



Arkansas Department of Education
Division of Elementary & Secondary Education
School-Based Mental Health
Manual & Medicaid Reimbursement Certification
Application

Office of School Health Services
Four Capitol Mall, Mail Slot #14
Little Rock, AR 72201
501-683-3600
dese.ade.arkansas.gov

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Division of Elementary & Secondary Education

School-Based Mental Health

Manual & Medicaid Reimbursement Certification Application

The Division of Elementary and Secondary Education (DESE) office of School Health Services (SHS) provides guidance and technical assistance for the development and implementation of school-based mental health service programs. The DESE encourages schools to implement the following best practice principles to ensure access to quality school-based mental health services for students:

- An emphasis on early identification
- Full integration with the community and its resources
- Placing students and their families at the center of service decisions
- Providing services that are adapted for the individual’s needs and background
- Focusing on promoting school attendance and academic success
- Providing services and supports validated by research and evidence-based practices
- Implementing the use of technology, including telecommunications

A comprehensive school-based mental health program integrates mental health access for students within the school setting. The goal of such programs is to increase access to quality mental health care, improve mental health outcomes for students, and decrease the loss of student “seat time” by providing services at school. By implementing this structure, districts can expect to see an improvement in other student success measures, such as a decrease in absenteeism and disciplinary action, and an increase in student benchmarks being met with improved graduation rates.

Purpose

The purpose of this document is to:

- I.** Provide a foundational understanding of the various SBMH Service Models.
- II.** Provide criteria for best practices as recommended by the DESE, in order to facilitate appropriate and effective structural make-up.
- III.** Provide an explanation of the structural foundation of SBMH Service Programs.
- IV.** Provide criteria for Treatment Integrity: Program Evaluation.
- V.** Provide a foundational understanding of the school’s role in establishing program financial stability; School-Based Mental Health Provider Enrollment.
- VI.** Provide a pathway for Medicaid reimbursement certification for school-employed clinicians.

I. School-Based Mental Health Delivery Models

School district SBMH program service delivery models vary in structure depending on personnel and partnerships. Regardless of model choice, all DESE certified SBMH programs promote mental health services with professionalism, quality, and accountability. The DESE recommends school districts follow best practices as outlined in this guidance document.

Model 1: Mental Health Agency Partnership Model

- A. The mental health agency has a memorandum of understanding (MOU) in place with the district to provide direct services to students.
- B. The district designates a SBMH Program Coordinator to act as a liaison between the agency provider, district personnel, families, and students.
- C. The agency has an active Counseling Services Medicaid Provider Number.
- D. The mental health agency acts as the billing agent for services.
- E. No DESE Certification approval is required.

Model 2: School-Employed Provider Model

- A. A district-employed Licensed Mental Health Professional (LMHP) provides direct services to students. (See staffing section)
- B. The district designates a SBMH Program Coordinator to act as a liaison between the district personnel, families, and students.
- C. The district has an active Counseling Services Medicaid Provider Number.
- D. The district acts as the billing agent for services.
- E. DESE Certification approval is required.

Model 3: School-Employed Provider/Mental Health Agency Partnership Model:

- A. A district-employed Licensed Mental Health Professional (LMHP) provides direct services to students (See staffing section) and the mental health agency has a memorandum of understanding (MOU) in place with the district to provide direct services to students.
- B. The district designates a SBMH Program Coordinator to act as a liaison between the agency provider, district personnel, families, and students.
- C. The district and the agency each have an active Counseling Services Medicaid Provider Number.
- D. The district and/or mental health provider act as the billing agent for services.
- E. DESE Certification approval is required.

II. SBMH Service Program Best Practices

Access to a full array of mental health services is promoted at the school site within these programs. To effectively operate by using best practices, a standard school-based mental health service program should include all of the following characteristics depending on the student's need:

- Evaluation
- Crisis services- a clearly communicated protocol for connecting to appropriate community resources when a crisis situation arises.
- Diagnosis
- Individual therapy
- Group therapy
- Family therapy
- Comprehensive service processes:
 - Intake
 - Referral
 - Case management
 - Coordination of day treatment
- Clear distinction of services provided: direct vs indirect (see Section III)
- A collaborative partnership between the school district and the mental health provider to include a comprehensive Memorandum of Understanding (if applicable)
- Access to school-based mental health services without regard to student or family Medicaid enrollment status
- One LMHP per 500 students, with an active caseload of 20-30 students
- Leverage resources from community, regional, state and national organizations to support services and professional development
- Participation in Title XIX, Medicaid, either through a school-employed billing clerk or third party vendor

III. Structural Foundation of SBMH Service Programs

Program Needs Assessment: Prior to developing a SBMH Service Program, a needs assessment is recommended to collect data on school district and provider needs as well as specific student population needs. Nationally recognized assessment tools recommended for this purpose are the Mental Health Planning and Evaluation Template and the School Health Assessment and Performance Evaluation System (SHAPE). Links to these assessment tools are provided below.

