



Dear Members of the House Health Finance and Policy Committee:

NAMI Minnesota has concerns with HF1175/SF1028. The increased need for the availability of mental health services for children and adolescents is well documented. However, this bill conflates the need for more treatment services for mental illnesses with a much broader call to fund school social work services. Schools do need additional funding for school social work services, but Medicaid is not the appropriate vehicle to address some of these needs.

Medical Assistance reimbursement for the treatment of illness requires documentation of a comprehensive assessment of the individual's signs and symptoms related to a particular diagnosis. It is crucial that a thorough assessment precede the development of a treatment plan. A Diagnostic Assessment (DA) is the needed vehicle for such an evaluation. Our understanding is that if the main components of a DA are included in the IEP evaluation this requirement is satisfied. But the way that (j) is worded it would no longer require the components to be covered. Educational necessity – as required in an IEP, is different than medical necessity. Individual Education Plans (IEPs) focus on the learning needs of a student, and while IEPs may touch on mental health needs, they do not provide the in-depth evaluation needed to choose appropriate treatment for an individual. Especially in young people, difficulties may appear to fit with several different diagnoses, each indicating different treatment approaches. Without a Diagnostic Assessment, the wrong methods may be chosen that could fail to address concerns, or possibly be harmful. We recommend deleting (j) from the bill.

Paragraph (i) seems to imply that all school social work services are covered under MA. MA covers specific services and treatments provided by mental health professionals or practitioners. MA does not cover everything that a mental health professional or practitioner may do.

We believe that if a school wants to bill for Children's Therapeutic Service and Supports (CTSS) than they must be certified to provide CTSS services such as skills training, behavioral aide services, service plan development, and crisis planning.

The bill lists several services to be covered that are not appropriate to be provided in a school setting. Dialectical Behavior Therapy is a complex treatment requiring several group skills training sessions per week over a long term, coupled with individual therapy provided within a context in which the patient is provided 24/7 support by the therapist to forestall problematic behaviors and reinforce the use of skills to avoid self-harm. It is unlikely that a provider in a school setting would have the resources or the certification necessary to provide such care. Crisis response services are provided by specific crisis teams, not by every professional.

An additional danger in failing to conduct a comprehensive Diagnostic Assessment or the components is the possibility that a diagnosis may be included in an IEP in order to facilitate a particular treatment which may or may not be appropriate. A school professional may decide that an individual should have a particular medication as the sole solution to mental health needs when more comprehensive care is needed. For example, school personnel might suggest to parents that an individual needs medication for Attention Deficit Hyperactivity Disorder as the solution to a mental health need. Medication alone is



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rarely the treatment of choice, and the ongoing individual treatment required may be beyond the resources of the school setting.

We want to be clear that services of school social workers are indeed valuable, but we need to differentiate which services should be funded through the education budget and which ones meet the current requirements under Medical Assistance.

Thank you for considering our concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sue Abderholden', with a stylized flourish at the end.

Sue Abderholden, MPH
Executive Director