



# Mental Health Services in Special Education

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# Agenda

- Service Delivery
- Scope of Practice
- Supervision
- Documentation
- Medical Necessity



# About the PowerPoint Content

The content in this PowerPoint presentation does not represent the entire Minnesota Health Care Programs (MHCP) policy for Mental Health Services in Special Education. Additionally, the content, language and requirements in this presentation are subject to change in the future.

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

Providers should refer to the online [MHCP Provider Manual](#) as the primary information source for MHCP coverage policies, rates and billing procedures. The MHCP Provider Manual is updated on an ongoing basis.

- Mental health services in special education (MH-SPED) (school social work services) are mental health services within an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).
- These services are covered Early and Periodic Screening, Diagnostics and Treatment benefit (EPSDT ) services when deemed medically necessary provided to student with a disability by qualified professionals.
- Medical necessity for these services are determined by a **Summary and Recommendation** inclusive of the special education evaluation and assessments for and within the IEP or IFSP.

- **Goal 1:** Decrease barriers for students with disabilities to access mental health services through the IEP or IFSP process.
- **Goal 2:** Allow for mental health services to be reimbursed through Medicaid within the IEP or IFSP process.

# What Has Changed

**Simplified processes:** Streamlined documentation and administrative procedures by allowing a special education evaluation, and assessments for and within the IEP, or IFSP to be a part of the determination of medical necessity for services.

**Expanded benefits:** Increased coverage for a broader range of mental health services within IEP and IFSP.

# Provider Responsibility

Mental health professionals, or when appropriate, a mental health practitioner or clinical trainee, play an active role in the planning, delivery, and monitoring of MH-SPED in order to effectively meet the client's individualized mental health needs and are responsible for:

- Determining medical necessity
- Developing a written plan with appropriate treatment, frequency, duration, and location of services.
- Reviewing the IEP or IFSP at a minimum of every 180 days
- Providing treatment supervision to each mental health practitioner or clinical trainee who is providing services to students
- Tracking of the individual mental health services provided in the IEP or IFSP
- Assure all services are documented with the required information
- Assure maintenance of all required documentation in the student's special education health-related service record. \*

**\*Failure to maintain appropriate record keeping may result in MHCP recovering funds.**



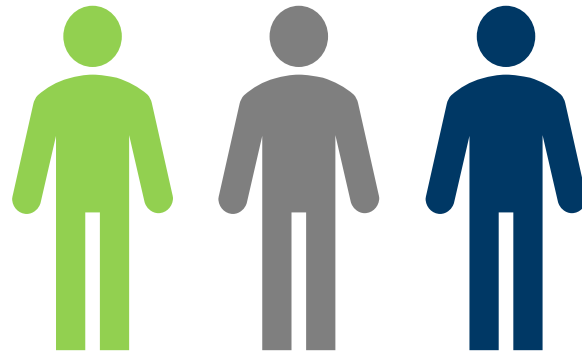


## Provider and Scope

# MH-SPED Eligible Providers

MH-SPED services must be provided by the following school staff within their scope of practice as defined in [Minnesota Statutes, section 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

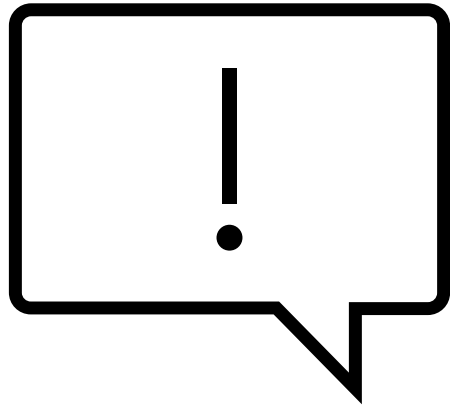


# Mental Health Professional

A **mental health professional** is defined as:

1. a registered nurse who is licensed under sections [148.171](#) to [148.285](#) and is certified as a: (i) clinical nurse specialist in child or adolescent, family, or adult psychiatric and mental health nursing by a national certification organization; or (ii) nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization;
2. a licensed independent clinical social worker as defined in section [148E.050](#), subdivision 5;
3. a psychologist licensed by the Board of Psychology under sections [148.88](#) to [148.98](#);
4. a physician licensed under chapter 147 if the physician is: (i) certified by the American Board of Psychiatry and Neurology; (ii) certified by the American Osteopathic Board of Neurology and Psychiatry; or (iii) eligible for board certification in psychiatry;
5. a marriage and family therapist licensed under sections [148B.29](#) to [148B.392](#); or
6. a licensed professional clinical counselor licensed under section [148B.5301](#).

# Mental Health Professional continued 1



A mental health professional **must:**

- maintain a valid license with the mental health professional's **governing health-related licensing board**
- only provide services to a client within the scope of practice determined by the applicable **health-related licensing board**

**Being licensed with PELSB does not equal being a licensed as a mental health professional.**

# Mental Health Professional continued 2

**Scope of practice:** Providers play an active role in the planning, delivery, and monitoring of MH-SPED to effectively meet the member's individualized mental health needs. Mental health professionals, as members of the special education team, are responsible for the identification of mental health needs and service recommendations for students through a special education evaluation and assessments for and within the IEP or IFSP.

Mental Health Professionals can independently provide the following:

- Psychotherapy
- Psychoeducation
- Psychotherapy for Crisis
- Children's mental health clinical care consultation
- Explanation of findings
- Rehabilitative mental health services
- Summary and Recommendations (or any diagnostic assessment/determination)
- Functional assessments
- Level of care assessments
- Treatment planning

# Clinical Trainee

A **clinical trainee** is defined as an individual:

- enrolled in an accredited graduate program for independent licensure as a mental health professional and participating in a practicum or internship with a licensed individual as part of their program, or
- who has completed such a program and is meeting the supervised practice requirements set by the relevant health-related licensing board.
- who has completed an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional, has completed a practicum or internship and has not yet taken or received the results from the required test or is waiting for the final licensure decision.