The Mental Health Planning and Evaluation Template (MHPET):

<http://ww2.nasbhc.org/RoadMap/MHPET/MHPETPaper.pdf>

The School Health Assessment and Performance Evaluation System (SHAPE):

<https://theshapesystem.com/>

Service Delivery: Delivering best practice mental health services in the schools includes one full-time equivalent (FTE) licensed mental health professional (LMHP) per 500 students with an active caseload of 20-30 students. Districts that are unable to adhere to ratio and caseload best practice models initially will develop a timeline to include coverage plans for the future. Mental health providers partnering with the school district are expected to split their time between direct and indirect services.

Direct Services: As a best practice, seventy percent (70%) of time is dedicated to billable, direct services.

- Individual behavioral health counseling
- Group behavioral health counseling
- Marital/Family behavioral health counseling with client present
- Psychoeducation
- Multi-Family behavioral health counseling
- Mental health diagnosis
- Interpretation of diagnosis
- Substance abuse assessment
- Crisis intervention

Indirect Services: As a best practice, thirty percent (30%) of time is dedicated to non-billable services such as prevention, education and early intervention services.

- Classroom consultation/observation
- Student services team meetings
- Support groups for students
- Parent education
- Staff meetings
- Professional development for school staff

Emergency Response: Counseling Services providers must establish an emergency response plan. The Counseling Services Provider Manual states the provision of emergency services as 24 hours/7 days/12 months as noted in section 210.100:

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhumanservices.arkansas.gov%2Fwp-content%2Fuploads%2FCNSLSERV_IL.doc&wdOrigin=BROWSELINK

Resources: Both program policy/procedures and a formalized contract are vital pieces in establishing a high quality SBMH program. Samples and additional resources are available on the DESE School-Based Mental Health website found at

<https://dese.ade.arkansas.gov/Offices/learning-services/school-health-services/school-based-mental-health-sbmh>.

Documentation: All Counseling Services providers must develop and maintain sufficient written documentation to support each medical or remedial therapy, service, activity, or session for which Medicaid reimbursement is sought. This documentation, at a minimum, must:

- Be individualized to the client and specific to the services provided, duplicated notes are not allowed;
- Include the date and actual time the services were provided;
- Contain original signature, name, and credentials of the person who provided the services;
- Document the setting in which the services were provided. The name and physical address of the place of service must be included;
- Document the relationship of the services to the treatment regimen described in the Treatment Plan;
- Contain updates describing the patient's progress; and
- Document involvement, for services that require contact with anyone other than the client, evidence of conformance with HIPAA regulations, including presence in documentation of specific authorizations, if required.

Documentation must be legible and concise. The name and title of the person providing the service must reflect the appropriate professional level in accordance with the staffing requirements found in Section III of this document.

All documentation must be available to representatives of DHS or Office of Medicaid Inspector General at the time of an audit. All documentation must be available at the provider's place of business.

Location of Services: A dedicated, private space for the delivery of mental health services must be established, which ensures that privacy and confidentiality are maintained at all times.

Role of Employees: The SBMH best practice program model is based on quality, accountability and professional partnerships between school districts and mental health providers. Each program participant has an important role in the successful implementation of SBMH services. The following role descriptions are a guide for the duties and tasks performed by program personnel:

Superintendents:

- Approves district participation in SBMH and promotes program throughout district.
- Develops a clear understanding of general structural make-up and required components
- Holds staff accountable for program participation and criteria.
- Supports staff participation in SBMH activities on and off campus including statewide SBMH conferences and monthly/quarterly training workshops
- Promotes the utilization of district data in the evaluation of the SBMH program.
- Commits space, office machines, supplies to SBMH program.
- Works with CSH/LEA/SBMH Coordinator to identify long-term sustainability resources and strategies. This includes assisting in development of community partnerships with key employers, leaders, funding sources.
- Participates in program evaluation, accountability, and quality assurance activities

Coordinated School Health Coordinator/ SBMH Coordinators/LEA Supervisors:

- Acts as point person for SBMH between districts and DESE which includes but is not limited to assisting DESE Coordinators with the development and implementation of SBMH in their district.
- Responsible for developing the foundation throughout the district for the district's participation in the SBMH which includes:
 - Garnering district support and approval for participation in SBMH.
 - Educating district staff regarding national research on academic impact of SBMH services.
 - Identifying potential mental health partners.
 - Determining the district's "readiness" to implement SBMH services.
 - Preparing Network application for submission.
 - Coordinating services between district and providers.
 - Monitoring quality of services.
 - Coordinating the collection and sharing of data on student outcomes.
 - Identifying specific training needs for districts related to SBMH.
 - Promoting SBMH Program via participation in statewide SBMH conferences.
 - Working with Regional Facilitators to promote program development and expansion.
 - Providing feedback regarding on-going development and training needs.
 - Identifying community leaders/supporters for potential funding sponsorships/partnerships.
 - Participating in program evaluation, accountability and quality assurance activities.

