



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.

Notification Form for the Use of Public Benefits or Insurance for School-Based Service

School:

Address:

Phone:

Web Site:

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.

Continued ►

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 US Department of Education Web site at <http://www2.ed.gov/policy/speced/reg/idea/part-b/part-b-parental-consent.html>.



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.

Consent for 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)
Records and information relating to	Eligibility, determination, billing for	State of CT Medicaid Agency (DSS)
The student's IEP	Services, and auditing	

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*



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

January 29, 2016

Dear Parent/Guardian:

The purpose of this letter is to let you know about the School Based Child Health (SBCH) program. Your child may be receiving special education services, such as speech therapy, counseling, or physical therapy in their school under SBCH.

Here are three things you should know about SBCH:

1. Your school district may be eligible to receive federal money through the SBCH program which helps pay for special education services.
2. A school district may receive SBCH money only if the parental consent form is signed by the parent or legal guardian.
3. Signing the consent form will have no effect on your child's Medicaid health coverage for services outside of school.

If you do not sign the consent form, it will not affect the services your child receives in school. School districts are required to provide a free and appropriate public education, including all services listed in your child's Individualized Education Plan (IEP).

The SBCH program is an important source of funding for your school district. We appreciate your assistance in this program and hope that you will consider the importance of signing the parental consent form and submitting it to your child's school district.

Please feel free to contact your school district's special education department if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Kate McEvoy".

Kate McEvoy, Esq.
Director

Division of Health Services

KM/kmb