



Mental Health Services in Special Education

Diane Neal

Deputy Director of Mental Health Services, MN DHS

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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.

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

Overview - Mental Health Services in Special Education

- Beginning Oct. 15, 2024, Minnesota schools and school districts can access Medical Assistance (MA) for identified mental health services provided as part of an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). Medical Assistance is Minnesota's Medicaid Program.
- The IEP may include specific mental health services when determined to be medically necessary.



Provider Responsibilities

- 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 following:
 - Determining medical necessity of services
 - Reviewing the IEP or IFSP as a treatment plan
 - Communicating and engaging with caregivers
 - Maintaining required documentation of all interactions, collaterals, and services within an electronic health record (EHR)
 - Working with other service providers internally and externally
 - Tracking all services being delivered within the IEP/IFSP related to MH
 - Providing treatment supervision plans for staff and being available for urgent consultation as required by the individual member's needs or the situation

Eligible Providers

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

- [Mental Health Professional](#) : Independently Licensed Providers
- [Mental Health Practitioner:](#) Unlicensed and under the supervision of a Mental Health Professional
- [Clinical Trainee:](#) In process of independent licensure under the supervision of a Mental Health Professional

Eligible Members

- Eligible members for MH-SPED must be actively enrolled in one of the major Medical Assistance or MinnesotaCare programs.
- 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 with medical necessity determination .

Refer to [MHCP Member Eligibility](#) for more information about the major program codes.



Covered Services

Overview - Covered Services

Covered services include the following:

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

Explanation of Findings

- **Definition:** Discuss the results of the assessment, psychological tests and other accumulated data and make recommendations about the member's treatment plan.
- **Coverage:** This service is provided to members, the member's family or caregivers or to others 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.
- **Documentation:** Documentation of this service must be clearly be identified in client progress notes.
- **Provider:** Mental health professionals and clinical trainees under the supervision of a mental health professional.

Psychotherapy for Crisis

- **Definition:** Help to reduce a mental health crisis through immediate assessment and psychotherapeutic interventions.
- **Coverage:** Medical assistance where individuals are at immediate risk of harm or severe impairment due to increased mental health symptoms. Specific interventions are covered.
 - Psychotherapy for crisis **must include:** emergency assessment of the crisis, mental status exam, intervention, and development of a post-crisis plan to support the individual and prevent future crises.

Psychotherapy for Crisis continued

- **Documentation:** The mental health professional or clinical trainee must clearly document the following:
 - Factors that make the mental health crisis life-threatening or complex
 - History of the crisis
 - Results of the mental status exam
 - Recipient's coping skills used to reduce the crisis
 - Community resources used
 - Psychotherapy techniques and interventions used and the recipient's response
 - Protective and risk factors that influenced the outcome of the intervention
 - Reason for the particular services chosen
 - Steps taken to assure the recipient's safety after the intervention
- **Provider:** Mental health professionals or clinical trainees under the supervision of a mental health professional

Children's Mental Health Clinical Care Consultation

- **Definition:** Communication between the child's mental health provider and other providers or educators 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 client progress notes.
- **Provider:** Mental health professionals and clinical trainees under the supervision of a mental health professional.

Dialectical Behavior Therapy (DBT)

- **Definition:** An evidence-based intensive outpatient treatment program that uses rehabilitative and psychotherapeutic interventions. Treatment combines individual and group sessions, phone coaching, and weekly team meetings to treat mental health conditions that cannot otherwise be met with other services and recipient must be at significant risk.
- **Components** of DBT must include the following:
 - Individual therapy
 - Group skills training
 - Telephone coaching

To qualify for DBT, a client must have severe mental health concerns with specific diagnostic criteria, as identified through assessments and DBT team determination, unable to be managed with other standard services, and be at significant risk of crisis, harm to themselves or others, decompensation or a higher level of care.

- **Coverage:** DBT is covered as an intensive mental health outpatient treatment (for adolescents ages 12 to 17.)
- **Documentation:** DBT authorization, assessments, and all components must be individually documented in a progress note and collaterals must be documented with client record.
- **Provider:** DBT programs and providers must meet specific criteria and be certified by the state.

Child and Family Psychoeducation Services

- **Definition:** Includes individual, family, or group skills development or training, designed to facilitate the acquisition of psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory disrupted by a mental health condition, or diagnosis to enable the child to self-monitor, compensate for, cope with, counteract, or replace skills deficits and build on strengths.
- **Coverage:** Can be provided to a child up to age 21 and the family members when determined to be medically necessary due to a mental health condition, or diagnosis and targeted needs as identified in the child's individual treatment plan, IEP or IFSP.

