Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students

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. Pursuant to C.G.S. § 10-76d, because the District maintains a total student enrollment exceeding 1,000 students, the Board shall enroll as a provider in the state medical assistance program, participate in the Medicaid School-Based Child Health (SBCH) Program administered by the Department of Social Services (DSS), and submit billable service information electronically to the Department of Social Services, or its billing agent, in accordance with Connecticut's Uniform Electronic Transactions Act (C.G.S. § 1-266 et seq.) and federal HIPAA/FERPA privacy requirements.

The Board may enter into an agreement with a third party or another board of education to comply with these requirements. The Board realizes that such third-party vendor agreements are contingent upon receipt of sufficient funds that the Department of Social Services makes to boards of education based on Medicaid claims for special education services provided to District students. The Board shall ensure that any third-party billing vendors maintain strict data security and privacy protocols complying with state student data privacy laws (C.G.S. § 10-234aa et seq.).

The Board, as required, will determine a child's Medicaid enrollment status and will 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 obtaining one-time parental or guardian consent, and annually thereafter.

The Board will obtain one-time written 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. Electronic signatures and receipts shall be valid and acceptable for parental consent purposes pursuant to the Connecticut Uniform Electronic Transactions Act (C.G.S. § 1-266 et seq.).

*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, behavioral health 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)*
- 1-266 et seq. Connecticut Uniform Electronic Transactions Act (CUETA).
- 10-234aa et seq. Student Data Privacy.

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students

Federal Law:

- 42 CFR Parts 431, 433 and 440, Medicaid Program
- 5.299, The Medicare, Medicaid & SCHIP Extension Act of 2007
- 34 C.F.R. § 300.154(d) – Individuals with Disabilities Education Act (IDEA) Part B, related to parental consent to access public benefits or insurance
- Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g; 34 C.F.R. Part 99
- Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164

Policy adopted: March 6, 2014
Policy revised: May 3, 2018
Policy revised: September 6, 2018
Policy revised: [Insert 2026 Board Approval Date]

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students

The Board of Education (Board) will, as required, determine a child's Medicaid enrollment status and 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, behavioral health services, and social work services.

Because District enrollment exceeds 1,000 students, participation in the Department of Social Services (DSS) School-Based Child Health (SBCH) Program is mandatory under C.G.S. § 10-76d. (Districts with 1,000 or fewer enrolled students may opt out upon formal notification to DSS; this opt-out exemption does not apply to the District).

The Board shall enroll as a provider in the state medical assistance program, participate in the Medicaid SBCH Program administered by the Department of Social Services, and submit billable service information electronically to the Department of Social Services, or its billing agent. All electronic data exchanges, filings, and parental consent logs shall comply with the Connecticut Uniform Electronic Transactions Act (CUETA) and federal FERPA/HIPAA privacy guidelines. The Board may enter into an agreement with a third party or another Board of Education to comply with these requirements. The Board realizes that such third-party vendor agreements are contingent upon receipt of sufficient funds from the Department of Social Services to Boards of Education based on Medicaid claims for special education services provided to District students.

The Board will utilize the following procedures:

1. The Board of Education will 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. The Board will obtain a one-time written consent from the parent or guardian, after providing the written notification described below, before accessing the student's or the parent's or guardian's public benefits or insurance for the first time. Consent may be executed via standard written signature or validated electronic signature in compliance with state electronic transaction standards**.** This consent must specify the following:

    A. The personally identifiable information that may be disclosed (such as records or information about the services that may be provided to a particular student);

    B. The purpose of the disclosure (such as billing for services);

    C. The agency to which the disclosure may be made (such as Medicaid/DSS and its billing agents); and

    D. That the parent or guardian understands and agrees that the District may access the student's, or the parent's or guardian's public benefits or insurance to pay for the services.

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students (continued)

3. The Board will provide written notification to the student's parents or guardians before accessing the student's or the parent's or guardian's public benefits or insurance for the first time and prior to obtaining the one-time parental or guardian consent and annually thereafter. The written notification must explain all of the protections available to parents and guardians under Part B of the Individuals with Disabilities Education Act, as described in 34 C.F.R. § 300.154(d)(2)(v), to ensure that parents or guardians are fully informed of their rights before the District can access their or their child's public benefits or insurance to pay for services under the IDEA. The notice must be written in language understandable to the general public and in the native language of the parent or guardian or other mode of communication used by the parent or guardian, unless it is clearly not feasible to do so.