The clinical trainee is responsible for notifying and applying to the appropriate licensing board to ensure they meet its requirements.

# Clinical Trainee continued

**Scope of practice:** Under the supervision of a mental health professional, a **clinical trainee** can provide:

- Psychotherapy
- Psychoeducation
- Psychotherapy for Crisis
- Children's mental health clinical care consultation
- Explanation of findings
- Rehabilitative mental health services
- Summary and Recommendations (or any diagnostic assessment/determination)
- Functional assessments
- Level of care assessments
- Treatment planning
- Psychological trainees, under a psychologist's supervision, can also conduct psychological testing

**Restrictions:** Trainees cannot provide treatment supervision to other staff but may direct mental health behavioral aides and rehabilitation workers. They must not offer services that would violate the practice act of any health-related licensing board, including providing services without proper licensure if required.

# Mental Health Practitioner: Formal Overview

A **mental health practitioner** is defined as:

## **Education and Experience:**

- **Coursework:** At least 30 semester hours or 45 quarter hours in behavioral sciences or related fields.
- **Experience:**
  - 2,000 hours of experience providing services to individuals with mental health conditions, substance use disorders, traumatic brain injuries, or developmental disabilities.
  - Additional training as specified in the statute.

## **Work Experience:**

- **4,000 hours of experience** providing services to individuals with mental health conditions, substance use disorders, traumatic brain injuries, or developmental disabilities.
- **Treatment supervision:** If experience is less than 4,000 hours, weekly supervision is required until the 4,000-hour requirement is met.



# Mental Health Practitioner: Formal Overview continued

A **mental health practitioner** is defined as (continued):

## **Graduate Degree:**

- **Master's or other graduate degree** in behavioral sciences or related fields.

**Note:** Individuals who meet the qualifications for one pathway may also meet the qualifications for another, providing flexibility in meeting the requirements.

## **Additional Considerations:**

- **Language Fluency:** For individuals working with clients from a specific ethnic group, fluency in their non-English language is required, along with additional training.
- **Day Treatment Program:** Working in a day treatment program can qualify individuals with certain experience levels.
- **Internship or Practicum:** Completion of a supervised internship or practicum is required for certain pathways.

# Mental Health Practitioner

A **mental health practitioner** is defined as an individual:

- qualified through a specific number of semester hours of relevant coursework and experience working with specific populations
- fluent in the non-English language of the ethnic group to which at least 50 percent of the individual's clients belong and completes additional training
- working in a day treatment program with certain experience levels
- who has completed a practicum or internship that required direct interaction with adult clients or child clients and was focused on behavioral sciences or related fields
- qualified through work experience if the individual has completed the required number of hours of experience in the delivery of services to individuals with a mental illness or a substance use disorder or a traumatic brain injury or a developmental disability and completes additional training
- qualified through work experience if the individual receives treatment supervision at least once per week until meeting the required number of hours of experience and is providing services to individuals with a mental illness or a substance use disorder; or a traumatic brain injury or a developmental disability, and completes additional training
- Who holds a master's or other graduate degree in behavioral sciences or related fields

**Note:** Individuals who meet the qualifications for one pathway may also meet the qualifications for another, providing flexibility in meeting the requirements. Refer to [Minnesota Statutes, 245I.04](#) subdivision 4 for the complete requirements.

# Mental Health Practitioner continued

**Scope of practice:** Under the supervision of a mental health professional, **mental health practitioners** can provide:

- treatment planning
- child and family psychoeducation

**Restrictions:** Mental Health Practitioners cannot supervise other staff but can provide direction to mental health rehabilitation workers and aides.

## Mental Health Professional

Licensed Independent Clinical Social Worker (LICSW)

Licensed Psychologist (LP)

Licensed Professional Clinical Counselor (LPCC)

Licensed Marriage and Family Therapist (LMFT)

Psychiatrist

Psychiatric Nurse Practitioner (NP)

Clinical Nurse Specialist (CNS)

Tribal Certified Professionals

Certified Mental Health Rehabilitation Specialist

## Clinical Trainee

Licensed Graduate Social Worker (LGSW) in clinical supervised practice

Licensed Independent Social Worker (LISW) in clinical supervised practice

Clinical Psychology Trainee

Provisional Licensed Professional Counselor (PLPC)

Graduate level clinical program intern

Licensed Associate Marriage and Family Therapist (LAMFT)

## Mental Health Practitioner

Licensed Social Worker (LSW)

Licensed Independent Social Worker (LISW)

Licensed Professional Counselor (LPC)

Licensed Behavior Analyst (LBA)

Licensed Alcohol and Drug Counselor (LADC)

Mental Health Rehabilitation Worker

# Mental Health Providers

# Mental Health Supervision

## **Treatment Supervision**

Treatment supervision focuses on overseeing and ensuring the quality of services or treatment activities provided directly to students. It is concerned with the implementation of treatment plans and the effectiveness of interventions

## **Clinical Supervision**

Clinical supervision is primarily aimed at fulfilling licensure requirements for mental health professionals. It ensures that supervisees acquire the necessary experience and competence to meet state licensing standards.

# Treatment Supervision

Treatment supervision must be provided by a mental health professional to each mental health practitioner and clinical trainee providing MH-SPED services to students as described in [Minnesota Statutes, 245I.06](#).

## Overview:

- A written treatment supervision plan must be developed by the treatment supervisor and the supervisee within 30 days of employment and updated annually.
- When providing supervision, a treatment supervisor must follow the supervisee's written treatment supervision plan.
- A treatment supervisor must ensure staff can effectively meet the students' needs.
- Treatment supervision must be provided to a staff person using methods that allow for immediate feedback, including in-person, telephone, and interactive video supervision.

