

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
SBCH PROGRAM - REIMBURSEMENT AND CON
55 FARMINGTON AVENUE · HARTFORD, CT 06105-3725
Phone: 860-424-5386 Fax: 860-424-4812

September 27, 2016

Dear SBCH Participating School District:

As part of the School Based Child Health program, schools are required to identify statistics (snapshots) that are used as allocation percentages in the district's annual Cost Report (currently applied to administrative and direct service costs). This request is for the data that will be used to calculate these percentages for use in the 2016-2017 school year Cost Report. Please provide data as of **October 3, 2016**. Districts may complete the table found at the bottom of this notice or may complete the attachment. It is important to note submitting information pertaining to Transportation (those items below in red) is optional:

***Important note regarding Transportation statistics:** Transportation statistics only need to be completed if the district has maintained/retained transportation logs to record/determine the following during the 2016-2017 school year:

- a. Student(s) who rode the bus to school and received IEP-prescribed SBCH covered health services on the identified day;
 - b. Specialized Transportation Monitor(s) costs that will be reimbursed through the administrative claim;
 - c. Driver(s) costs that will be reimbursed through the administrative claim
- Districts who have chosen not to implement the use of transportation logs will be unable to seek reimbursement for transportation costs for the period of 2016-2017 under the SBCH program.
 - Transportation costs will be claimed as an administrative cost.

Please also note this is the first statistics request that includes the 504 Plan Students (those items below in blue). This is a proposed expansion of the SBCH program which is in the process of being submitted and reviewed by CMS. These details will be included in the three statistics collections for the 2016-2017 school year. You do not have to claim the 504 Plan Students if you wish, and accordingly the statistics would not be submitted for those details in your district.

If you are working with a vendor, you are encouraged to consult with them regarding this data collection request. Please note that Business Managers (whose information is on file with DSS) and vendors are included in this email distribution for informational purposes.

Table Notes:

- **Total District Students:** This total should include all students who are enrolled in the LEA on the dates listed above, including those attending out of district schools where the LEA is financially responsible for the student.
- **Total District Medicaid Students:** This total should include all students who are Medicaid eligible in the LEA on the dates listed above, regardless of whether parental consent has been obtained, including those attending out of district schools where the LEA is financially responsible for the student.

- **Total Students with medical services included in IEP's :** This total should include all students (both Medicaid eligible and non-Medicaid) who are enrolled in the LEA on the dates listed above (including those attending out of district schools where the LEA is financially responsible for the student) who have at least one SBCH covered direct service provided in their IEP. This number should include both Medicaid and non-Medicaid students in the LEA on the dates listed *above*, including out of district placements, no matter what the status of Parental Consent (on file or not on file) is with the district.
- **Total Medicaid Students receiving medical services per their IEP and for whom you have Parental Consent on file:** This total should include **only Medicaid eligible students** who are enrolled in the LEA on the dates listed above, including those attending out of district schools where the LEA is financially responsible for the student, who have at least one SBCH covered direct service provided in their IEP and for whom the district has Parental Consent on file. Districts **SHOULD NOT** include those students for whom the district does not seek Medicaid reimbursement, or for whom the district does not have Parental Consent on file to seek Medicaid reimbursement as of the dates listed above.
- **Total SpEd Students with Transportation:*** This total should include all SpEd students (both Medicaid eligible and non-Medicaid) who are enrolled in the LEA on the dates listed above who have at least one SBCH covered direct service provided in their IEP. This number should include both Medicaid and non-Medicaid students in the LEA on the dates listed above no matter what the status of Parental Consent is with the district.
- **Total Medicaid SpEd Students with Transportation listed in the IEP: *** This total should include only Medicaid eligible SpEd students enrolled in the LEA on the dates listed above who have at least one SBCH covered direct service provided in their IEP and for whom the district has Parental Consent on file. Districts should not include those students for whom the district does not seek Medicaid reimbursement, or for whom the district does not have Parental Consent on file to seek Medicaid reimbursement as of the dates listed above.
- **Total Students with SBCH approved services included in 504 Plans:** This total should include all students (both Medicaid eligible and non-Medicaid) who are enrolled in the LEA on the dates listed above (including those attending out of district schools where the LEA is financially responsible for the student) who have at least one SBCH covered direct service provided in their 504 Plans. This number should include both Medicaid and non-Medicaid students in the LEA on the dates listed *above*, including out of district placements, no matter what the status of Parental Consent (on file or not on file) is with the district.
- **Total Medicaid Students receiving SBCH approved services per their 504 Plans and for whom you have Parental Consent on file:** This total should include **only Medicaid eligible students** who are enrolled in the LEA on the dates listed above, including those attending out of district schools where the LEA is financially responsible for the student, who have at least one SBCH covered direct service provided in their 504 Plan and for whom the district has Parental Consent on file. Districts **SHOULD NOT** include those students for whom the district does not seek Medicaid reimbursement, or for whom the district does not have Parental Consent on file to seek Medicaid reimbursement as of the dates listed above.

- Total Medicaid Students with Transportation listed in the 504 Plan:** * This total should include only Medicaid eligible students enrolled in the LEA on the dates listed above who have at least one SBCH covered direct service provided in their 504 Plan and for whom the district has Parental Consent on file. Districts should not include those students for whom the district does not seek Medicaid reimbursement, or for whom the district does not have Parental Consent on file to seek Medicaid reimbursement as of the dates listed above.

Connecticut Medicaid School Based Child Health Snap Shot Quarterly Statistics	
Provider Name:	<input type="text"/>
LEA Code:	<input type="text"/>
Cost Reporting Period End:	
6/30/2017	
Collection Date:	
10/3/2016	
Total District Students	
Total District Medicaid Students	
Total Students with medical(1) services included in IEP's	
Total Medicaid Students receiving medical(1) services included in IEP's WITH Parental Consent on file	
Total SpEd Students with Transportation	
Total Medicaid SpEd Students with Transportation listed in IEP	
Total Students with SBCH approved services in 504 plans	
Total Medicaid Students receiving SBCH approved services in 504 plans WITH Parental Consent on file	
Total Medicaid Students with Transportation listed in 504 plan	
<i>(1) Medical necessary services may include the following: audiology services, clinical diagnostic laboratory services, medical services provided by licensed physicians, physician assistant, or nurse practitioners, mental health services (Psychological & Counseling Services), nursing services, occupational therapy, physical therapy, respiratory care services, speech/language services, optometric services.</i>	

Please return this information to DSS via email no later than **Friday, November 4, 2016**.

Should you have any questions, please feel free to contact me.

Thank you