

## Southern Plains Education Cooperative

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Executive Director

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Dear Representative Youakim and members of the House Education Finance Committee:

This is in support of House File 1175 which would allow school districts to bill medical assistance for the important behavioral health services to students in special education. This bill provides more than \$10 million in medical assistance funds at no cost to the state of Minnesota at a time when the cross subsidy is skyrocketing. As districts have been calculating direct impact for their individual districts, it appears as though this number is much higher and more likely to be \$25-30 million that could be captured by our state.

There have been some concerns expressed related to this bill. I would like to clarify a few points.

- This bill does not in any way allow social workers or other mental health practitioners or providers to bill for services outside of their scope of practices. They are governed by boards and have ethical practices and must stay within their scope of practice.
- This bill allows for districts to bill for services that are already being provided.
- There is concern that a Diagnostic Assessment (DA) would not be required. However, the Centers for Medicaid and Medicare Services encourages states to allow school districts to bill without a DA. This bill does not ask for something that is not already being allowed. Minnesota's Certified Community Behavioral Health Clinics allow for billing based on a comprehensive evaluation. This evaluation is similar to the comprehensive evaluation conducted as part of the special education process. The information captured by the comprehensive special education fulfills all relevant portions of the DA criteria.

Previously our cooperative was certified as a Children's Therapeutic Services and Support (CTSS) provider. Due to our remote status with very rural communities, it was extremely difficult to staff this program. The reimbursement rate did not off-set the costs of duplicative paperwork requirements. When we discontinued CTSS, here is what we found:

- We were able to hire the same staff we had previously contracted with when we provided CTSS.
- We needed less than half of the staff we previously needed due to the reduction in paperwork.
- Staff now provide the same skilled services within our programs, but are able to focus on student needs rather than duplicative paperwork.
- When we do have situations that require a DA to connect students to services outside of the school district, the mental health professional we employ utilizes information from the special education evaluation in order to complete the DA.
- We are now able to meet the unique needs of each student without having to fit the needs of students into the requirements of CTSS.

Please pass House File 11175 to capture the Medical Assistance funds due to school districts as is in 20 other states across the country.

Sincerely,

Dr. Sarah A. Mittelstadt