Billing Clerks:

- Provides billing services for district's SBMH program.
- Adheres to Medicaid billing guidelines.
- Participates in both on the job training and training programs aimed at billing processes.
- Ensures job codes in e-finance are accurate.
- Maintains accurate billing records for all services.
- Provides feedback to program directors regarding processes and outcomes related to billing.
- Participates in program evaluation and quality assurance activities (DESE site visits).

Mental Health Supervisors:

- Support personnel's participation in identified activities.
- Adhere to contractual agreements between agency and district.
- Adhere to professional supervision guidelines as established by state licensing boards.
- Support personnel's participation in annual statewide SBMH conferences and quarterly training programs sponsored by the DESE.
- Participate with the CSH Coordinator/LEA and or SBMH Coordinator to identify program challenges, and provide solutions.
- Promote and participate in the gathering, sharing and analysis of student and program outcomes as part of program evaluation, accountability, and quality assurance activities.

Mental Health Staff (Therapists, Behavior Assistants, etc.)

- Expected to attend and participate in Student Services Team meetings. Duties will include, but is not limited to the following:
 - Communicates extensively and provides consultation, mental health education and prevention information.
 - Assists in determination of appropriateness for services.
 - Caseload staffing – provides appropriate feedback to assist education staff in the implementation of treatment/behavior plans.
 - Participates in DESE sponsored SBMH conferences and workshops.
 - Participates in the collection of mental health information and data on student outcomes.
 - Participates in program evaluation and quality assurance activities.

Mental Health Staffing Qualification: School districts must meet specific certification and provider enrollment criteria to become an approved behavioral health Medicaid provider. School districts are expected to adhere to the standards and guidelines established by the DESE, the Division of Aging and Adult Behavioral Health Services (DAABHS), and the Arkansas Division of Medical Services (DMS).

PROVIDER TYPE	LICENSES	MEDICAID ENROLLMENT	SUPERVISION
Independently Licensed Clinicians – Master’s/Doctoral	Licensed Certified Social Worker (LCSW) Licensed Marital and Family Therapist (LMFT) Licensed Psychologist (LP) Licensed Psychological Examiner – Independent (LPEI) Licensed Professional Counselor (LPC)	Yes, must enroll as a Medicaid provider. Must be licensed through the relevant licensing board to provide services.	Not Required
Non-independently Licensed Clinicians – Master’s/Doctoral	Licensed Master Social Worker (LMSW) Licensed Associate Marital and Family Therapist (LAMFT) Licensed Associate Counselor (LAC) Licensed Psychological Examiner (LPE) Provisionally Licensed Psychologist (PLP) Provisionally Licensed Master Social Worker (PLMSW)	No, cannot enroll as a Medicaid provider. Must apply for a personal identification number (PIN) (effective April 1, 2024).	Required, as required by the respective licensing board (click here).
Licensed Alcoholism and Drug Abuse Counselor Master’s	Licensed Alcoholism and Drug Abuse Counselor (LADAC) Master’s Doctoral	Yes, must be licensed through the relevant licensing board to provide services	Not required

School-Employed Mental Health Staffing Job Codes: The school district must ensure district employed clinician job code assignments in eFinance reflect the license of which the practitioner is working. (Function Code: 2140)

- Job Codes:
 - 9010 School Psychology Spec
 - 9030 Educational Examiner
 - 9035 School-Based Mental Health

Principals:

- Building level program promoter.
- Supports staff participation in SBMH activities.
- Understands the relationship between SBMH services and school disciplinary policy.
- Participates in program evaluation, accountability, and quality assurance activities.

School Counselors:

- Provide indirect services to include referring students for SBMH services (Tier 3 services-indirect).
- Provide direct services to students by supporting the implementation of treatment and/or behavior plans (Tier 2/3 services-direct).
- Help students and families cope with an array of problems, including identifying school and community resources (Tier 2/3 services-indirect).
- Provide support to SBMH providers through data collection related to academic achievement (grades, attendance, and discipline referrals) as part of the referral or follow-up process.
- Participate in program evaluation, accountability, and quality assurance activities.

Teachers:

- Participate in the identification and referral of students in need of mental health services.
- Participate in the implementation of treatment/behavior plans for students involved in SBMH services.
- Provide feedback to Student Services Team on student progress.
- Provide academic information to the team.
- Includes the mental health practitioner in parent teacher conferences when there are emotional/behavioral issues to be addressed.
- Participates in program evaluation, accountability, and quality assurance activities.

