Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students (OPTION A)

~~The Board of Education will seek Medicaid reimbursement for eligible medically related services provided to Medicaid eligible special education students in accordance with federal and state law.~~

The Board of Education (Board) will seek Medicaid reimbursement for eligible medically related services* provided to Medicaid eligible special education students in accordance with federal and state law. The Board shall enroll as a provider in the state medical assistance program, participate in the Medicaid School Based Child Health Program administered by the Department of Social Services, and submit billable service information electronically to the Department of Social Services, or its billing agent.* The Board may enter into an agreement with a third party or another board of education to comply with these requirements.

***Optional:** The Board of Education, having a student population of less than one thousand students, may conduct a cost benefit analysis in a form prescribed by the Commissioner of Social Services to determine whether the cost to participate in the medical assistance program exceeds the revenue that would be generated for the Board. The Board, if exempted from the requirements of this policy after such cost benefit analysis, shall complete and submit such analysis to the Commissioner of Social Services every three years in order to remain exempt.

The Board shall provide written notification to all parents and guardians of children who are Medicaid eligible and currently receiving School Based Child Health (SBCH) services under an individualized education plan (IEP) prior to obtaining parental consent and prior to the continuation of billing Medicaid for the services. The Board will obtain parental consent from all parents and guardians who are Medicaid eligible and receiving SBCH services under an IEP, in order to access their public benefits or insurance to pay for services under the IDEA.

*Note: *Districts can bill for health-related services that are outlined in the student's IEP. In general, services for which a school district may bill Medicaid are: audiologist services, evaluation and testing, nursing services, occupational therapy, physical therapy, speech therapy, psychological services and social work services.*

Legal Reference: Connecticut General Statutes

10-76d Duties and powers of boards of education to provide special education programs and services. State agency placements; apportionment of costs. (as amended by June 2017 Special Session PA 17-2, Sec. 51 and PA 18-182) ~~Relationship of insurance to special education costs. (As amended by P.A. 99-279 An Act Concerning Programs and Modifications Necessary to Implement the Budget Relative to the Department of Social Services.)~~

42 CFR Parts 431, 433 and 440, Medicaid Program; Elimination of Reimbursement Under Medicaid for School Administration Expenditures and Costs Related to Transportation of School-Age Children Between Home and School

5.299, The Medicare, Medicaid & SCHIP Extension Act of 2007

34 C.F.R. §300.154(d) – Individuals with Disabilities Act (IDEA)-Part B,

related to parental consent to access public benefits or insurance

Policy adopted: October 6, 1999
Revised:

BRISTOL PUBLIC SCHOOLS
Bristol, Connecticut

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students (OPTION B)

~~The Board of Education will seek Medicaid reimbursement for eligible medically related services provided to Medicaid eligible special education students in accordance with federal and state law.~~

The District as required shall determine a child's Medicaid enrollment status of each student who requires special education. Not later than December 1, 2017, the Board shall enroll as a provider in the state medical assistance program, participate in the Medicaid School Based Child Health Program administered by the Department of Social Services, and submit billable service information electronically to the Department of Social Services, or its billing agent.

If any child is eligible for Medicaid, but not a current Medicaid recipient, the District shall request that the parent or guardian of that child apply for Medicaid.

If any child is eligible for Medicaid, the District shall request that the parent or guardian of that child give written permission to allow the district to request Medicaid reimbursements for eligible health-related special education costs.

The Board shall provide written notification to the parent/guardian of the student before accessing the student's or parent's or guardian's public benefits or insurance for the first time and prior to the one-time parental or guardian consent and annually thereafter.

The Board shall provide written notification to all parents and guardians of children who are Medicaid eligible and currently receiving School Based Child Health (SBCH) services under an individualized education plan (IEP) prior to obtaining parental consent and prior to the continuation of billing Medicaid for the services. The Board shall obtain parental consent from all parents and guardians who are Medicaid eligible and receiving SBCH services under an IEP, in order to access their public benefits or insurance to pay for services under the IDEA.

If permission described above is received, the district will submit claims to the State Department of Administrative Services for reimbursement of any eligible health-related cost.

If permission described above is denied, the district will terminate its efforts to secure Medicaid reimbursements otherwise applicable to the child.

It is understood that in order to be eligible to receive Medicaid reimbursements, the district must, with prior written parental or guardian permission, bill all financially liable third parties for school-based child health services provided to children. This requirement pertains to all special education students, including, but not limited to Medicaid-eligible students.

