identified by service in the MHCP Provider Manual.

8. Are we required to obtain all of the information listed for determining medical necessity? What happens if we can't because the family is hesitant to share?

Mental health professionals are required to obtain information to the best of their abilities keeping in mind developmental appropriateness and without retraumatizing or harming the student's willingness to engage in services. When appropriate, the professional may note areas needing further assessment or exploration during treatment but lack detail at the time the S&R is completed. In addition, sensitive information shared or obtained by the mental health professional can be stored in a separate space with brief reference in the student's IEP or IFSP.

9. How does this impact or relate to the multi-tiered system of supports (MTSS) framework?

The MH-SPED benefit is only available for services identified in a student's IEP or IFSP.

10. What information can be used to decide for a secondary student who has repeated "no data needed" re-evaluations. For example, the most recent special education evaluation data for a 17-year-old student is from age 8.

When only limited or outdated information is contained within the available records, the mental health professional must gather the additional information required to make an accurate determination of medical necessity for mental health services and complete a S&R for mental health services that includes the relevant information and supports the need for the services being recommended.

Billing and Medical Assistance (MA)

1. How do we get our rates adjusted?

Email DHS_RATES_IEP@state.mn.us to get rates adjusted.

2. When will the Individual Education Program (IEP) section in the MHCP Provider Manual be updated to include this information?

[Individualized Education Program \(IEP\) Services](#) in the MHCP Provider Manual has been updated and available effective Oct. 15, 2024.

- 3. If a student is receiving services with a mental health professional through a different agency and they are billing MA, will the school be able to bill for that same service? Does insurance only cover one service if it is the same?**

For MH-SPED, schools can bill for an IEP or IFSP mental health service as long as it meets all medical necessity and documentation requirements without duplicating community provided services. Schools are permitted to bill for one unit of mental health services per day. When seeking reimbursement, schools use the identified billing codes that are separate and distinct to the MH-SPED services within an IEP or IFSP. These codes differentiate from the service provided within the community.

- 4. If a student sees the school social worker and the school therapist, can it all be billed to MA?**

Yes. Schools can provide and bill IEP or IFSP services delivered by multiple qualified providers if the services are not duplicated and meet medical necessity and documentation requirements. Schools may bill MA as a single encounter if services were provided on the same day, combining the total time for both services.

- 5. Currently T1018, U4 is used by the school psychologists participating on the evaluation of a student with MA. How will the social worker and school psychologist need to work together to generate the evaluation claim for the mental health evaluation?**

In this situation, both the school psychologist and the mental health professional or trainee can bill for their respective evaluations or assessments. A school psychologist often conducts evaluations to determine a student's eligibility for special education services under a disability category. The S&R section, provided by a mental health professional or a clinical trainee under the clinical supervision of a licensed professional, determines the medical necessity for mental health services within an IEP or IFSP. These serve different purposes and are billed as two separate encounters.

- 6. Can we bill for the licensed independent clinical social worker (LICSW) minutes and the personal care assistance (PCA) when they are providing all day 1-1 PCA supports to the students.**

Both PCA minutes and LICSW minutes cannot be billed simultaneously unless there is a documented and specific need for the PCA to accompany the student to therapy. This need must be explicitly outlined in the student's IEP or IFSP or plan of care, including the rationale for why the PCA's presence is required during therapy sessions. Clear documentation ensures compliance with billing and service requirements.

- 7. Is the time the social worker spends in the evaluation results meeting billable?**

If the social worker qualifies as a mental health professional or clinical trainee under the supervision of a professional and the social worker is providing an explanation of findings described in [Minnesota Statutes, 256B.0671](#), subdivision 4.

- 8. If a student is 21 and has an IEP, are they eligible for services? If so, are these services eligible for Medicaid reimbursement?**

It's important to review the guidelines for each service to ensure compliance with age eligibility requirements. For MH-SPED services provided by qualified providers are generally eligible for reimbursement until the student turns 22, unless a specific service has different age restrictions. It's important to review the guidelines for each service to ensure compliance with age eligibility requirements.

