

Existing policy with modification based on S.S 17-2.

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students

The Board of Education (Board) ~~may~~ will seek Medicaid reimbursement for eligible medically related services* provided to Medicaid eligible special education students in accordance with federal and state law. ~~Not later than December 1, 2017, the~~ 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. ~~, effective December 1, 2017.~~ The Board realizes that such third-party vendor agreements ~~to provided that cost for the above services paid from, and~~ are contingent on receipt of sufficient funds from ~~, grants~~ the Department of Social Services makes to boards of education based on Medicaid claims for special education services provided to District students.

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 the one-time parental or guardian consent and annually thereafter.

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.

~~The Board will 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. After such date,~~ The Board will obtain parental consent from all parents and guardians who are Medicaid eligible and receiving **School Based Child Health (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 P.A. 99-279 An Act Concerning Programs and Modifications Necessary to Implement the Budget Relative to the Department of Social Services as amended by June 2017 Special Session PA 17-2, Sec. 51)

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students

Legal Reference: Connecticut General Statutes (continued)

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: March 6, 2014
Policy revised:

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Existing regulation modified based on S.S. PA 17-2.

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students

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~~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. The Board may enter into an agreement with a third party or another Board of Education to comply with these requirements. ~~, effective December 1, 2017.~~ The Board realizes that such third-party vendor agreements ~~to provide that cost for the above services paid from,~~ and are contingent on receipt of sufficient funds from, ~~grants~~ the Department of Social Services makes 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. 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); 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.
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 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.

Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students (continued)

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 Department of Administrative Services 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.
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.
 - B. The parent or guardian shall complete and sign the consent form at 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.

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 as amended by June 2017 Special Session PA 17-2, Sec. 51)

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Business/Non-Instructional Operations

Medical Reimbursement for Special Education Students

Legal Reference: Connecticut General Statutes (continued)

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

Regulation approved: March 6, 2014
Regulation revised:

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

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**

**Billing Medicaid for Health-Related Services in Student's
Individualized Education Program (IEP)
Information and Answers for Families**

Why are school districts billing Medicaid?

The Individuals with Disabilities Education Act (IDEA) allows certain services provided under an Individualized Education Program (IEP) to be covered by Medicaid. Medicaid funds help pay for the costs of providing these services.

What can school districts bill Medicaid for?

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

Do school districts need parental consent to bill Medicaid?

Yes. Before billing Medicaid for the first time, the school district must ask for your permission to bill your or your child's public benefits or insurance to pay for your child's related services under the IDEA. School districts are required by the Family Educational Rights and Privacy Act (FERPA) to obtain parental consent before sharing information about a student. This includes sharing personally identifiable information about a student to Medicaid. To receive funding from Medicaid to help pay for the cost of services, the school district must have parental consent to bill Medicaid.

Can parents withdraw their consent to bill Medicaid?

Yes. Parents have the right to withdraw their consent at any time.

If consent is not given by parents to bill Medicaid, will their children still receive IEP services?

Yes. Districts are required to provide all IEP services, at no cost to parents, even if the district cannot bill Medicaid. A school district may not require parents to sign up for or enroll in public insurance programs in order for their child to receive a free, appropriate education under IDEA, Part B.

If school districts bill Medicaid, will Medicaid services that parents or guardians receive outside school be affected?

No. Medicaid services received outside school and the child's IEP are authorized separately. The district may not use your child's benefits under a public benefits or insurance program if that use would result in a decrease of any other insured benefit; result in the family paying for services that would otherwise be covered by a public benefits or insurance program and that are required for the child outside of time the child is in school; result in discontinuation of coverage; or result in the risk of loss of eligibility for home and community based waivers based on aggregate health-related expenditures.

If medical service benefits are affected, families may contact HUSKY Health at 1-800-859-9889 (Monday – Friday, 9 a.m. – 7 p.m.).

If behavioral health service benefits have been affected, families may contact the Connecticut Behavioral Health Partnership at 1-877-552-8247 (Monday – Friday, 9 a.m. – 7 p.m.).

Are school districts required to notify parents? If so, how often must parents be notified?

As the parent or guardian of a student who has or may have a disability, you have certain rights under federal and state law. Your child’s school district must provide you with written notification of these rights regarding parental consent prior to accessing your public benefits or insurance for the first time and annually thereafter. **This document serves as your written notification.**

Where can parents get more information about this?

The U.S. Department of Education website at: <http://www2.ed.gov/policy/speced/reg/idea/part-b/part-b-parental-consent.html>.

School: _____

Address: _____

Telephone: _____

Website: _____