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

# Treatment 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.

Each treatment supervision plan must include:

- The name and qualifications of the staff person receiving treatment supervision
- The names and licensures of the treatment supervisors who are supervising the staff person
- The frequency of treatment supervision to the staff person
- The staff person's authorized scope of practice, including a description of the client population served and a description of the treatment methods and modalities that may be used to provide services to students

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

# Treatment Supervision

Responsibilities of a treatment supervisor:

- Evaluate staff's interventions and client progress.
- Guide alternative treatment approaches.
- Review client documentation for accuracy and appropriateness.
- Teach staff about client cultures and how they impact treatment.
- Offer feedback on staff performance and provide training.
- Conduct supervision in person, by phone, or by video for timely feedback.
- Document treatment changes resulting from supervision in client records.
- Review, approve and sign relevant documents.





## Services

# Covered MH-SPED Services

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

# Services: Explanation of Findings

- **Definition:** The purpose of explanation of findings is to discuss the results of the assessment, psychological tests and other accumulated data and make recommendations about the member's treatment plan. Refer to [Explanation of Findings](#) under the Mental Health Services in the Minnesota Health Care Programs (MHCP) Provider Manual for more information.
- **Coverage:** This service is provided to members, the member's family and caregivers or other natural supports to help them better understand the areas of concern, diagnosis, or focus of treatment and provide professional insight needed to carry out a IEP or IFSP or treatment plan as per [Minnesota Statutes, 256B.0671](#), subdivision 4. Limitations of services may apply. Explaining test results as part of the IEP or IFSP assessment process is not a separate billable service.
- **Documentation:** Documentation of this service must be clearly identified in member's progress notes.
- **Provider:** Mental health professionals and clinical trainees under the supervision of a mental health professional

# Services: Psychotherapy for Crisis

- **Coverage:** Medical assistance covers psychotherapy for crisis situations where individuals are at immediate risk of harm or severe impairment due to increased mental health symptoms.
- **Service Definition:** Psychotherapy for crisis involves rapid assessment, intervention, and development of a post-crisis plan to stabilize the individual and prevent future crises.
- **Documentation:** The mental health professional or clinical trainee must clearly document factors regarding crisis assessment and plan per policy.
- **Provider:** Mental health professionals or clinical trainees under the supervision of a mental health professional

# Services: Children's MH Clinical Care Consultation

- **Eligibility:** Medical assistance covers clinical care consultation for children with complex mental health conditions or co-occurring conditions, as outlined in their treatment plan.
- **Service Definition:** Clinical care consultation involves communication between the child's mental health provider and other professionals (like educators or doctors) working with the child to share information, strategies, and treatment goals to improve overall care.
- **Coverage:** Medical assistance covers clinical care consultation for children under 21 with complex mental health conditions or co-occurring conditions, as outlined in their treatment plan.
- **Documentation:** Documentation of this service must be clearly identified in member progress notes.
- **Provider:** Mental health professionals and clinical trainees under the supervision of a mental health professional

# Services: Dialectical Behavior Therapy (DBT)

- **Medical Assistance Coverage:** DBT is covered as an intensive mental health outpatient treatment. Providers must report client outcomes to the state.
- **DBT Definition:** An evidence-based therapy combining individual and group sessions, phone coaching, and team meetings to treat mental health conditions.
- **Client Eligibility:** To qualify for DBT, a client must have severe mental health issues, be unable to manage with standard community services, and be at high risk of harm to themselves or others.
- **DBT Components:**
  - **Individual therapy:** One-on-one sessions to address specific behavioral targets.
  - **Group skills training:** Teaches mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance.
  - **Telephone coaching:** Provides support between therapy sessions.
  - **Provider Qualifications:** DBT programs and providers must meet specific criteria and be certified by the state.

# Services: Child and Family Psychoeducation Services

- **Medical Assistance Coverage:** Covers child and family psychoeducation services for children with diagnosed mental health conditions, provided by qualified mental health professionals, practitioners, or clinical trainees.
- **Service Definition:** Involves educating individuals and families about the child's mental illness, its impact, and treatment needs to support the child's recovery and prevent relapse. Includes *skills development* or training to address specific deficits related to the child's mental health condition.
- **Documentation:** Must include all components required within a progress note as well as method of service delivery, interventions utilized, responsiveness and progress. 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.
- **Service Delivery:** Can be provided individually, in family sessions, or group settings. Group skills training can be offered to multiple children with similar needs.
- **Provider:** Mental health professionals and clinical trainees or mental health practitioners under the supervision of a mental health professional.

# Services: Psychotherapy

- **Medical Assistance Coverage:** Psychotherapy is covered for students by medical assistance when provided by qualified mental health professionals or clinical trainees.
- **Types of Psychotherapy:**
  - **Individual psychotherapy:** Tailored treatment for a single client.
  - **Family psychotherapy:** Involves the client and at least one family member or primary caregiver.
  - **Group psychotherapy:** Treatment for a group of 3-12 students with specific staffing requirements.
  - **Multiple-family group psychotherapy:** For 2-5 families, addressing the needs of each family.
- **Documentation:** Follow Progress note guidelines.
- **Providers:** Mental health professionals or clinical trainees under clinical supervision of a mental health professional.