Education & Mental Health Provider Partnerships: The SBMH Model adopted by the Arkansas Department of Education is based on a strong foundation of collaboration and cooperation between mental health providers and school districts. The following are the guidelines that frame the structure for high quality partnerships.

SBMH Partnerships Consist of the Following Characteristics:

- Partners share information readily and easily, having established mechanisms to support this prior to implementation of the program through an interagency agreement and/or business associate agreement.
- Partnerships are seen as a fully integrated team effort creating a “seamless” environment within the schools delivering student services, staff supports, and other services. SBMH partners will utilize Student Services Teams to keep abreast of student progress and problem solve any current issues.

- Partners participate in planning strategies and interventions that impact individuals and systems in a positive way.
- Partners recognize the value each brings to the table while creating and maintaining a shared agenda.
- Partners participate in data management and analysis.
- Partners share responsibility for program success which includes:
 - Supporting school program leadership
 - Program development and enhancement
 - Working towards “best practice”
 - Weekly communication
 - Education and stigma busters
 - Elimination of barriers to services
 - Fiscal management
 - Program sustainability
 - Program accountability
 - Program quality

IV. Treatment Integrity: Program Evaluation

SBMH programs will utilize a number of resources to document program effectiveness and outcomes. The basic purpose of program evaluation within programs is to systematically collect data to provide stakeholders with the information they need to make decisions about the program. Evaluation is an essential component within SBMH programs designed to document that services are effective and that scarce resources are not being wasted. Evaluation is needed in order to garner support from stakeholders (e.g., students, families, school personnel, community agencies, policy makers) and thus ensure program sustainability. Specific objectives of evaluation efforts are as follows:

Program Evaluation Purpose: The major objectives of evaluating a SBMH program are as follows:

- To enhance the impact of SBMH programs by facilitating the improvement of service delivery mechanisms as well as quality of care.
- Additionally, evaluation efforts will assist programs in obtaining grant funding to support the services they provide and to assist the DESE in identifying targeted training needs of SBMH program staff as well as school personnel who work day-to-day with students with disabilities (e.g., special education teachers).

Program Evaluation Framework: Developing a framework for the evaluation of the SBMH program should include the following three components:

- **Structure Evaluation:** Concerns the organizational characteristics of the program: its human, physical, and financial resources. Structure evaluation standards include (but are not limited to) mission, goals, outcomes, and service modalities.
- **Process Evaluation:** Concerns implementation of the program, barriers and facilitators to implementation, population served, and services utilized. Process evaluation standards include (but are not limited to) implementation, referral processes, and service utilization.
- **Outcome Evaluation:** Concerns the value of the program, achievement of objectives, positive and negative effects aside from its stated objectives, cost-effectiveness and sustainability. Outcome evaluation standards include (but are not limited to) program effectiveness, program impact, and sustainability.

Application of Program Evaluation Standards: SBMH programs will apply the Program Evaluation Standards and Framework and participate in data collection efforts with the DESE. The Program Evaluation Standards are a minimum set of standards that SBMH programs will apply to the particular populations, settings, and services characteristic of the program being evaluated. Users are encouraged to become involved in refinement of the standards by assessing and reporting on the adequacy of the standards when applied in program evaluations. The following methods of data collection include, but are not limited to the following:

- The Mental Health Planning and Evaluation Template (MHPET):
<http://ww2.nasbhc.org/RoadMap/MHPET/MHPETPaper.pdf>
- The School Health Assessment and Performance Evaluation (SHAPE):
<https://theshapesystem.com/>
- Program review (e.g., SBMH documents/partnerships, risk assessments, contracts, agreements, Medicaid claiming documentation, verification of licensing and practitioner insurance coverage, school district performance reports).
- Consultation and/or site-visit documentation provided by a DESE representative.
- Individual student-level measures (e.g., discipline referrals, absenteeism).
- Client satisfaction surveys (e.g., administrator, youth, and family).
- Staff-wide professional development opportunities.

V. Program Financial Sustainability: School-Based Mental Health Provider Enrollment Medicaid and Fiscal Sustainability

SBMH programs offer mental health services to all students and families not dependent upon Medicaid eligibility or private insurance coverage. However, issues related to funding are critical to the development and expansion of SBMH services. All potential funding sources should be considered when managing a SBMH program. A SBMH program cannot sustain itself based on just one funding source.

Historically, Arkansas schools have used the SBMH Medicaid Provider Manual to claim reimbursement for services provided to students by a licensed mental health provider employed by the school district. The Division of Medical Services (DMS) discontinued the SBMH Medicaid Provider Manual, effective January 1, 2023. Arkansas schools should refer to the Counseling Services Provider Manual for school-based claiming, which can be found here: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhumanservices.arkansas.gov%2Fwp-content%2Fuploads%2FCNSLSERV_II.doc&wdOrigin=BROWSELINK.

