

Medical Reimbursement for Special Education Students

The Bethany Public School District (District) may seek Medicaid reimbursement for eligible medically related services provided to Medicaid eligible special education students in accordance with federal and state law.

The District, having a student population of less than one thousand (1,000) students, may conduct a cost-benefit analysis in a form prescribed by the Commissioner of Social Services to determine whether the cost to participate in the medical assistance program exceeds the revenue that would be generated for the District. The District, if exempted from the requirements of this regulation after such cost-benefit analysis, shall complete and submit such analysis to the Commissioner of Social Services every three (3) years in order to remain exempt.

If the District determines through the cost-benefit analysis that reimbursement is feasible for the District, the following procedure will be utilized:

1. The Planning and Placement Team (PPT) 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 District will obtain a one-time written consent form from the parent/guardian, after providing a written notification described below, before accessing the student's or the parent's/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/guardian understands and agrees that the District may access the student's or the parent's/guardian's public benefits or insurance to pay for the services.
3. The District will provide written notification to the student's parent/guardian before accessing the student's or the parent's/guardian's public benefits or insurance for the first time and prior to obtaining the one-time parental/guardian consent and annually thereafter. The written notification must explain all of the protections available to parents/guardians under Part B of the Individuals with Disabilities Education Act (IDEA), as described in 34 C.F.R. § 300.154(d)(2)(v) to ensure that parents/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/guardian or other mode of communication used by the parent/guardian unless it is clearly not feasible to do so.
4. If any child is eligible for Medicaid, but not a current Medicaid recipient, the District will request and assist the parent/guardian of that child with applying for Medicaid.

5. If any child is eligible for Medicaid, the Superintendent or designee will request that the parent/guardian of the child give written permission to allow the District to request Medicaid reimbursements for eligible health-related special education costs.
 - a. If written permission described is received, the District 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 District will terminate its efforts to secure Medicaid reimbursements otherwise applicable to the child.
6. Whether the parent/guardian refuses or gives consent to the District to access Medicaid, reimbursement is strictly optional.
7. Whether the parent/guardian refuses or gives consent to the District to access Medicaid reimbursement, the child will receive all special education services to which the child is entitled without delay, at no cost to the parent/guardian.
8. The District will provide written notification to all parents/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 continuation of billing Medicaid for the services. After such date, the District will obtain parental consent from all parents/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 PPT meeting.
 - b. The parent/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/guardian consent in the future. However, written notification must be provided annually.

Legal References: Connecticut General Statutes § 10-76d, as amended
42 C.F.R. Parts 431, 433, and 440, Medicaid Program
5.299, The Medicare, Medicaid & SCHIP Extension Act of 2007
34 C.F.R. §300.154(d) - Individuals with Disabilities Act (IDEA)-Part B

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