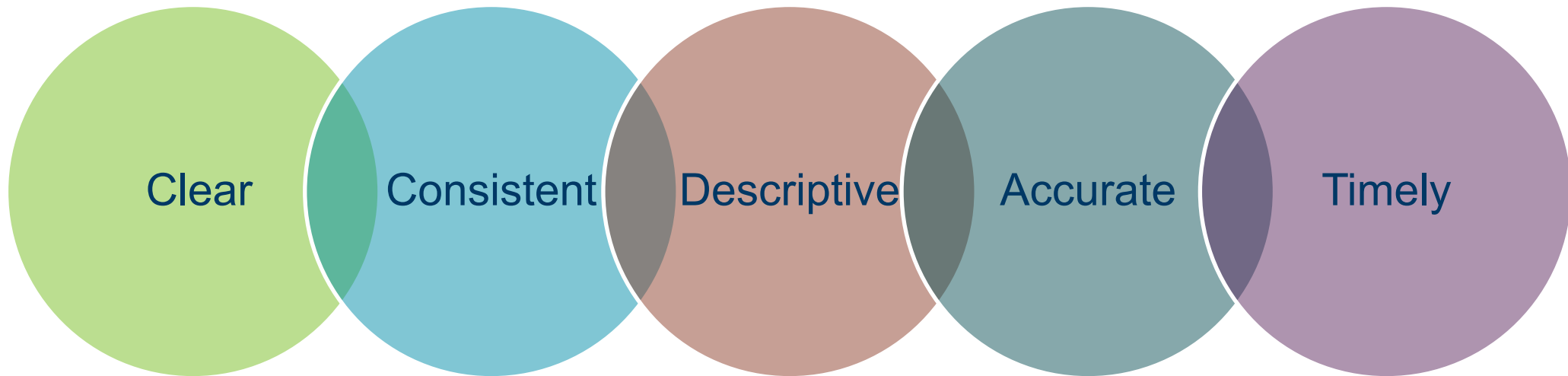


# Documentation Overview

# Documentation of Services: Overview

- **Maintaining** required documentation of all interactions, collaterals and services provided as a condition of enrollment with MCHP. Failure to maintain appropriate record keeping may result in MHCP recovering funds already paid.
- **Medical necessity:** Document the medical necessity for services in **mental health Summary and Recommendations** inclusive of the assessments and evaluations for and within the IEP and IFSP.
- **Individualized treatment plan:** Document in the IEP, IFSP or ITP, the specific interventions with measurable goals objectives, and interventions describing how the qualified professional will use the service to treat the child's identified mental health area of concern or diagnosis.
- **Progress notes:** Document all services rendered in a progress note for each episode of care on each date of service. A progress note must be legible and signed and meet documentation requirements.
- **Treatment supervision:** For the clinical trainee and mental health practitioner, or any other unlicensed approved provider, the treatment supervisor must review and approve the member's completed documentation including progress notes according to the clinical trainee's supervision plan. Record clinical supervision pertinent to member treatment changes by a case notation in the member record after supervision occurs.

# Quality Documentation





Medical Necessity

# Medical Necessity Overview

Medical necessity for mental health services within an IEP or IFSP is determined by the **Summary and Recommendations**.

This is inclusive of the special education evaluation and assessments for and within the IEP or IFSP.

# Process and Documentation of Medical Necessity: Summary and Recommendations

- The mental health Professional will review all the assessments and screenings conducted as part of the IEP or IFSP process.
- These will typically include relevant information that mental health professionals can use to make a clinical determination in the **Summary and Recommendations** which determines medical necessity.
- The mental health professional must meet face to face with the client. They may meet with other professionals, and collaterals or family as appropriate.
- After reviewing the existing evaluation materials, it is the responsibility of the mental health professional to identify any additional information needed to establish medical necessity for mental health services. Following Due Process guidelines will support the MH professional.
- The mental health professional will complete a **Summary and Recommendations** with the added components, including a summary of face-to-face interview or observations, a mental status exam, and diagnosis or area of concern. Also, a clear demonstration of clinical need for identified mental health services and that services recommended and provided are an appropriate response to identified DX or area of concern.
- Remember to SIGN with credentials

# Documentation must include the following information that may be found in assessments and evaluations for and within the IEP or IFSP

Components that should be considered while reviewing a student's special education records to determine medical necessity for mental health services:

- Student's current living situation, including housing status and household members
  - Status of student's basic needs
  - Student's education level and employment status
  - Student's current medications
  - Immediate risks to the student's health and safety
  - Student's perceptions of the condition
  - Description of symptoms, including the reason for referral
  - Cultural influences on the student
  - Student's history of mental health treatment
  - Student's history of substance use treatment
  - Student's substance use history
  - Student's relationship to and quality of relationship with family and others
  - Student's strengths and resources, including social networks
  - Important developmental incidents in the student's life
  - Maltreatment, trauma, potential brain injuries, and abuse that the student has suffered
  - Student's history of or exposure to alcohol and drug usage and treatment
  - Personal and family health history, including physical, chemical, and mental health
- Include all components when available and related to these areas to a degree that it is reasonable, and developmentally appropriate, and obtaining the information does not retraumatize the member or harm the member's willingness to engage in services.**
- If this information cannot be obtained, the topics requiring further assessment during the course of treatment must continued to be documented**