Child and Family Psychoeducation Services continued

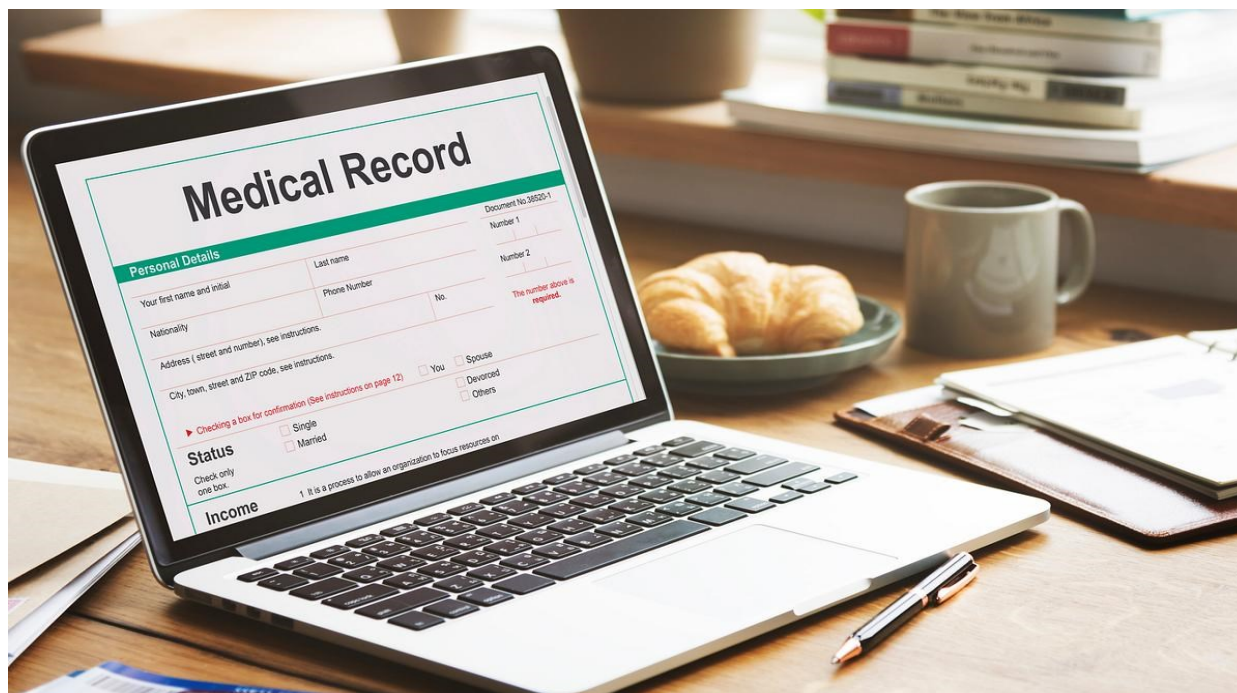
- **Documentation:** Must follow guidelines of all documentation of services, including medical necessity, progress notes, IEP or IFSP as the treatment plan, and supervision.
- **Supervision:** For the clinical trainee and mental health practitioner, the treatment supervisor must review and approve the member's completed documentation including progress notes according to the supervision plan.
- **Provider:** Mental health professionals and clinical trainees or mental health practitioners under the supervision of a mental health professional.

Psychotherapy

- **Definition:** Treatment of a person that applies the most appropriate psychological, psychiatric, psychosocial, or interpersonal method that conforms to prevailing community standards of professional practice to meet the mental health needs of the member. Psychotherapy is a planned and structured, face-to-face treatment of a member's identified areas of concern or diagnosis, and directed to accomplish measurable goals and objectives as specified in the IEP or IFSP.
- Types of psychotherapy include the following:
 - Individual psychotherapy
 - Family psychotherapy
 - Group psychotherapy
 - Multiple-family group psychotherapy

Psychotherapy continued

- **Coverage:** Psychotherapy is covered when deemed medically necessary and appropriate to meet the specific needs of the child.
- **Documentation:** Must follow guidelines for all documentation of services. Medical Necessity, Progress Notes, Treatment Plan, and Supervision. Document the medical necessity for service in the clinical determination and recommendations based on the assessment and evaluation for and within the IEP and IFSP. A progress note must be legible and signed by the provider, and supervisor when appropriate.
- **Supervision:** For the clinical trainee, the treatment supervisor must review and approve the client's completed documentation including progress notes according to the clinical trainee's supervision plan. Record clinical supervision pertinent to client treatment changes by a case notation in the client record after supervision occurs.
- **Provider:** A mental health professional or clinical trainee under the supervision of a mental health professional can provide psychotherapy.