- 9. School psychologists are currently classified under mental health so these individuals are already completing mental health evaluation logs for the evaluative efforts they provide to an MA eligible student. What is the impact to adding a social worker? Both typically participate on the student's evaluation. Will there be a separate modifier for social work services so they can generate their own evaluation logs (and service logs, should the student qualify for SW services)?**

In this situation, both the school psychologist and the mental health professional or trainee can bill for their respective evaluations or assessments. A school psychologist often conducts evaluations to determine a student's eligibility for special education services under a disability category. The S&R determination is provided by a mental health professional or a clinical trainee under the supervision of a licensed professional, provides the medical necessity for mental health services within an IEP or IFSP. This determination is for mental health areas of concern or need.

- 10. Is the review and gathering of information for the Summary and Recommendations (S&R) for mental health services billable?**

The mental health professional or clinical trainee under the supervision of a professional can seek reimbursement for conducting a face-to face visit, completing a mental status exam, interpreting other mental health related collateral information or writing a health-related report including a S&R. The district would bill the S&R using the T1018 CPT and U4 modifier.

- 11. MA billing rates were already sent out to school districts. Will we receive a new letter with new rates for the addition of social worker for both evaluation and services?**

If your district plans to seek MH-SPED reimbursement, including those provided by a school social worker, email DHS at dhs_rates_iep@state.mn.us to discuss any rate adjustments.

- 12. Will the rates be separated out from our school psychologists currently listed as mental health?**

No, the rates will not be separated. You can contact dhs_rates_iep@state.mn.us to determine what rate will work best for your school.

- 13. There is a fee to become an identified provider. Is that fee for myself or the school?**

For these services, the individual is not billing under their own National Provider Identifier (NPI). Schools bill all IEP or IFSP services under the school's NPI, not the individual provider's NPI. Every school that is or becomes an MHCP provider pays an application fee for new enrollment, reenrollment and revalidation.

- 14. Is it required that we bill under school NPI number?**

The school must bill all IEP or IFSP services under the school's NPI number. This applies to all services, regardless of the type of service being provided. If your district is already billing for IEP or IFSP health-related services, the school should already have an NPI in place, and no additional fee is required.

- 15. Are contracted and staff NPI numbers different? Are we required to bill under school NPI number?**

Yes and yes. For MH-SPED, the school must bill all IEP or IFSP services under the school's NPI regardless of the qualified professional providing the service.

16. Can alternative delivery of specialized instructional services (ADSIS) funded social workers bill in MA for mental health services?

Contact the Minnesota Department of Education (MDE) at mde.spedfunding@state.mn.us for specific questions regarding staff funding.

17. Do we need to follow Health Insurance Portability and Accountability Act (HIPAA) when it comes to the information?

Refer to [Joint Guidance on the Application of the FERPA and HIPAA \(PDF\)](#) for information about data privacy. If you have further questions, you will need to discuss with the school district's compliance staff or legal counsel.

18. If the service is identified as indirect in the IEP or IFSP, is it reimbursable?

Any MH-SPED services listed are eligible for MA reimbursement. Refer to [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Provider Manual.

Documentation

1. Do schools need to have a secure electronic health record (EHR) system or can SpEd Forms be used?

Contact your school's compliance staff or legal counsel regarding requirements for EHRs. MH-SPED services must be appropriately documented as per guidelines.

2. Where should the Summary and Recommendations (S&R) for mental health services be documented?

The S&R determining medical necessity for mental health services may be located anywhere in the special education evaluation report (ER), IEP or IFSP. It can be an embedded section within the ER, IEP and/or IFSP, or a separate document that is clearly referenced within the ER, IEP, or IFSP.

3. Would SpEd Forms' MA activity logs be sufficient for documentation of sessions? Or do we also need back-up documentation in another electronic record (for example, Infinite Campus)?

Documentation of service provision must contain all requirements of a progress note. Document service and modality rendered in a progress note for each episode of care on each date of service. A progress note must be legible and signed by provider, and supervisor, when appropriate as described in [Minnesota Statutes, 2451.08](#), subdivision 4 and in the [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Manual. The specific electronic record used is determined by each school district.

4. Does the student need to have a mental health diagnosis?

The determination of medical necessity or services provided with an S&R will identify the diagnosis, symptoms or conditions that support the need. An international classification of diseases (ICD) diagnostic code or DSM 5 must be provided in order to bill MA for any MH-SPED services, including skills training. The diagnostic ICD or DSM 5 code is determined by the mental health professional

5. Can you consider providing a procedural workflow or case study example that includes how it flows, checklist and tasks with timelines for compliance.