Historically, recipients of services have required a written or verbal referral for SBMH services by a PCP as outlined in the Outpatient Behavioral Health system guidelines. Effective 1/1/2024, a referral from PCP will not be required to bill for Counseling Level Services. <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhumanservices.arkansas.gov%2Fwp-content%2Fuploads%2F240118.doc&wdOrigin=BROWSELINK>

Medicaid Claiming: In order to claim Medicaid reimbursement for mental health services, a school district must be enrolled as a provider. This is accomplished by submitting a provider enrollment application to Medicaid upon the DESE's approval of the district's SBMH application. Medicaid-enrolled districts are eligible to receive reimbursement for the indicated service per the Counseling Services Medicaid Provider Fee Schedule, which can be found here: <https://humanservices.arkansas.gov/wp-content/uploads/CNSLSERV-fees.pdf>

Medicaid in the Schools (MITS) is a special program within the School Health Services Unit at the DESE. Once a school district has acquired the DESE SBMH certification, the district should engage the regional MITS advisor to assist with the Medicaid provider enrollment process. MITS is available to assist through the provider enrollment process and may act as a liaison to the state Medicaid offices.

The Arkansas Medicaid Provider Enrollment Application Packet may be found at: <https://humanservices.arkansas.gov/wp-content/uploads/ApplicationPacket.doc>.

Instructions for completing the Medicaid Provider application can be found at the following link: <https://docs.google.com/document/d/1v2MZcxWKiFyFKzoPgleksVafzGfqfhPBTO46Kl9IGwA/edit>.

The completed Arkansas Medicaid Provider Enrollment Application should be emailed to ade.medicaidintheschools@ade.arkansas.gov. MITS will review for accuracy and submit to provider enrollment. An application fee is required.

Medicaid Provider Enrollment Unit, Gainwell Technologies, processes all provider applications. Upon approval, individual providers will receive a letter from the Department of Human Services (DHS) Division of Medicaid Services with the district's assigned provider number. Once the district receives provider enrollment confirmation, the district may begin claiming Medicaid reimbursement. For provider enrollment assistance, contact Gainwell Technologies at 800-457-4454 or the SHS Office at 501-683-3600.

School districts that receive reimbursement from Medicaid for SBMH services are required to use state and local funds to pay the 29.9% federal financial participation (FFP) match payment to DESE on a quarterly basis. For Medicaid purposes, mental health services provided to students on behalf of the school are considered school-based if the LMHP is employed by the district, thus must generate match on behalf of the school district. Otherwise, mental health services provided to students by outside agency provider would not require match to be paid by the school.

Private Insurance: When a student has private insurance, as well as Medicaid, the school district must make a reasonable attempt to secure payment for services from the private insurance company before submitting a claim to Medicaid.

Documentation: All documentation must be available to representatives of DHS, Office of Medicaid Inspector General (OMIG), the DESE, and the designated Quality Improvement Organization (QIO) at the time of an audit/review. All documentation must be available at the provider's place of business. A provider will have 30 (thirty) days to submit additional documentation in response to a request, unless otherwise noted. For detailed documentation guidelines, refer to Section III (p. 6) of this document, as well as Section 226.100 of the Counseling Services Provider Manual:

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhumanservices.arkansas.gov%2Fwp-content%2Fuploads%2FCNSLSERV_II.doc&wdOrigin=BROWSELINK.

Grant and Private Foundations: In order to sustain and expand current services, school districts and mental health partners should actively pursue grant opportunities (i.e. DESE, Substance Abuse & Mental Health Services Administration (SAMHSA), CDC, Health Resources and Services Administration (HRSA), and others) through ongoing research and communication with potential funding sources at the national and community level. Many health programs are sponsored by private foundations (i.e. Wal-Mart, Federal Express, Blue & You Foundation). It is the responsibility of school districts and mental health partners to make attempts to obtain resources from the private sector to sustain or expand services.

VI. Procedural Steps for SBMH Certification

All school districts that wish to participate as a DESE certified SBMH program are required to submit an application for review and approval by the DESE **every five years**. The application demonstrates a commitment to a collaborative partnership between the district and the mental health provider(s).

Applications are reviewed by the DESE's office of School Health Services within 15 days of submission and are evaluated for adherence to SBMH Program standards and requirements, quality, and completeness. Once the application has been reviewed, the office of School Health Services will either approve or return the application to the district for edits. Once the DESE approves the application, a letter of certification is sent to the applying school district superintendent, documenting certification of their program.