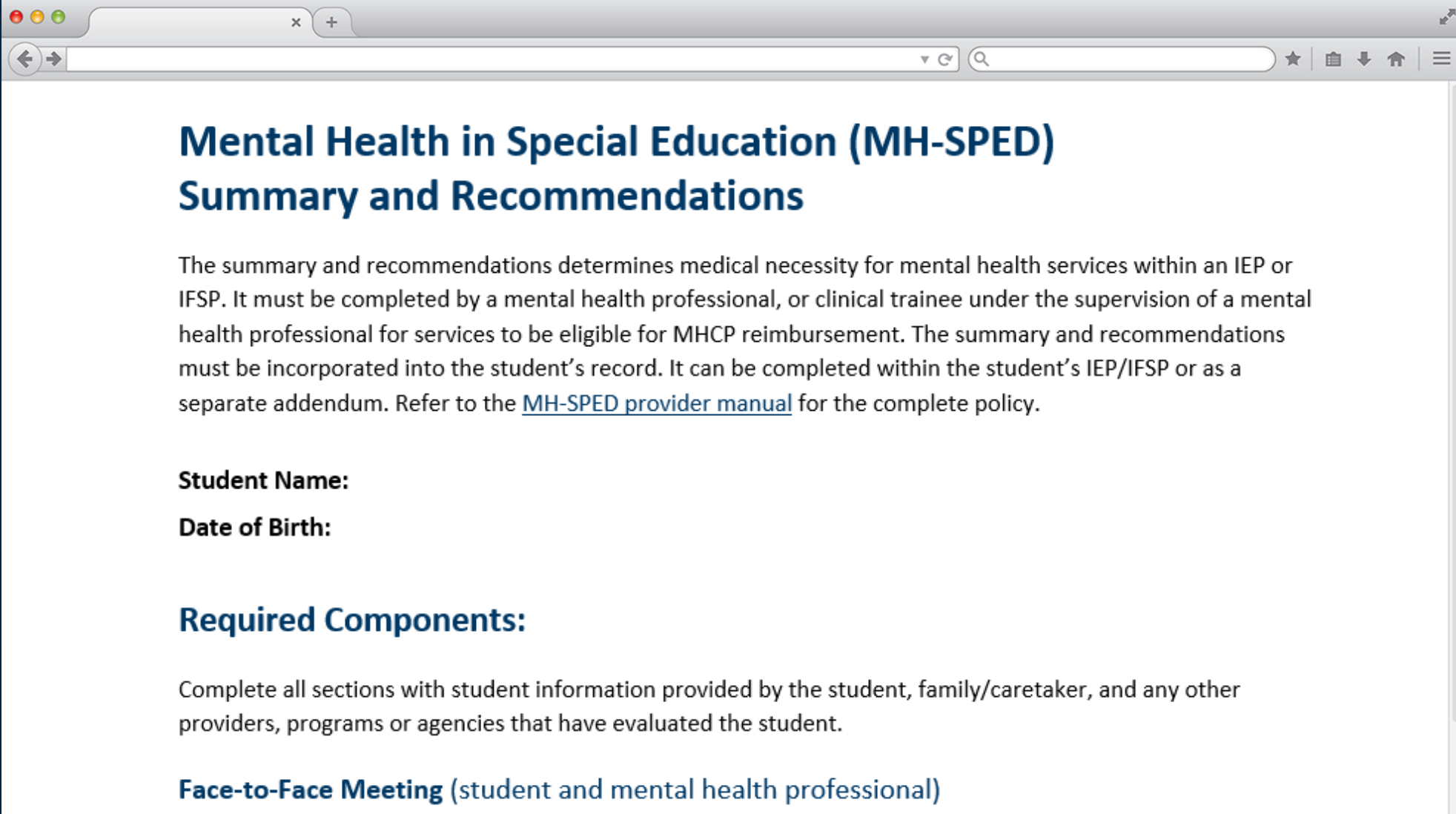
# Summary and Recommendations

## Required mental health components:

- Student's age
- Mental Status Examination (MSE)
- Sources of information including assessments and evaluations reviewed for determination
- Baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, safety needs and student information that supports the findings after applying a recognized diagnostic framework or identification of need for any differential diagnosis of the member or identified area of need
- An explanation of how the determination of need or how the student was diagnosed using the information from the member's interview, assessments, evaluations by qualified provider, psychological or other testing, and collateral information about the member
- Student's needs and responsivity factors including strengths and risk factors
- Specific services and support needed
- Documentation of the date of completion, and the name, credentials and signature of the mental health professional, or qualified supervisor



# Summary and Recommendations Template



The screenshot shows a web browser window with a single tab. The address bar is empty. The page content is as follows:

## Mental Health in Special Education (MH-SPED) Summary and Recommendations

The summary and recommendations determines medical necessity for mental health services within an IEP or IFSP. It must be completed by a mental health professional, or clinical trainee under the supervision of a mental health professional for services to be eligible for MHCP reimbursement. The summary and recommendations must be incorporated into the student's record. It can be completed within the student's IEP/IFSP or as a separate addendum. Refer to the [MH-SPED provider manual](#) for the complete policy.