Yes, DHS is currently working on developing a procedural workflow and case study examples. This, as well as additional resources, will be posted on the [School Mental Health Services](#) webpage when available. Reach out to the school team for support.

6. If you are completing a standard diagnostic assessment (DA) that includes these components, does the Summary and Recommendations (S&R) for mental health services have to be done additionally?

A statement must be provided within the S&R noting that a DA was completed identifying the path for medical necessity for services recommended in mental health. The entire diagnostic assessment must be included in the student's records for reference and retrieval as needed.

7. Is a progress note the same as a progress report?

No, a progress note is not the same as a progress report. A **progress report** is used in education to communicate a student's academic performance and progress to parents and guardians at regular intervals throughout the academic year. A **progress note** is required documentation of each occurrence of a mental health service that is provided to a student. Progress notes must include the following regarding the service provided: type, modality, location, date and time, provider, targeted goals and progress. If completed by a mental health practitioner or clinical trainee, progress notes must be reviewed and approved by a mental health professional. The completion of progress notes is required for seeking MA reimbursement for mental health services.

8. I thought we were going to be able to gather medical necessity out of the special education information and interview negating the requirement for a diagnostic and statistical manual of mental disorders (DSM) diagnosis. Am I correct?

Medical necessity for MH-SPED is determined through the S&R, which consolidates information from various sources, assessments and screenings, including special education records and direct interactions with the student. Based on this information, the determination of the need for mental health services occurs and the specific recommendations are made. This includes the identification of an ICD or DSM 5 code supporting the areas of concern, diagnosis, symptoms or conditions that require the interventions and allow for billing MA.

9. Does the specific service provided need to be listed?

Yes. All documentation of service provision must clearly indicate the specific covered service being provided to the student.

10. Should the description be changed to progress note on all logs, or just mental health logs?

Documentation of each occurrence of mental health service provision to a student should be clearly labeled as a progress note and meet the progress note standards described under [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Provider Manual.

11. Is the treatment plan the IEP? Or is this a separate document?

For the MH-SPED benefit, the IEP may serve as the written treatment plan as long as it includes all required elements of an individual treatment plan as described in Minnesota Statute 245I.10, subdivision 8. Refer to [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Provider Manual for information. A separate treatment plan document may be used so long as it is clearly referenced within the IEP or IFSP.

12. Do these mental health services need to be on the IEP service grid? Or can they be provided as needed if captured through the S&R?

The covered services do not need to be on the service grid but must be in the IEP or IFSP somewhere, but you may choose to include mental health services in the service grid. Documentation must clearly specify

when and under what circumstances the services are required and who is providing the services. The services identified in the S&R must be reflected in the IEP or IFSP.

Treatment Supervision

1. What is the scope of practice for my staff?

MH-SPED services must be provided by the following school staff within their 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

Examples of licensed providers who may provide MH-SPED services include the following:

| Mental Health Professional | Clinical Trainee | Mental Health Practitioner |
|---|---|---|
| Licensed Independent Clinical Social Worker (LICSW) | Licensed Graduate Social Worker (LGSW) | Licensed Social Worker (LSW) and/or bachelor's in social work (BSW) |
| Licensed Psychologist (LP) | Licensed Independent Social Worker (LISW) in clinical supervised practice | Licensed Independent Social Worker (LISW) |
| Licensed Professional Clinical Counselor (LPCC) | Clinical Psychology Trainee | Licensed Professional Counselor (LPC) |
| Licensed Marriage and Family Therapist (LMFT) | Provisional Licensed Professional Counselor (PLPC) | Licensed Behavioral Analyst (LBA) |
| | Graduate level clinical program intern | Licensed Alcohol and Drug Counselor (LADC) |
| | Licensed Associate Marriage and Family Therapist (LAMFT) | School Psychologist (if not LP) |

2. What does treatment supervision entail?

Treatment supervision focuses on the student's treatment needs and the ability of the provider (supervisee) under supervision to provide services to effectively address the identified needs.

The treatment supervisor is responsible for evaluating the interventions provided to the student; providing alternative strategies if goals are not being achieved; reviewing assessments, treatment plans, and all progress notes for accuracy and appropriateness; instructing on cultural considerations for the student; evaluating the supervisee's areas of competency; and coaching, teaching and practicing skills with the supervisee.

