



Brookfield Public Schools

Office of Special Services



Dear Parents:

I am writing to ask for your support regarding a new State mandate regarding Medicaid reimbursement participation, and Connecticut school districts. The recent State of Connecticut budget implementation language requires that all public school districts participate in the CT School Based Child Health (SBCH) program. The SBCH program provides a share of federal funds to enrolled district, for services that we are providing to students.

The legislation reads as follows:

1076d (a)(2) Not later than December 1, 2017 each local and regional board of education shall (A) enroll as a provider in the state medical assistance program, (B) participate in the Medicaid School Based Child Health Program, administered by the Department of Social Services, and (C) submit billable service information electronically to the Department of Social Services, or its billing agent.

The attached informational form and consent form will provide you further information about the type of services, for both 504 and IEP students that may be eligible for reimbursement. It's also important to be aware that this process in no way impacts your child's current benefits or school services.

Should you have any questions, please contact our office at (203)775-7752.

Sincerely,

Gina M. Wygonik
Director of Special Education



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: Brookfield Public Schools

Address: 100 Pocono Rd.
Brookfield, CT 06804

Phone: (203)775-7752

Web Site: www.brookfieldps.org

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 STUDENT'S PUBLIC BENEFITS (HUSKY) FOR
HEALTH-RELATED SERVICES IN STUDENT'S IEP/504 PLAN

Student Name:

Student Date of Birth:

Brookfield Public Schools participates in the Connecticut Medicaid School-Based Child Health Program (SBCH). The SBCH program allows school districts to receive state and federal funding for services that are provided to eligible students who receive special education related health services listed in their IEP or 504 plan and qualify for Medicaid (HUSKY) benefits.

This one-time consent form allows the school district to seek reimbursement from the state for eligible students who have a covered health-related service as part of the student's IEP or 504 plan.

- Examples of these services are: Occupational Therapy, Physical Therapy, Speech-Language, Hearing services, Psychological Services, Social Work, Nursing, and Individual Assessments/Evaluations as recommended by the Planning and Placement Team.
- If your child receives any of the above services and qualifies for Medicaid (HUSKY) benefits at any time during the school year, **we request your permission to release information to access school-based Medicaid (HUSKY) reimbursement for the school district.**
- Information to the state Medicaid agency may include student's name, date of birth, Medicaid ID, as well as dates and services provided.
- Any reimbursement received from the Medicaid program does not affect or impact other benefits to which my child is entitled, including any eligible services outside of school, other state programs and/or Medicaid waivers. **There is NO cost to the family, now or in the future.**
- The school district will provide all services to your child whether or not you provide written consent. Consent is voluntary and you have the right to withdraw this consent at any time.

☐ I GIVE MY CONSENT to allow the school district to access and seek reimbursement for SBCH eligible services prescribed in my student's IEP/504 plan.

☐ I DO NOT give my permission to allow the school district to access and seek reimbursement for SBCH eligible services prescribed in my student's IEP/504 plan.

Signature

Date Signed