**Student Name:**

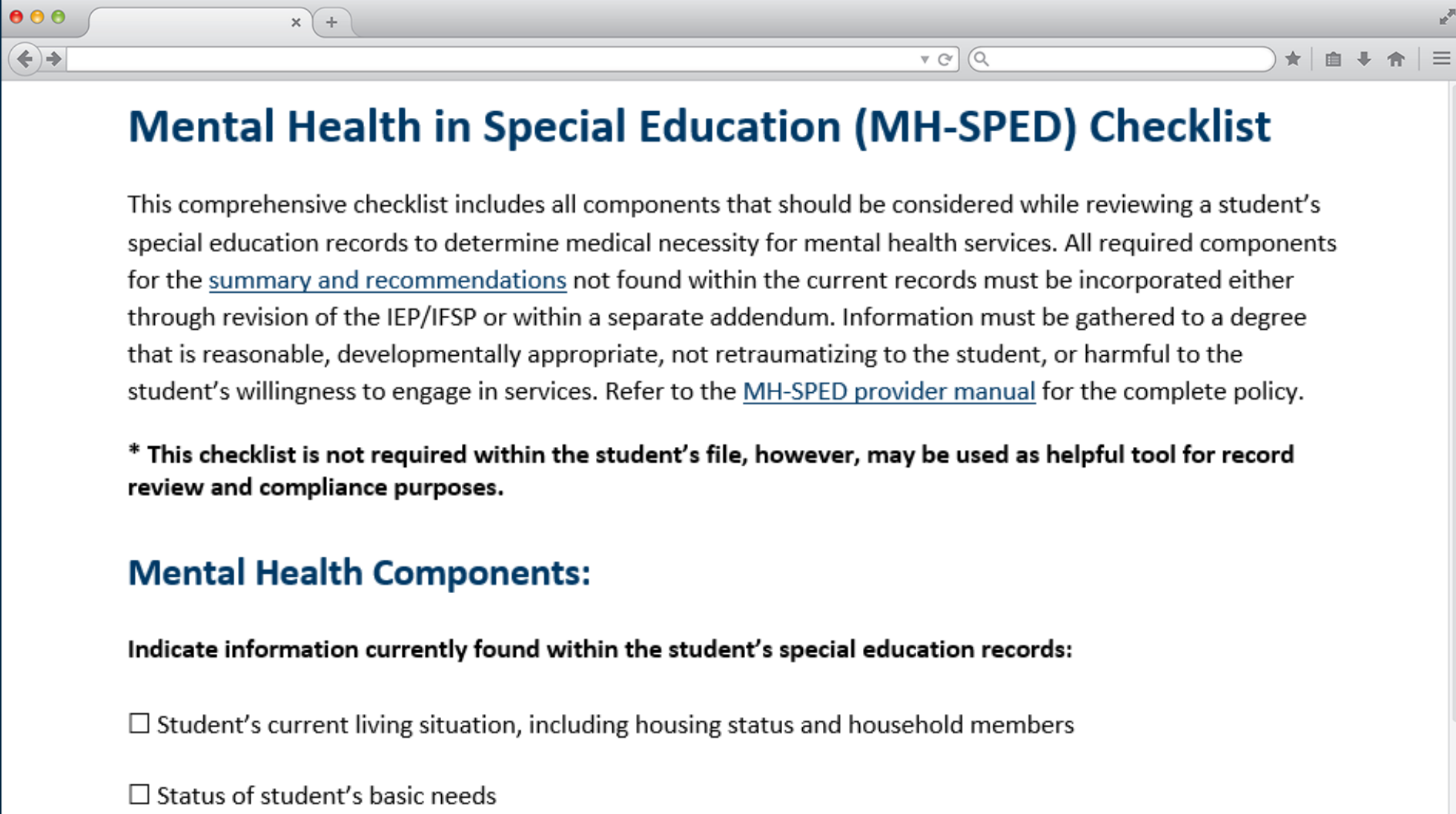
**Date of Birth:**

### Required Components:

Complete all sections with student information provided by the student, family/caretaker, and any other providers, programs or agencies that have evaluated the student.

**Face-to-Face Meeting** (student and mental health professional)

# MH-SPED Checklist Tool



**Mental Health in Special Education (MH-SPED) Checklist**

This comprehensive checklist includes all components that should be considered while reviewing a student's special education records to determine medical necessity for mental health services. All required components for the [summary and recommendations](#) not found within the current records must be incorporated either through revision of the IEP/IFSP or within a separate addendum. Information must be gathered to a degree that is reasonable, developmentally appropriate, not retraumatizing to the student, or harmful to the student's willingness to engage in services. Refer to the [MH-SPED provider manual](#) for the complete policy.

**\* This checklist is not required within the student's file, however, may be used as helpful tool for record review and compliance purposes.**

**Mental Health Components:**

**Indicate information currently found within the student's special education records:**

- Student's current living situation, including housing status and household members
- Status of student's basic needs

