



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.

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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>.

