



## Annual Notification and Consent for Reimbursement

### **Introduction:**

Federal law (34C.F.R. 300.154) ensures that medical assistance pays for IEP health related services. Minnesota law (MS 125A.21) requires school districts to seek reimbursement from insurers and similar third parties for Individualized Education Program (IEP) health related services. IEP health related services may include assessments/evaluations and services for speech/language/hearing, occupational therapy, physical therapy, nursing, personal care assistance, assistive technology devices, interpreter services, special transportation, and mental health. This Minnesota law helps school districts access more funding for students with disabilities. To comply with the law, School District 622 is required to give you this notice/form at least one time per year (**PART B NOTICE OF PROCEDURAL SAFEGUARDS PARENTAL RIGHTS FOR PUBLIC SCHOOL SPECIAL EDUCATION STUDENTS**).

### **Consent:**

The District must obtain consent to seek reimbursement for IEP health related services from parents, or legal guardian. The Minnesota Department of Education (MDE) has indicated that consent may be obtained through the school district consent form, or the Minnesota Health Care Program (MHCP) enrollment/re-enrollment form for medical assistance or MinnesotaCare (MA/MC).

We will not bill your private insurance. If you have a combination of MA/MC and private insurance we will receive a statewide denial from MDE, or your insurance company, before billing MA/MC.

### **Notification:**

School District 622 will access Medical Assistance (MA) or MinnesotaCare (MC) for reimbursement for IEP health related services that a child receives. There will be NO cost to the family and this will NOT affect the MA/MC coverage, including TEFRA, waived programs, service limits or thresholds. The District may not require a family to sign up for MA/MC.

Parents, or legal guardians, may ask for a copy of the records disclosed to the Minnesota Department of Human Services (DHS) and the United States Department of Health and Human Services (DHHS).

Consent may be revoked, in writing, at any time without affecting a child's services. Revocation is not retroactive.



**PART B NOTICE OF PROCEDURAL SAFEGUARDS  
PARENTAL RIGHTS FOR PUBLIC SCHOOL  
SPECIAL EDUCATION STUDENTS**

**WRITTEN ANNUAL NOTICE RELATING TO THIRD PARTY BILLING FOR IEP  
HEALTH-RELATED SERVICES**

Before billing Medical Assistance or MinnesotaCare for health-related services the first time, and each year, the district must inform you in writing that:

1. The district will share data related to your child and health-related services on your child's IEP with the Minnesota Department of Human Services to determine if your child is covered by Medical Assistance or MinnesotaCare and whether those services may be billed to Medical Assistance or MinnesotaCare.
2. Before billing Medical Assistance or MinnesotaCare for health-related services the first time, the district must obtain your consent, including specifying the personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided), the purpose of the disclosure, the agency to which the disclosure may be made (i.e., the Department of Human Services) and which specifies that you understand and agree that the school district may access your (or your child's) public benefits or insurance to pay for health-related services.
3. The district will bill Medical Assistance or MinnesotaCare for the health-related services on your child's IEP.
4. The district may not require you to sign up for or enroll in Medical Assistance or MinnesotaCare or other insurance programs in order for your child to receive special education services.
5. The district may not require you to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for health services provided, but may pay the cost that you otherwise would be required to pay.
6. The district may not use your child's benefits under Medical Assistance or MinnesotaCare if that use would: decrease available lifetime coverage or any other insured benefit; result in your family paying for services that would otherwise be covered by the public benefits or insurance program and that are required for the child outside of the time your child is in school; increase your premiums or lead to the discontinuation of benefits or insurance; or risk your loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.
7. You have the right to receive a copy of education records the district shares with any third party when seeking reimbursement for IEP health-related services.

You have the right to stop your consent for disclosure of your child's education records to a third party, including the Department of Human Services, at any time. If you stop consent, the district may no longer share your child's education records to bill a third party for IEP health-related services. You can withdraw your consent at any time, and your child's IEP services will not change or stop.