

In- Support LD 2002

Senator Rafferty, Representative Brennan, and honorable members of the Education & Cultural Affairs Committee,

I'm Joanne Grant. I have been in the behavioral health field for 28 years and at one point, practiced as a school-based clinician myself. I am currently the Chief Growth Officer at Sweetser and I oversee school-based programs as part of my role. I am here today to speak in favor of LD 2002.

Sweetser places licensed professionals in schools at no cost to the school district. They bill the student's insurance but the reimbursement rate only covers the actual face to face time that the clinician spends in session with the child. There is so much more to the position than simply back to back therapy sessions.

It requires full integration within a school setting and a number of key activities that we as a provider simply cannot bill for. This creates a gap that we can't fill without your support and without passing this legislation.

Here are some of the non-billable activities:

- We meet families where they're at; not just in the school setting. The time the clinician spends commuting to/from to see clients and their families is not reimbursable and some clinicians in rural areas travel up to an hour or more round trip.
- Unless the documentation is completed during the clients' session the time to edit and complete the documentation is not considered reimbursable time.
- Conversations/meetings with teachers, primary care physicians, psychiatrists, Case Managers, other school personnel such as the school nurse, school social workers and counselors as well as school administrators when a child is in crisis are not considered reimbursable time.
- If a child is in crisis and a crisis worker is called, the School – based Clinician's time is considered not reimbursable because the crisis worker is present but often the client/family request that the clinician stay because of the trust established.
- School personnel must obtain permission to refer before handing off the referral to a School – based Clinician then the clinician needs to make calls to prospective clients/guardians to schedule the intake appointment. Calling the client/families that first time can be time-consuming because they often have questions and concerns about what the service entails. Then there's ongoing maintenance to manage schedules. Our clinicians often chase families for consent and plan approval paperwork, sometimes meeting in parking lots to get it.

- Reviewing clients' charts in preparation for a session. Staying on top of all communication from clients, families, schools, the organization, and others in order to be prepared for each session. All are not reimbursable.
- School – based Clinicians must maintain the proper number of CEU's and supervision hours to meet licensing requirements and to be trained in the most current Evidenced – based Practices are all consider non-billable time.
- There are a number of insurance barriers that result in unbilled time. Obtaining insurance authorizations can be time consuming and iff a session is interrupted or isn't long enough it can't be billed.
- Making referrals for other support services and following up on those referrals including calling to find out eligibility requirements and how long the waitlists are.

We need to cover these critical activities. Thank you for your time and for your consideration.

Happy to answer any questions.

Sincerely,
Joanne Grant, LCPC, LADC, CCS
Chief Growth Officer