Treatment supervision must be provided using methods that allow for immediate feedback including in-person, telephone, and interactive video supervision. Refer to [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Provider Manual and [Minnesota Statutes, 245I.06](#) for additional information regarding treatment supervision.

3. How much overlap is there between clinical supervision and treatment supervision?

Clinical supervision and treatment supervision may seem similar but they serve distinct purposes.

Treatment supervision focuses on overseeing the quality and effectiveness of services and treatment activities provided directly to students ensuring that treatment plans are implemented properly.

In contrast, clinical supervision is designed to meet licensure requirements and support the professional development of mental health professionals helping them gain the experience and competence to meet state licensing standards. Clinical and treatment supervision can be completed concurrently so long as all requirements for both are fulfilled.

Further details regarding treatment supervision can be found under [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Provider Manual. Contact your individual licensing board regarding their clinical supervision requirements.

4. Is treatment supervision and the treatment supervision plan in addition to our Board of Social Work (BOSW) supervision requirements?

The treatment supervision required for all mental health providers providing MH-SPED covered services who do not qualify as mental health professionals is not necessarily the same as the supervision required by licensing boards, such as the Board of Social Work (BOSW). The focus of treatment supervision is the provision of appropriate and effective treatment to students while the purpose of supervision requirements for licensing boards is the professional development of the provider. Supervision requirements may be completed concurrently so long as all requirements for both are fulfilled.

Further details regarding treatment supervision can be found under [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Provider Manual. Contact your individual licensing board regarding their supervision requirements.

5. Can my licensing supervisor also act as the treatment supervisor?

A licensing supervisor can assume the role of treatment supervisor so long as the individual meets criteria of a treatment supervisor as described in [Minnesota Statutes, 245I.06](#). Additional approval by the school district or licensing boards may be required, particularly if the supervisor is not employed by the district.

6. Does a treatment supervisor need to be staff member that works at my school?

No, a treatment supervisor is not required to be an employee of the school district. Your school may contract with an outside mental health agency and/or mental health professional so long as the individual meets criteria of a treatment supervisor as described in [Minnesota Statutes, 245I.06](#). Additional approval by the school district may be required to allow the treatment supervisor access to relevant student-specific documentation. DHS does not monitor agreements between schools and community providers.

7. If a social worker (LSW) is not receiving clinical supervision by an LICSW, can the LSW still bill (under a LICSW)?

A LSW qualifies as a mental health practitioner and would therefore need to participate in treatment supervision with a qualified mental health professional, such as a LICSW, in order to provide and bill for services.

8. If the IEP can serve as the treatment plan, how would the treatment supervisor approve of the goals and objectives in the treatment plan?

The mental health professional's signature, including date and credentials, on the IEP or IFSP would indicate approval of the services, goals and objectives.

9. Does the mental health professional need to complete supervision coursework in order to provide treatment supervision?

There is not specific coursework required to provide treatment supervision, however, the treatment supervisor must be a qualified mental health professional and possess the ability to provide effective supervision of services. Refer to [Mental Health in Special Education \(MH-SPED\)](#) in the MHCP Manual for more information.

10. How often does supervision need to be done?

The frequency of treatment supervision between the supervisor and supervisee is determined by the participants and outlined in the treatment supervision plan. Frequency should be based on the supervisee's skill level and their ability to meet the objectives outlined in the IEP or IFSP. In addition to direct support of the supervisee, the treatment supervisor is also responsible for review and approval of all assessments, progress notes and treatment planning, as such, this may influence frequency of supervision.

11. Will there be an example or template for a treatment supervision plan?

Yes, DHS is currently working on developing treatment supervision plan template. This, as well as additional resources, will be posted on the [School Mental Health Services](#) webpage when available. Additional information regarding treatment supervision can be found in the [Mental Health in Special Education \(MH-SPED\)](#) MHCP Provider Manual and [Minnesota Statutes, 245I.06](#).

Resources

- Find recordings of the [MH-SPED training webinars](#) on the [School Mental Health Services](#) webpage.
- Email schoolmentalhealth.mde@state.mn.us to request a visit from MDE and DHS representatives at your school or school district to learn more about MH-SPED.
- Attend a virtual [Office Hours session](#) – Office Hours are held the second Monday of the month from 3 to 4 p.m. Refer to the [School Mental Health Services](#) webpage for links to the Office Hours sessions.
- Please contact us with any additional questions or if further support is needed. We are happy to help!