

REPLICA

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MENTAL HEALTH
BUREAU OF CHILDREN'S SERVICES
May 20, 1992**

SUBJECT: Importance of Involving the School District
When Residential Treatment is Being Recommended
for Children and Adolescents

TO: OMH Area Directors
OMH Children's Specialists
County MH/MR Administrators
County CASSP Coordinators

FROM: Connie Dellmuth, Director

The purpose of this memorandum is to explain to the mental health system how the education part of residential treatment must be coordinated.

As we are working out the mechanics of adding residential treatment for medical assistance eligible "mental health only" children and adolescents as a Medicaid-reimbursed service, we have learned several important facts about how the education piece must fit. This is particularly true because of Pennsylvania's recently adopted revised special education regulations and standards.

The programs which now are enrolled in Medicaid as residential treatment providers, or which may become enrolled, fall into several different categories for the purpose of providing an education program. Each of these "categories" require slightly different procedures. However, the bottom line is that in EVERY case of a medical assistance/mental health placement, the school district which is responsible for educating the child (i.e., the district of residence where the child's legally responsible parent or guardian lives) MUST participate in the decision to place the child for residential treatment AND agree to be responsible for educational costs. This applies even to children who have been residing in state mental hospitals and are being discharged to a residential treatment program.

If the residential treatment program is an Approved Private School (APS), the responsible school district must agree to request an appropriate day program at the

APS. The Department of Education will recover some portion of the costs for the APS placement from the school district.

If the residential treatment program is not an APS, there are two options:

1. The child lives in the residential treatment program but is educated in the school district where the residential program is located. In this case, the school district of residence reimburses the receiving school district consistent with the Public School Code.
2. The child lives in and requires an education program from the residential treatment facility. In this case, the responsible school district may contract with the residential treatment facility on an individual basis for students who are exceptional and require special education.

The Department of Education does not have the authority to require a school district to purchase an educational program. However, a district which declines to participate in the educational costs of a residential treatment program may otherwise be faced with the higher costs of an APS residential placement, if no appropriate alternative can be arranged. Thus, school districts have an incentive to cooperate with mental health agencies that are prepared to pay the non-educational costs of placement. School districts are likely to be most open to cooperation if they are approached early. Therefore, it is in our interests, as well as being in the interests of the young people we serve, for us to involve school districts at the earliest possible time when residential treatment is being recommended.

Please make sure that case managers, intensive care managers, and mental health providers understand the importance of working with the appropriate school district at the beginning of developing a treatment plan, so that the education issues are successfully resolved.

cc: Mr. Thompson
Mr. Breslin
Mr. Chambers/Mr. Martin
Dr. Tucker/Mr. Tommasini
Mr. Champagne/Mr. Helling
Ms. Leisch
Control
CD/gg/CD-003