4. 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.

5. 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 health-related special education costs.

    - A. If written permission described is received, the Board will submit claims to Medicaid through the state billing framework for reimbursement of any health-related cost.

    - B. If written permission is denied, the Board will terminate its efforts to secure Medicaid reimbursements otherwise applicable to the child.

6. Whether the parent or guardian refuses or gives consent to the Board to access Medicaid, reimbursement is strictly optional for the parent/guardian.

7. 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.

8. 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.

    - A. The written notification shall be provided prior to the student's Planning and Placement Team (PPT) meeting or prior to first billing.
    - B. The parent or guardian shall complete and sign the consent form (physically or electronically) at or following the PPT meeting.
    - C. Once the District obtains this one-time consent, it is not required to obtain any further parental or guardian consent in the future. However, written notification must be provided annually.

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students (continued)

9. Audit Readiness and Record Retention: To satisfy state municipal audit standards, DSS program guidelines, and state records retention schedules, the District shall maintain all signed parental consent forms, electronic signature logs, annual written notifications, and billing records in a centralized, secure audit-ready filing system for a minimum of seven (7) years or until completion of any pending state/federal audit.

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)*
- 1-266 et seq. Connecticut Uniform Electronic Transactions Act (CUETA).
- 42 CFR Parts 431, 433 and 440, Medicaid Program
- 5.299, The Medicare, Medicaid & SCHIP Extension Act of 2007
- 34 C.F.R. § 300.154(d) – Individuals with Disabilities Education Act (IDEA) Part B, related to parental consent to access public benefits or insurance

Regulation approved: March 6, 2014
Regulation revised: May 3, 2018
Regulation revised: September 6, 2018
Regulation revised: [Insert 2026 Board Approval Date]

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Summary of Specific Legal & Operational Updates

- District Enrollment Threshold & Opt-Out Clarification: Explicitly noted in Policy 3231 and Regulation R3231(a) that because district enrollment exceeds 1,000 students, participation in the DSS Medicaid SBCH Program is legally required under C.G.S. § 10-76d, clarifying why small-district opt-out provisions are not applicable here.
- CUETA Electronic Filing Provisions: Embedded reference to the Connecticut Uniform Electronic Transactions Act (C.G.S. § 1-266 et seq.) allowing electronic billing, electronic records storage, and digital parent signatures.
- Data Security & Privacy Protections: Integrated statutory references to FERPA, HIPAA, and Connecticut's Student Data Privacy Act (C.G.S. § 10-234aa et seq.) regarding third-party billing vendors.
- Audit Readiness Protocol: Added item #9 to R3231(b) establishing a mandatory 7-year retention rule for consent forms and notifications to ensure readiness for municipal and state audits.
- Standardized Parental Consent Form: Added a standard written/electronic consent template under R3231(c) designed for audit verification.

APPENDIX: STANDARDIZED PARENTAL CONSENT FORM
(Medicaid School-Based Child Health Program / Municipal Audit Compliant)

NEW FAIRFIELD PUBLIC SCHOOLS

Written Notification and Parental Consent to Access Public Benefits (Medicaid)

Student Name: _____ **DOB:** _____

SASID / District ID: _____ **Date:** _____

Background: Under the Individuals with Disabilities Education Act (IDEA), the New Fairfield Board of Education can seek reimbursement from Medicaid for covered health-related services provided in accordance with your child's Individualized Education Program (IEP).

Parent/Guardian Protections:

1. Giving consent will NOT affect your child's or family's Medicaid benefits, lifetime caps, or eligibility.

2. You will NOT incur any out-of-pocket costs or copays for special education services listed in the IEP.

3. Refusing or withdrawing consent will NOT delay or change your child's special education services.

4. Consent is voluntary and may be revoked in writing at any time.

Consent Authorization:

I understand and agree that the New Fairfield Board of Education may disclose my child's personally identifiable information (including IEP records, evaluation reports, and service logs) to the Department of Social Services (DSS) and its designated billing agent for the purpose of billing Medicaid/SBCH for covered health-related services.

☐ I GIVE CONSENT to access Medicaid reimbursement.

☐ I DENY CONSENT to access Medicaid reimbursement.

Parent/Guardian Signature: _____ **Date:** _____
(Electronic signatures compliant with C.G.S. § 1-266 are valid and accepted)