In addition to the DESE Certification application, schools must also complete a Medicaid provider enrollment application. The Medicaid in the Schools team will assist districts with the provider enrollment application process. MITS contact information may be found here: <https://dese.ade.arkansas.gov/Offices/learning-services/school-health-services/arkansas-medicaid-in-the-schools>

Procedural Steps:

- **Completion of SBMH Survey** (*see Attachment A*). School team and personnel will complete the SBMH Survey.
- **Complete and submit the SBMH Application Packet** (*see Attachment B*). School team and personnel will complete the application packet. The packet is submitted to the DESE, Office of School Health Services and reviewed within 15 days. The Office of School Health Services issues a letter of certification to the superintendent, valid for a five year period.
- **Completion of Medicaid provider enrollment application:** The Arkansas Medicaid Provider Enrollment Application may be accessed at the following link: <https://humanservices.arkansas.gov/wp-content/uploads/ApplicationPacket.doc>. The completed Medicaid Provider Enrollment Application and a copy of the SBMH certification approval letter is submitted via MITS to Provider Enrollment at Medicaid for the schools to bill for services.

Program Evaluation and Review: After the program has been implemented, a formal interview and review may be conducted to evaluate the program. A representative from the DESE's Office of School Health Services may review the district/mental health provider policy and procedures, forms, clinical files, staffing patterns and interview all personnel involved in the program.

Attachment A
SCHOOL-BASED MENTAL HEALTH
BASELINE SURVEY

Arkansas Department of Education
SCHOOL-BASED MENTAL HEALTH
BASELINE SURVEY

ONLY FOR INITIAL CERTIFICATION

(Survey to be completed for each campus)

District: _____

School: _____

LEA #: _____ Date: _____

CSH Coordinator/LEA Supervisor: _____

Individual Completing Survey/Title: _____

Does the district currently have School-Based Mental Health services?

Yes No Not Sure

If yes, please name the provider(s): _____

Select the type of district/provider relationship that has been established:

Provider is a school employee Provider is on a purchase service agreement

(If Applicable) Purchase Service Contract is with an:

Individual Agency Other: _____

What services are provided? (Check all that apply)

Individual Therapy

Group Therapy

Family Therapy

Case Management

Parenting Education

Other *(Please list):* _____

How often are services provided?

- Daily
- Weekly
- Other

Describe the location of services.

Is there a research component to the current program?

- Yes
- No
- Not Sure

(If yes, name the instrument being used): _____

Are the current services being provided satisfactory?

- Not Satisfactory
- Satisfactory

Please list other providers (as appropriate) that are present on campus:

Is the district in need of training on mental health problems and interventions? Yes No

If yes, please identify areas of need: _____

Please submit any additional comments:

School Staff Signatures (Superintendent, Principal, School Nurse, School Counselor)

Superintendent: Signature

Date

Superintendent: Printed Name

Principal: Signature

Date

Principal: Printed Name

School Nurse: Signature

Date

School Nurse: Printed Name

School Counselor: Signature

Date

School Counselor: Printed Name

Please email or mail this document to the following contact:

ade.schoolhealthservices@ade.arkansas.gov

with the subject line of: SBMH Medicaid Reimbursement Certification Application

The School Health Services Office
ATTN: SBMH Medicaid Reimbursement Certification Application
Four Capital Mall, Mail Slot #14
Little Rock, AR 72201

Attachment B

School-Based Mental Health Service Providers Certification Application

**School-Based Mental Health Medicaid Reimbursement
Certification Application**

Each school district and prospective mental health partner must complete this application in its entirety in order to be considered for approval. This packet will precede the school district application to Arkansas Medicaid via MITS. Medicaid will not approve a provider number to a school district without a letter of approval from the Arkansas Department of Education. This packet must be submitted to the DESE regardless of the school district's intention to bill for Medicaid-related school-based mental health services.

The packet serves a dual purpose. Section I is information for the district/educational service cooperative to submit as a Provider. Section II is to be completed for each individual practitioner working in the program. Consideration will not be given to incomplete applications, and each must include original signatures and dates.

Section I: District Information

District Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Special Education Supervisor: _____

Phone: _____ E-mail: _____

Contact Person for Program (Designated SBMH Coordinator)

Name/Title: _____

Phone: _____ E-mail: _____

Medicaid Billing Designee

Name/Title: _____

Phone: _____ E-mail: _____

<p>Caseload to be Served</p> <p>List the total number of students per category in this section.</p>	<p>K-12 population: _____ Preschool Population: _____</p> <p>ALE Population: _____ Other: _____</p> <p>Expected Clinician:Total Student Population ratio: _____</p> <p>Expected Clinician:Caseload ratio: _____</p>
<p>Program Type (Circle one)</p>	<p>Model 1: Mental Health Agency Partnership</p> <p>Model 2: School-Employed Provider</p> <p>Model 3: School-Employed Provider/Mental Health Agency Partnership</p> <p>*If Model 1 or Model 3 is selected; list the agency partnership(s) below:</p>
<p>Service Location & Frequency of Service</p> <p>A dedicated, private space for the delivery of mental health services must be established, and established times of service must be made available.</p>	<p>Describe the location of services in each building, and the days/hours of service that will be provided.</p>