If parental or guardian permission described above is denied, the district will terminate its efforts to secure third party insurer reimbursements, including Medicaid.

Note: *Districts can bill for health-related services that are outlined in the student's IEP. In general, services for which a school district may bill Medicaid are: audiologist services, evaluation and testing, nursing services, occupational therapy, physical therapy, speech therapy, psychological services and social work services.*

Legal Reference: Connecticut General Statutes

10-76d Duties and powers of boards of education to provide special education programs and services. State agency placements; apportionment of costs. (as amended by June 2017 Special Session PA 17-2, Sec. 51)

42 CFR Parts 431, 433 and 440, Medicaid Program; Elimination of Reimbursement Under Medicaid for School Administration Expenditures and Costs Related to Transportation of School-Age Children Between Home and School

5.299, The Medicare, Medicaid & SCHIP Extension Act of 2007

34 C.F.R. §300.154(d) – Individuals with Disabilities Act (IDEA) Part B, related to parental consent to access public benefits or insurance

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students

~~The Board of Education will seek Medicaid reimbursement for eligible special education and medically related services provided to Medicaid eligible special education students in accordance with federal and state law utilizing the following procedures:~~

~~1. The planning and placement team will determine, for each student who requires special education services and for each student who is referred to special education, if that child is enrolled in or eligible for Medicaid.~~
~~2. If any child is eligible for Medicaid, but not a current Medicaid recipient, the Board will request and assist the parent or guardian of that child with applying for Medicaid.~~
~~3. If any child is eligible for Medicaid, the Board will request that the parent or guardian of the child give written permission to allow the Board to request Medicaid reimbursements for eligible special education and health related special education costs.~~
~~A. If written permission described is received, the Board will submit claims to Medicaid through the regional education resource center (RESC), for reimbursement of any health related costs.~~
~~B. If written permission is denied, the Board will terminate its efforts to secure Medicaid reimbursements otherwise applicable to the child.~~
~~4. Whether the parent or guardian refuses or gives consent to the Board to access Medicaid, reimbursement is strictly optional.~~
~~5. Whether the parent or guardian refuses or gives consent to the Board to access Medicaid reimbursement, the child will receive all special education services to which he/she is entitled without delay, at no cost to the parent or guardian.~~

The Board of Education (Board) authorizes the superintendent or designee to seek Medicaid reimbursement for eligible medically related services provided to Medicaid-eligible special education students in accordance with federal and state law. The services for which the Board may bill Medicaid include audiologist services, evaluation and testing, nursing services, occupational therapy, physical therapy, speech therapy, psychological services, and social work services.

The Board will utilize the following procedures:

1. **Eligibility Determination:** The superintendent/designee shall determine, for each student who requires special education services and for each student who is referred to special education, if that child is eligible for Medicaid.

2. **One-Time Written Consent:** The superintendent/designee shall obtain a one-time written consent from the parent or guardian, after providing the written notification described below, before accessing the student's, the parent's, or the guardian's public benefits or insurance for the first time. This consent must specify:

    - The personal identifiable information (PII) that may be disclosed (records or service information);
    - The purpose of the disclosure (billing for services);
    - The agency to which the disclosure may be made (e.g., Department of Social Services/Medicaid); and
    - That the parent or guardian understands and agrees that the District may access their public benefits or insurance to pay for services.

3. **Written Notification:** The superintendent/designee shall provide written notification to parents or guardians before accessing public benefits for the first time and annually

thereafter. The notification must explain all protections available under Part B of the Individuals with Disabilities Act (IDEA). The notice must be in understandable language and in the native language of the parent or guardian unless clearly not feasible.

4. **Application Assistance:** If a child is eligible for Medicaid but not a current recipient, the superintendent/designee shall request and assist the parent or guardian with the application process.
5. **Reimbursement Requests:** For Medicaid-eligible children, the superintendent/designee will request written permission to seek reimbursement for health-related special education costs.
    - If permission is granted, claims will be submitted through the State Department of Administrative Services (DAS).
    - If permission is denied, the Board will terminate efforts to secure Medicaid reimbursements for that child.

