



Executive Summary *for Schools*

Background

The primary purpose and first priority of public schools is high academic achievement of all its students. Academic achievement is connected to many factors, including the physical and emotional wellbeing of students.

In April 2018, the Missouri Department of Social Services, MO HealthNet Division, released a bulletin titled ***Behavioral Health Services in the School Setting***. The policy change addressed new opportunities for schools, families and community behavioral health providers to increase access to quality behavioral health services in the schools. Statewide leaders believe this policy change will lead to improved academic achievement and brighter futures for Missouri's children.

Summary of Past Policy

In the past, schools could bill MO HealthNet for specified medical services, including behavioral health services, only if the following conditions were met: the services were part of the child's Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA); a child was MO HealthNet (Medicaid) eligible; and the provider was MO HealthNet enrolled. (Please note this policy has *not* changed as a result of the new policy.)

However, there have been limited opportunities for students without an IEP to receive behavioral health services in schools due to a shortage of qualified providers, as neither school district employees nor community behavioral health providers have been able to bill MO HealthNet for services delivered to eligible children in schools. This has contributed to a limited willingness of community providers to come into schools to provide services.

Despite recognition of the importance of social emotional wellbeing on academic outcomes, school districts have been challenged to implement behavioral health services due to two primary factors: 1) lack of qualified providers and 2) lack of funding to pay for services. This new policy change by the Department of Social Services, MO HealthNet Division, addresses these challenges.

Summary of New Policy

This new policy allows MO HealthNet eligible children in need of behavioral health services, who are not eligible for services under the IDEA, to receive services in a school setting that can

be billed to MO HealthNet or one of the three Managed Care Organizations (MCO’s) by an enrolled provider.

MO HealthNet and MCO enrolled providers meet numerous requirements and may be employees of school districts or employees of community agencies, such as mental health centers, federally qualified health centers, community nonprofit agencies, hospitals, school-based health centers (SBHC), or private providers.

Existing and Continuing Policy: Students with IEP’s under the IDEA	Additional Policy: Students Not Eligible for Behavioral Health (BH) Services under IDEA
Child Eligibility: MO HealthNet eligible; Individuals with Disabilities Education Act (IDEA) eligible with an Individualized Education Program (IEP) that specifies Behavioral Health services	Child Eligibility: MO HealthNet eligible (Includes but not limited to students with BH services under Section 504)
Provider Eligibility: MO HealthNet enrolled	Provider Eligibility: MO HealthNet enrolled and/or Managed Care Organization (MCO) enrolled
Place of Service: School	Place of Service: School
State Match to Federal Reimbursement: Paid by the School District (no direct payout; the school is not reimbursed for the state portion)	State Match to Federal Reimbursement: Paid by the State from General Revenue
Claims Filed: Filed by school district when provider enrolled as a MO HealthNet provider	Claims Filed: Filed by school district or community provider enrolled as MCO and/or MO HealthNet provider
CPT Codes: Permissible codes by provider type found in MO HealthNet’s Behavioral Health Services Manual, including one-on-one therapy, group therapy, family therapy, evaluations, assessments, and other CPT codes as specified in the provider manual	CPT Codes: Permissible codes by provider type found in MO HealthNet’s Behavioral Health Services Manual, including one-on-one therapy, group therapy, family therapy, evaluations, assessments, and other CPT codes as specified in the provider manual

Overview of Bulletin Guidelines and Limitations

The bulletin specifies guidelines and limitations to be followed when partnering with community behavioral health providers. These considerations are intended to protect the school environment and ensure that behavioral health services are delivered effectively within the context of school:

- Schools are encouraged to establish a formal agreement (ex. Memorandum of Understanding or MOU) with any outside behavioral health provider who will provide services on school property. The school district has discretion over which behavioral health providers are allowed to provide services on school property.
- All behavioral health services provided with the intent to bill MO HealthNet or an MCO require written parent/legal guardian consent, except in those cases referenced in RsMO 430.061 & RsMO 431.056.
- Each child must have a treatment plan and the plan must specify how a parent/legal guardian/caregiver will engage in the behavioral health services provided to the child (such as attending meeting, etc.).
- School personnel designated by the district must approve and coordinate time and place for services within the school.

Benefits of School, Family and Community Collaboration around Behavioral Health Services

Schools in Missouri vary considerably in size, ancillary staff, including behavioral health providers, and location relative to community behavioral health services. Many schools will now have opportunities to develop collaborative working relationships with behavioral health providers within their region or local communities. These can occur within various models. Regardless of the model, there are benefits from shared community services and collaboration among schools, families, and community behavioral health providers.