<p>Confidentiality</p> <p>Detail how documentation and communication between provider, family, and school staff will be kept confidential.</p>	<p>Give detailed plans of how privacy and confidentiality will be ensured.</p>
<p>Service Delivery</p> <p>Mental health providers are expected to split their time between direct and indirect services. See p. 5 in this manual for a detailed description of direct and indirect services.</p>	<ol style="list-style-type: none"> 1. List the direct services (70%) that will be offered. 2. List the indirect services (30%) that will be offered.
<p>Crisis Services</p>	<p>The Counseling Services Provider Manual states the provision of emergency services as 24 hours/7 days/12 months as noted in section 210.100. Please outline the plan to meet this provision.</p>

<p>Treatment Integrity</p> <p>See p. 11-12 of this manual for a detailed description of the evaluation of program integrity.</p>	<p>Outline the plan that will be in place to monitor the efficacy of the treatment provided in the SBMH program.</p>
<p>Program Integrity</p> <p>See p. 11-12 of this manual for a detailed description of the evaluation of program integrity.</p>	<p>Outline the plan that will be in place to monitor the efficacy of the overall program.</p>
<p>Program Financial Sustainability</p> <p>All potential funding sources should be considered when managing a SBMH program.</p>	<p>Outline the plan that will be in place to achieve and maintain program financial sustainability (include school funding sources, Medicaid/private insurance, grant funding, foundation funding, how the funding will be utilized, etc).</p>

STATEMENT OF ASSURANCES

The undersigned public education agency (school district), as a provider of School-Based Mental Health (SBMH) services approved to receive Medicaid reimbursement for services provided to the under age 21 Medicaid population, agrees to the following assurances in order to ensure quality and continuity of care:

PROVIDER STAFF OR CONTRACTED PROFESSIONALS: Employees or contractors engaged as Licensed School-Based Mental Health Practitioners will meet specific qualifications for their services. Furthermore, such practitioners will provide services only in those areas in which they are licensed or credentialed.

SERVICES: As a provider of SBMH services, the public education agency agrees to provide, either through employees or contractors, mental health services in a manner consistent with the Counseling Services Medicaid Provider Manual.

LIABILITY INSURANCE: Each practitioner will be covered by liability insurance.

CONTINUITY OF CARE/SERVICES: As a public education agency, we agree to work cooperatively with other providers of services to children and youth. Parental consent will be obtained, either by the public education agency prior to providing SBMH services. We further agree to work collaboratively to coordinate delivery of mental health services with other sources of similar services and care. We will make appropriate disclosure consistent with privacy and confidentiality rights of the treatment plan to all parties involved, according to HIPAA/FERPA regulations. This includes the sharing of “need to know” information between the public education agency and mental health provider, which may contain, but is not limited to the student’s diagnosis, social and behavioral functioning information, testing results, and familial information.

NON-REFUSAL REQUIREMENT: As a provider of SBMH services, we will not refuse services to an eligible recipient under age 21 in a school setting unless, based upon the primary mental health diagnosis, the provider does not possess the services or program to adequately treat the recipient’s mental health needs. SBMH services are available to any student in need regardless of Medicaid or third party eligibility.

COMPREHENSIVE INTAKE ASSESSMENT: Recipients of SBMH services will receive a documented comprehensive intake assessment before services begin.

RECORD KEEPING: All medical records that support the provision of medical services shall be completed promptly, filed and retained by the school district in which the child attends school. The records must be available for audit by the Division of Elementary and Secondary Education, and/or Arkansas Division of Medical Services (Medicaid).

CONFIDENTIALITY: All aspects of the SBMH services will comply with regulations regarding client privacy and confidentiality. Space for the delivery of personal client services will guarantee privacy and confidentiality. Records of all SBMH clients will be maintained in locked files and access will be regulated in accordance with confidentiality requirements, according to HIPAA/FERPA regulations.

DOCUMENTATION: The public education agency will properly maintain records for each child receiving SBMH services.

Superintendent: Signature

Date

Superintendent: Printed Name

Practitioner of SBMH Services: Signature

Date

Practitioner of SBMH Services: Printed Name

Designated of SBMH Coordinator: Signature

Date

Designated SBMH Coordinator: Printed Name

Section II: Practitioner Information

The following items must be submitted by each practitioner in order to complete the DESE's SBMH Certification process. Please return all of these documents with the Certification Application.

Note: Section II form **MUST** be completed per provider employed by the district. Section II forms **MUST** be updated throughout the duration of the five-year certification period to reflect changes in provider staffing.