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students (continued)

6. **Voluntary Participation:** Parental consent to access Medicaid is strictly optional. Refusal to provide consent does not relieve the Board of its responsibility to provide all required special education services at no cost to the parent or guardian.
7. **Exemption for Districts with Fewer Than 1,000 Students*:** Per C.G.S. 10-76d(a), a Board with a student population of less than one thousand may elect not to participate in the Medicaid reimbursement program if a cost-benefit analysis determines that administrative costs exceed potential revenue.
    - **Submission Process:** This analysis must be performed on the form prescribed by the Commissioner of Social Services.
    - **Three-Year Re-verification:** To maintain an exempt status, the Board must re-conduct and submit this cost-benefit analysis to the Commissioner of Social Services every three years.
    - **Documentation:** The District shall maintain a record of the most recent submission and approval of exemption to ensure compliance during state audits.

Legal Reference: Connecticut General Statutes

10-76d Duties and powers of boards of education to provide special education programs and services. State agency placements; apportionment of costs. (as amended by P.A. 99-279 An Act Concerning Programs and Modifications Necessary to Implement the Budget Relative to the Department of Social Services and PA 18-182.)

1-266 to 1-286**:** Uniform Electronic Transactions Act (permitting electronic filing and signatures).

42 CFR Parts 431, 433 and 440, Medicaid Program; Elimination of Reimbursement Under Medicaid for School Administration Expenditures and Costs Related to Transportation of School-Age Children Between Home and School

34 C.F.R. §300.154(d) – Individuals with Disabilities Act (IDEA) Part B, related to parental consent to access public benefits or insurance

Regulation approved: October 6, 1999 Bristol Public Schools

3231
Form

Consent Form for Accessing Parent(s) /Guardian(s) or Student's Public Benefits or Insurance for Health-Related Services in Student's Individualized Education Program (IEP)

This consent form allows the _____ (*School District*) to bill your or your child's public benefits or insurance for covered health-related services (such as physical therapy or speech therapy) in your child's Individualized Education Program (IEP). The funds received from your or your child's public benefits or insurance help pay for the cost of providing these services.

Student's Rights to Special Education*

- ✓ Your child's right to receive the services listed in his or her IEP will continue, without interruption and at no cost to you, whether or not you sign this form.
- ✓ Giving consent will not impact your or your child's public benefits or insurance coverage.
- ✓ You have the right to refuse consent or withdraw your consent at any time.

This consent form allows the _____ (School District) to Access Parent(s)/Guardian(s) or Student's Public Benefits or Insurance for Student's Health-Related Educational Services

Student's Name: _____ _____ _____
Last Name *Middle Name* *First Name*

Student's Date of Birth: _____ **Student's SASID#** _____

The school district is seeking permission to access your or your child's public benefits or insurance and to release the following personally identifiable information in order to do so. ***(to be filled out by the school district)***

What records are being disclosed? (such as, records or information about the services that may be provided to a particular child	**What is the purpose of the disclosure of the records? (such as, eligibility determination, billing for services and auditing)**	**To what agency are the records being disclosed? (such as Medicaid)**

☐ I have reviewed my child's IEP dated: _____ I understand and agree to give my consent for _____ (School District) to bill my or my child's public benefits or insurance, in accordance with state and federal laws, for health-related educational services in my child's IEP. By signing this consent I authorize the _____ (School District) to release my child's records (as indicated above) to my or my child's public benefits or insurance as necessary for the purposes indicated above. I understand that, upon request, I may receive copies of records disclosed pursuant to this authorization.

☐ I do not give my consent or am withdrawing my consent to the accessing of my or my child's public benefits or insurance and I do not consent or am withdrawing consent to the disclosure of the previously described personal data. I understand that my refusal does not affect my child's access to any service(S) to which he/she is entitled under the Individuals with Disabilities Education Act.*

Parent/Guardian Name and Signature:

_____ _____ _____
Print Name *Signature* *Date*

Parent/Child's Public Insurance Carrier: _____
Parent/Child's Benefit Identification Number: _____
Parent(s) Address: _____
Parent(s) Phone Number(s) _____

Note:

*Under the Individuals with Disabilities Education Act (IDEA), a school district may ask a parent for consent to access the parent's or their child's public benefits or insurance to pay for health-related services (such as physical therapy or speech therapy) set forth in their child's IEP (Individualized Education Program). Before accessing these benefits for the first time, the school district must provide written notification of information about the consent as well as obtain the parent's written permission to use these benefits. In addition, the school district must provide the parent with the written notification each year. You have the right to refuse such consent; should you refuse consent, your child will still receive all services set forth in their IEP at no cost to you.

***This form must be maintained and made available for audit purposes**