Benefits for students and families may include:

- Increased student access to behavioral health care
- Increased student time in the classroom, in terms of travel time to and from appointments during the school day
- Deepened ties between community behavioral health providers and school administrators and pupil services staff
- Increased family engagement and access to care in the school community which may reduce time away from work for parents and missed therapy sessions by students
- Increased likelihood of better grades, improved school attendance, and fewer classroom disruptions

Benefits for educators and providers may include:

- Development of a comprehensive health and wellness plan including adopting school board policies that support positive behavioral health and safe climates
- The use of evidence-based programs and interventions

- Consultation with public and private agencies on behavioral health issues
- Staff training to better understand behavioral health issues and implications on learning
- Collaboration with providers that serve youth in the community through high quality referrals and teaming with families and students on shared goals and strategies
- A receptive climate and understanding of children’s behavioral health issues in schools, in particular addressing issues related to stigma
- Data privacy and confidentiality issues when delivering behavioral health in schools
- Parental consent and family involvement in the delivery of behavioral health services
- Recognition of the important role of school behavioral health providers (counselors, school psychologists, school social workers, school counselors and school nurses) as well as community providers (therapists, psychologists and counselors) in continuing to support the behavioral health needs of children
- Strong partnerships across agencies
- Streamlined referral systems
- Equivalent level of service matched to the level of need for the child
- Drawing on the expertise of existing systems and personnel, as well as co-creating new systems, if gaps are exposed in the delivery of service.

Integration of Behavioral Health Supports in Schools

This policy change will have the greatest impact when applied within the school’s framework of orchestrated programs and procedures. It is strongly recommended that behavioral health supports be implemented within a framework of multi-tiered system of supports (MTSS); Positive Behavioral Interventions and Supports (PBIS); response to interventions (RtI); and trauma-informed schools—all critical components of a positive culture and climate for the implementation of quality behavioral health supports and services.

Next Steps for Your District

Schools have several options for how to utilize this policy to support the emotional wellbeing of their students.

Option 1—Analyze Your Schools Strengths and Areas of Needed Improvement

In order to ensure an effective behavioral health system is in place within your school district, it is important to identify strengths and areas that need improvement. Many schools choose to conduct a self-assessment using a behavioral health assessment tool to determine their ability to support the behavioral health needs of students in their district. This assessment can be used as a tool to develop a plan for strengthening areas of need. To further determine students at-risk for behavioral health challenges, routine behavioral health screening can be conducted on a semi-annual basis.

Option 2—Strengthen District’s Ability to Deliver Services

School staff has differing roles and responsibilities depending on their specific job, training, and competencies; however, each has an on-going responsibility for the social, emotional wellbeing of their students. This wellbeing is best supported through an integrated system of positive behavioral interventions and supports, multi-tiered systems and trauma-informed practices. Understanding how to integrate structures and programs for the physical and behavioral wellbeing of all students and adults within the school environment is one way to strengthen a district’s performance outcomes. Adults in the school may need to shift their perspectives to understand that attention to their students’ social-emotional needs is critical to students’ academic success.

Revenue plays a part in what services schools can afford to provide and the personnel they can afford to hire to provide those services. Schools that employ behavioral health providers (nationally certified school psychologists, psychologists, LCSW’s, LMSW’s, or LPC’s) who are enroll as a MO HealthNet and/or MCO providers, can file claims for otherwise eligible children who receive those services outside of an IEP under IDEA. Districts will receive the federal and state portions of the MO HealthNet payment. Schools can continue to bill for behavioral health services as a Direct Service provided to children under the IDEA, as in the past.

Option 3 - Seek Partnerships with Community Behavioral Health Providers

As a result of a district behavioral health assessment or other means of identifying gaps in the district’s ability to manage the social-emotional and behavioral health needs of students, it may be determined that developing partnerships within the community or region with behavioral health providers will enhance the district’s ability to address unmet needs. Best practice is for school districts to enter into a memorandum of understanding (MOU) to formalize an agreement and ensure role expectations with a community behavioral health provider, whether an entity or individual.

Option 4 —Strengthen Existing Community Partnerships

Schools can strengthen relationships with community behavioral health providers with whom they have existing MOU’s. They can work with community health providers to understand how the provider can bill for services provided to MO HealthNet eligible children when those services are delivered within the schools, as the result of the new policy.

Option 5—Take No Action: This change in policy provides an opportunity not a mandate.