Documentation

Overview - Documentation

- **Maintaining required documentation** of all interactions, collaterals, and services within an Electronic Health Record (EHR) as 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 (clinical determination) for services in the Summary and Recommendations based on the assessment and evaluation for and within the IEP and IFSP.
- **IEP/IFSP as the Individualized treatment plan (ITP):** Document in the IEP/IFSP/ITP, the specific interventions with measurable goals and objectives, describing how the mental health 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.
- **Treatment supervision:** For the clinical trainee and mental health practitioner, or any other unlicensed approved provider, the treatment supervisor must review and approve the client's completed documentation including progress notes according to the clinical trainee's supervision plan. Record supervision pertinent to client treatment changes by a case notation in the client record after supervision occurs.

Determining Medical Necessity

- 1) Determination of medical necessity for covered care and services, whether made on a prior authorization, concurrent review, retrospective review, or exception basis, must be documented in writing.
- 2) The determination is based on a face-to-face evaluation by the mental health professional or clinical trainee, and medical information provided by the client, family or caretaker, and the primary care physician, or any other providers, programs or agencies that have evaluated them.
- 3) All determinations must be made by a qualified and trained healthcare professional.

Mental Health Summary and Recommendation within Evaluation and Assessment

- The mental health summary and recommendations determines medical necessity for mental health services within an IEP or IFSP, as required as part of the member's special education evaluation.
- A medically necessary service is defined as an appropriate service congruent with the client's diagnosis or area of concern.
- The mental health summary and recommendation must be completed by a mental health professional, or clinical trainee under the supervision of a mental health professional to be eligible for Medicaid reimbursement for these services.

Mental Health Summary and Recommendation within Evaluation and Assessment continued 1

For Mental Health Services in Special Education

- The mental health professional may review all assessments, screenings, and evaluations by qualified providers as part of the special education evaluation to include in their summary and recommendations with a clinical determination of need.
- The mental health professional must ensure a mental status exam is completed through face-to-face (electronic or in person) assessment.
- This must include the client's eligibility for mental health services in special education due to the identified area of concern, diagnosis or condition as well as the client's risks and need of supportive services within the educational setting.
- The member's cultural context must be considered when determining the recommendations.

The summary and recommendations must document date of completion with name, credentials and signature of the mental health professional, or qualified supervisor.

Mental Health Summary and Recommendation within Evaluation and Assessment continued 2

The summary and recommendation must include and document the following components:

- The client's mental status examination
- All demographic basics: name, age, location of visit
- Assessments and evaluations reviewed for determination
- The client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, safety needs and client information that supports the findings after applying a recognized diagnostic framework or identification of need for any differential diagnosis of the client or identified area of need
- An explanation of how the determination of need or how client was diagnosed using the information from the client's interview, assessments, evaluations by QP, psychological or other testing, and collateral information about the client
- The client's needs, risk factors, strengths, and responsivity factors
- Specific services and supports needed
- Document date of completion, and name, credentials and signature of the mental health professional, or qualified supervisor

Determining Medical Necessity - Components

The data collected and reviewed from the evaluations and assessments for the IEP or IFSP completed by qualified professionals must include the following components when available, which also meet the standard diagnostic assessment requirement as described in Minnesota Statutes, 256B.0625, subdivision 26.



Determining Medical Necessity – Components Continued 1

- Client's age
- Client's current living situation, including housing status and household members
- Status of client's basic needs
- Client's education level and employment status
- Client's current medications
- Immediate risks to the client's health and safety
- Client's perceptions of the client's condition
- Description of symptoms, including the reason for referral
- Client's history of mental health and substance use disorder treatment
- Cultural influences on the client
- Client's substance use history including amounts and types of substances, frequency and duration, route of administration, periods of abstinence, circumstances of relapse and impact to functioning when under the influence
- Client's relationship to and quality of relationship with family and others
- Client's strengths and resources, including social networks
- Important developmental incidents in the client's life
- Maltreatment, trauma, potential brain injuries, and abuse that the client has suffered
- Client's history of or exposure to alcohol and drug usage and treatment
- Personal and family health history, including physical, chemical, and mental health

Determining Medical Necessity – Components continued 2

- Information must be gathered and documented related to these areas to a degree that it is reasonable, developmentally appropriate, and obtaining the information does not retraumatize the client or harm the client'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.
- The mental health professional is responsible for ensuring how information is collected and ensuring all components are present in the assessments and evaluations in the IEP/IFSP.