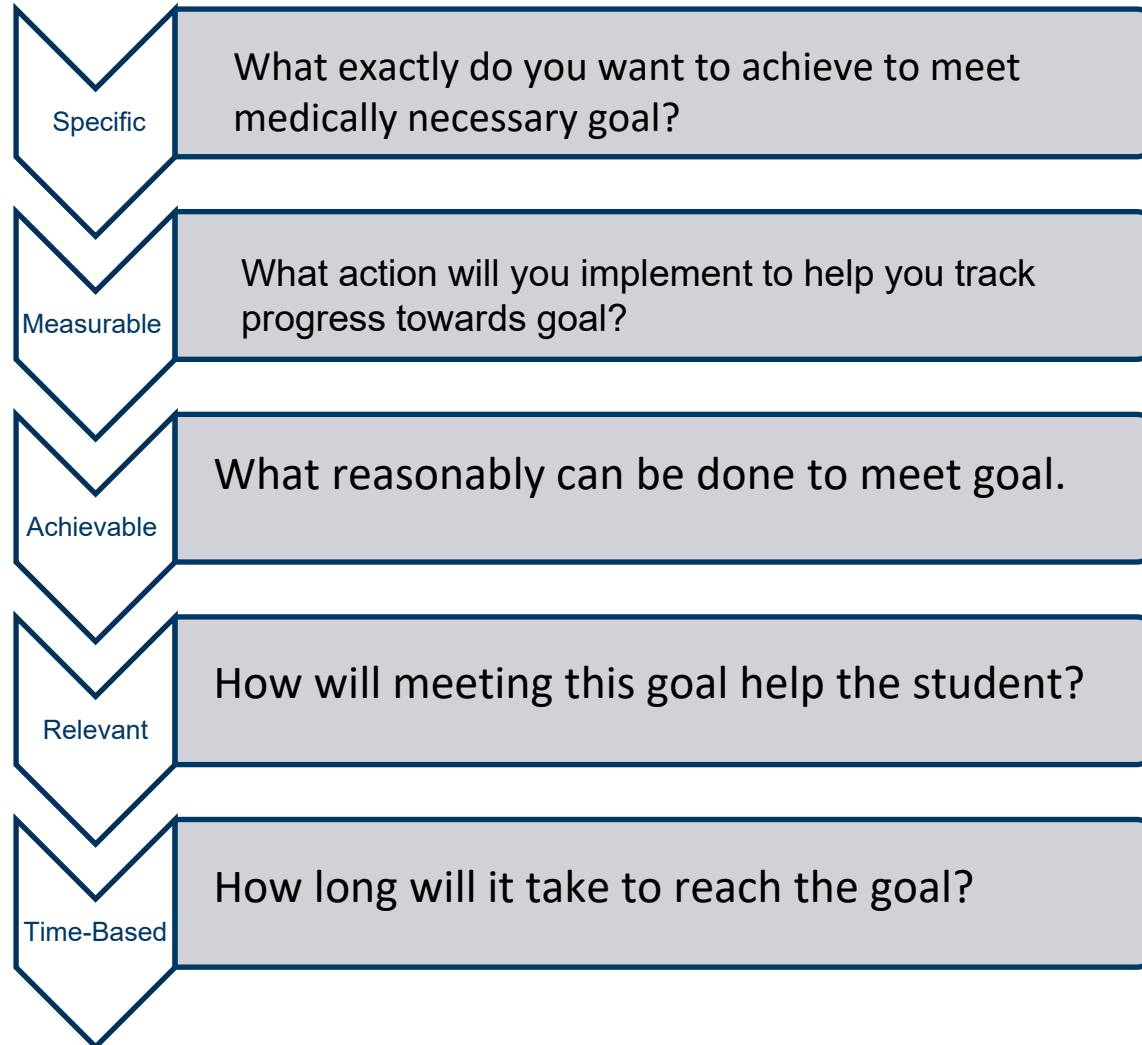


# Treatment Planning

# Individualized Treatment Plan

- For the provision of mental health in the schools, 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, IEP or IFSP can be developed by a clinical trainee or mental health practitioner with oversight and approval through physical signature by a treatment supervisor.
- [Individual Treatment Plan \(ITP\)](#)
- [Individualized Education Program \(IEP\)](#)
- [Individualized Family Service Plan \(IFSP\)](#)

# SMART Goals



# IEP, IFSP and ITP

- **Goal:** What the individual wants to change or accomplish.
  - Ex: John Doe will manage his anger and irritability in the classroom during frustrating situations without needing to be removed, achieving this in 4 out of 5 instances per week (baseline: 1 out of 5) to "learn to stay in school."
- **Objective:** How the individual will accomplish the goal.
  - Ex: When faced with a frustrating situation (e.g., an undesired task, demand, or challenging peer behavior), John will use coping strategies (such as taking deep breaths or quietly drawing at his desk) with one prompt and will refocus on the task with a calm demeanor in 4 out of 5 instances per week across all classroom settings .
- **Intervention:** What the individual needs in terms of services and community resources to meet the objectives.
  - Ex: The school social worker will lead skills groups weekly to teach calming techniques, enhancing John's ability to apply these coping strategies effectively in the classroom.
  - LICSW will provide individual therapy bi-weekly to help John identify and process the thoughts and feelings that trigger his anger and irritability.

# Documentation: ITP Review, IEP and IFSP Progress Reporting

## ITP, IEP and IFSP

- 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

- ECSE, the standard is again every six months or twice a year.
- K-12, The minimum is at least as often as same aged peers.
- Part C, a periodic review is required at least every six months.

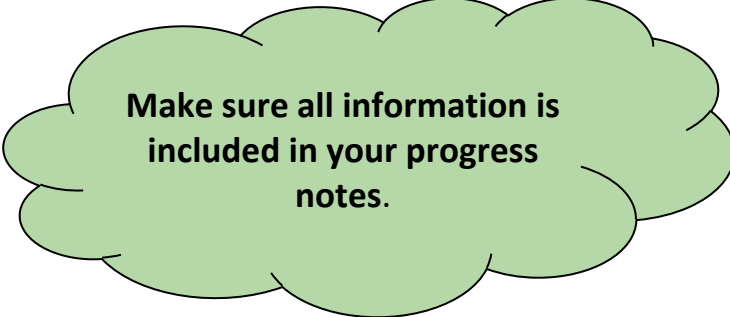


# Documentation: Progress Notes

A progress note must be used to document each occurrence of a mental health service provided to a client according to [Minnesota Statutes, 245I.08](#), subdivision 4. Failure to maintain appropriate record keeping may result in MHCP recovering funds already paid.

A progress note must include the following:

- Type of service
- Date of service
- Start and stop times of each session
- Service location
- Scope of the service including the targeted goal and objective, the intervention delivered, and methods used, client's response or reaction to treatment intervention, and the provider's plan for future sessions including changes in treatment to be implemented when interventions are ineffective
- Service modality (group or individual)
- Signature, printed name and credentials of the person who provided the service and treatment supervisor
- If applicable, significant observations including client's current risk factors, emergency interventions by provider or other staff, consultations with or referrals to other professionals, family or significant other, or changes in symptoms



**Make sure all information is included in your progress notes.**



If you did not  
document it,  
it did not happen!



# Key Points to Remember

- Documentation and tracking of individual mental health services provided in a school setting is the responsibility of the enrolled school provider.
  - Not just for DHS, best practice, licensure, necessary for cost reporting
  - Ask your vendor how they can help support.
- Mental Health Professionals must be identified and able to provide the clinically necessary services prior to beginning.
- Remember the checklist and templates are there to support you.
- Remember to sign
- Remember you have a medical license!!



# Getting Started

## Start small

- Designate a building, program, or targeted population (by disability, age, needs)
- Identify staff
  - maybe start with only professionals who do not need supervision - start conversations around who will supervision - have conversations with outside providers and how they can help support
- Identify students
  - are they receiving services - are the services reimbursable – do they have Medical Assistance
- Establish a professional's 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 to support reimbursement is complete.
- Referral process
  - Do you have a process - conversations with outside providers on how they can support?