- Current Resume of Practitioner**
- Copy of Practitioner's Current State License/Certification (showing expiration date)**
- Practitioner's Board Certifications** (If applicable)
- Copy of Practitioner's Diploma**
- If Applicable, Current Professional Liability Face sheet** (must indicate applicant as the insured, policy period and coverage amounts with minimum limits of \$1,000,000.)
- Practitioner Profile**
- Explanation of any malpractice suits or licensing boards actions**

Practitioner Profile

Name/Credentials: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

NOTE: If “YES” is checked, please explain fully on a separate sheet. Documentation is required if you have malpractice claims pending or settled in the past five (5) years (include any settlements/adjudications, original complaint and final disposition).

1. **Health Status:** Do you currently have any physical, mental, or emotional conditions which may impair your ability to render the professional services which are the subject of this application? YES NO
 - a. Do you currently use illegal drugs or abuse drugs or alcohol? YES NO
2. **Insurance Coverage:** Have you ever been denied professional liability insurance or initially refused upon application? YES NO
3. **License/Certification:** Has your professional license/certification in any state ever been revoked, suspended, placed on probation, conditional status, or limited? YES NO
 - a. Have you ever voluntarily surrendered your license/certification? YES NO
 - b. Are formal charges pending against you at this time? YES NO
4. **If Applicable: Hospital Privileges:** Has any hospital ever dismissed you from its staff? YES NO
 - a. Has any hospital ever revoked, suspended, or limited your privileges? YES NO
 - b. Has any hospital initiated either type of aforementioned action by formal notice to you? YES NO
 - c. Has any hospital refused or denied you privileges? YES NO
 - d. Have you ever voluntarily surrendered your hospital privileges? YES NO
5. **If Applicable: Hospital Sanctions:** Have you ever surrendered your clinical privileges upon threat of censure, restriction, suspension or revocation of such privileges? YES NO
6. **Professional Membership(s):** Has your membership in any professional society or association ever been canceled, revoked, or censured? YES NO

7. **Medicare/Medicaid:** Have you ever been fined, had an arrangement suspended, been expelled from participation or had criminal charges brought against you by Medicare or Medicaid? YES NO

8. **Criminal Offences:** Have you ever been convicted of a felony or involved in charges relating to moral or ethical turpitude? YES NO
 - a. Have you ever been named as a defendant in any criminal proceedings?
YES NO

9. **Board Discipline:** Have you ever been the subject of disciplinary proceedings by any professional association or organization (i.e., state licensing board, certification board, county, local school board, state or national professional society, hospital medical or clinical staff)? YES NO

10. **Malpractice Action:** Has any malpractice action against you been brought or settled in the past 5 years or has there been any unfavorable judgement(s) against you in a malpractice action? YES NO
 - a. To your knowledge, is any malpractice action against you currently pending?
YES NO
 - b. Have you ever been a defendant in any lawsuit involving your practice where there has been an award or payment of \$50,000 or more? YES NO

Attestation/Participation Statement

I fully understand that if any matter stated in this application is or becomes false, _____ (district) will be entitled to terminate my employment as a School-Based Mental Health Practitioner. All information that is being submitted by me in this application is warranted to be true, correct and complete.

I authorize _____ (district) to consult with the State licensing board(s), educational institutions, specialty boards, malpractice insurance carriers, hospitals, and professional references from whom/which information may be needed to complete the credentialing process or to obtain and verify information concerning my membership, professional competence, character, and moral and ethical qualifications. I also authorize all of them to release such information to _____ (district). I release _____ (district) and its employees and agents and all those whom _____ (district) contacts from any and all liability for their acts performed in good faith and without malice in obtaining and verifying such information and in evaluating my application to provide school-based mental health services.

Signature

Date

Printed Name

For assistance with this application, please contact:

Lindsay McGhee, M.Ed.
School-Based Mental Health Coordinator
Division of Elementary and Secondary Education
School Health Services
Arkansas Department of Education
4 Capitol Mall, Room 305-B, Slot 14
Little Rock, AR 72201
Office: 501.682.5727
Mobile: 501.813.0103
E-mail: lindsay.mcghee@ade.arkansas.gov

OR

Dana Bennett, RN
Assistant Director, MITS
Division of Elementary and Secondary Education
School Health Services
Arkansas Department of Education
Office: 866-900-2001 ext. 4003
Mobile: 479-495-1469
Email: dana.bennett@ade.arkansas.gov

Please email complete application as a single PDF file to:
ade.schoolhealthservices@ade.arkansas.gov
with the subject line of: SBMH Medicaid Reimbursement Certification Application.

OR

Mail completed application to:
The School Health Services Office
ATTN: SBMH Medicaid Reimbursement Certification Application
Four Capital Mall, Mail Slot #14
Little Rock, AR 72201