IEP or IFSP as the Treatment Plan and Progress Reporting

- The IEP or IFSP may serve as the written treatment plan outlining a client's needs, goals, and interventions based on the clinical assessment within the **mental health summary and recommendation**.
- The plan must include all required elements of an individual treatment plan as described in [Minnesota Statutes, 245I.10, subdivision 8](#).
- In addition to a professional, the treatment plan can be developed by a clinical trainee or mental health practitioner with oversight and approval through electronic or physical signature of a supervising mental health professional.
- The plan should clearly identify:
 - Targeted areas of concern or diagnosis with baseline measurements based on the clinical determination of need
 - Measurable Treatment goals
 - Measurable Treatment Objectives
 - Strategies and interventions for achieving the identified goals and objectives
 - The responsible party for each treatment component
 - A schedule for services, including frequency, duration, and location

IEP or IFSP as the Treatment Plan and Progress Reporting continued 1

- Development and implementation of a treatment plan within the IEP or IFSP must include involvement of both the client and the client's parents or caregivers.
- For clients receiving Mental Health in Special Education, a mental health professional must also sign the IEP or IFSP.
- Once signed by all required parties, the treatment plan is stored within the client's electronic health record.

IEP/IFSP as the Treatment Plan and Progress Reporting continued 2

- The IEP or IFSP must be reviewed and updated with the client's progress, changes to goals or modifications to treatment approach at a minimum of every 180 calendar days to be eligible for Medicaid reimbursement for MH-SPED.
- The IEP or IFSP may be updated more often due to a change in client's functioning and needs.
- The mental health professional is responsible for overseeing and signing off on changes made to the treatment plan, IEP or IFSP.

Treatment Supervision and Treatment Supervision Plan

- [Treatment Supervision](#), as described in [Minnesota Statutes, 245I.06](#), must be provided by a mental health professional to each mental health practitioner and clinical trainee as appropriate providing MH-Sped to members.
- **A treatment supervisor must provide supervision according to the individual's written supervision plan and ensure supervisee can effectively meet clients' needs.**



Treatment Supervision and Treatment Supervision Plan Continued 1

- The treatment supervisor must review and approve completed documentation including progress notes according to the supervision plan. Record clinical supervision pertinent to client treatment changes by a case notation in the client record after supervision occurs.
- Supervisors should do the following:
 - Evaluate staff's interventions and client progress.
 - Provide guidance on alternative treatment approaches if a member is not achieving treatment goals.
 - Review all documentation for accuracy and appropriateness.
 - Educate about client cultures and how it may impact treatment.
 - Offer feedback on performance and provide training.
 - Conduct supervision in-person, by phone, or video for timely feedback.
 - Document treatment changes resulting from supervision in client records.

Treatment Supervision and Treatment Supervision Plan Continued 2

- A treatment supervision plan is a written treatment supervision plan that 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 following:
 - The name and qualifications of the person receiving treatment supervision
 - The names and licensures of the treatment supervisors who are supervising
 - The frequency of treatment supervision to the supervisee
 - The supervisee'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
- **The supervisor is responsible for all services delivered by their supervisee and must be available for consultation.**

Progress Notes

- A progress note must be used to document each occurrence of a mental health service provided to a client according to Minnesota Statute, 245I.08, subdivision 4.
- Failure to maintain appropriate record keeping may result in Minnesota Health Care Programs recovering funds already paid.
- 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 the provider, and treatment supervisor when appropriate.
- For more information, refer to [Psychotherapy](#) under Mental Health Services in the MHCP Provider Manual.



Progress Notes Continued

A progress notes must include the following:

- Type of service; the intervention and methods used
- Service modality (group or individual, family etc.)
- Date of service
- Start and stop times of each session
- Service location
- Scope of the service including nature of interventions or contacts including treatment modalities, phone contacts, etc.)
- Targeted goal and objective, Child's progress (or lack of) to overall treatment plan goals and objectives
- Response or reaction to treatment intervention, plan for future sessions, including changes in treatment to be implemented when interventions are ineffective
- Response or reaction to treatment intervention, plan for future sessions, including changes in treatment when interventions are ineffective
- Formal or informal assessment of the member's mental health status
- Summary of effectiveness of treatment, prognosis, discharge planning
- Name and title of person who provided the service
- Signature, credentials of the person who provided the service
- Signature, printed name and credentials of treatment supervisor (if applicable)
- Other elements may include 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

- **Consent**
- **Rates:** If currently only billing for evaluations or assessments you may want to have your rates adjusted.
- **Service:** Must identify the type of service provided
- **Progress notes with all required components**
- **CPT/HCPCS:** T1018
- **Modifier:** U4 & TM (MH Treatment)

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

Request access to mde.special-ed@state.mn.us SharePoint to locate rate adjustment calculators, **and** contact the DHS dhs_rates_iep@state.mn.us



- All services completed within an IEP or IFSP must be tracked individually with an ability to recall date, time and modality of specific services provided for reporting and audit purposes.
- All documentation must coincide with individual provided services.



Contact Information

- Jennifer Butler with the Behavioral Health Administration will be leading the mental health services and policy.
- Jennifer Butler, LICSW, is the new School Mental Health Services Supervisor
- **Contact information:**
Jennifer Butler, MS, MSW, LICSW
Jennifer.a.butler@state.mn.us



Thank you!