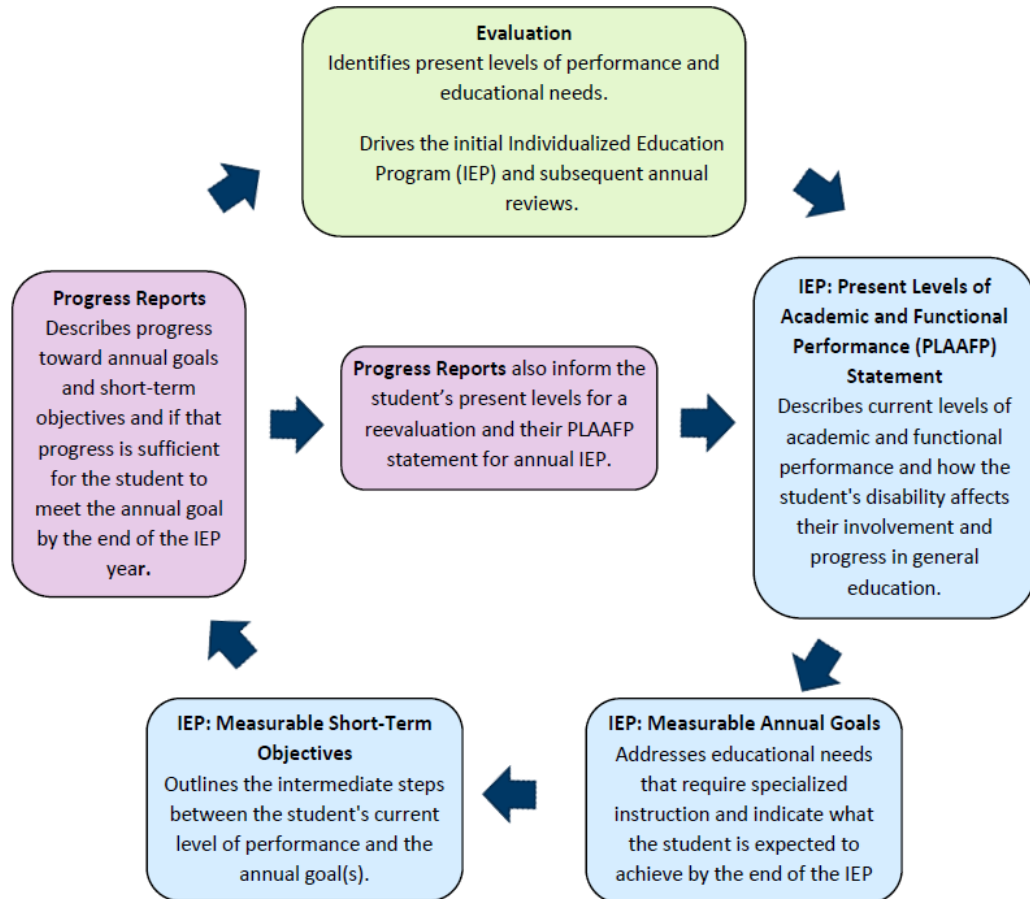
# Benefits of Third-Party Reimbursement

- **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

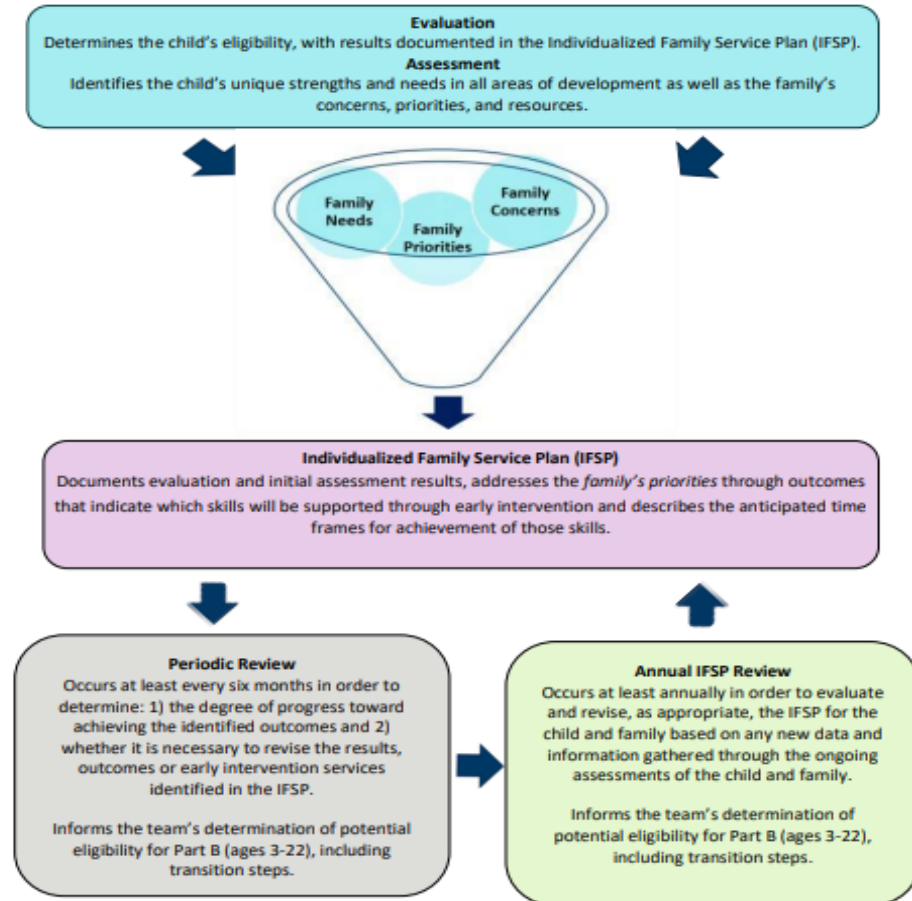
# Due Process Flows



## Part B (ages 3-22) Due Process



## Part C (Ages Birth-3) Due Process



# Upcoming

## **2024 School Behavioral Health Conference:**

November 6, 7, 8, 2024

## **Webinar 3: Billing Mental Health Services in Special Education:**

November 13, 3 to 4 p.m.

Additional questions?

Email [schoolmentalhealth.mde@state.mn.us](mailto:schoolmentalhealth.mde@state.mn.us)



Thank you!