



Schools and MOHealthNet

Information and Answers for Families

How do I know if I have MO HealthNet coverage for my child?

MO HealthNet would have sent a “MO HealthNet ID Card” and a letter about covered health services for your child. MO HealthNet would have also sent a packet to help you pick a managed care health plan for your child.

If you have questions, you can call MO HealthNet 1-800-392-2161.

Why are schools billing MO HealthNet for some health services provided to students?

Health services schools provide to students with IEP’s are very costly. Schools can bill MO HealthNet to help cover some of those costs. Money the school saves can be used for education.

Does the school need my permission to bill MO HealthNet for some health services my child gets at school?

Yes. You must give permission to the school before the school can bill MO HealthNet.

Will my child get the health services listed in the IEP if I do not give permission for the school to bill MO HealthNet?

Yes. Schools must provide all services listed in the IEP.

What services can the school bill to MO HealthNet?

If your child has an IEP and meets certain rules, the school can bill MO HealthNet for costs for:

- speech-language therapy
- occupational therapy
- physical therapy
- behavioral health services
- one-on-one nursing
- personal care attendant
- hearing services
- special transportation

If the school bills MO HealthNet, can other health care providers also bill MO HealthNet for services provided to my child?

Yes. Your child’s health care providers can still bill MO HealthNet for their services even on the same day.

What happens to my child’s MO HealthNet coverage if I give permission for the school to bill MO HealthNet?

Your child’s MO HealthNet coverage remains the same.



For questions please call 1-800-392-2161

NOTICE TO PARENTS/GUARDIANS
PARENTAL CONSENT TO ACCESS PUBLIC BENEFITS OR INSURANCE
(E.G. MEDICAID)

For a number of years, Missouri has participated in a federal program called Medicaid School-Based Services. The program helps school districts by providing partial reimbursement for some medically related services listed on a student's individualized educational program (IEP). Under the Individuals with Disabilities Education Act (IDEA), school districts are permitted to seek payment from public insurance programs such as Medicaid (called MO HealthNet in Missouri) for some IEP services provided at school.

In 2013, the requirements under the IDEA changed to be less burdensome for parents/guardians and schools. Before a school district may access your public insurance for the first time and every year thereafter, school districts must provide parents/guardians with written notification. So what does that mean?

What will you be asked to do?

You will be asked to give your consent in writing one time to release information from your child's education records, including information about the services your child receives through the IEP. This information is being released for the purpose of billing MO HealthNet and seeking partial payment for some medically related IEP services under the IDEA.

What type of information will be in the consent form?

The consent form must tell you the personally identifiable information that may be disclosed, such as your child's name, date of birth, Social Security number (if provided), Medicaid number or other identification, disability type, IEP and evaluations, types of services, times and dates of service, and progress notes. The consent form must also tell you the purpose of the disclosure (e.g., payment from MO HealthNet) and the agency that will get the information.

What does it mean if you give your consent?

By consenting, you state you understand and agree that your MO HealthNet insurance will be billed to partially pay the cost of IEP services and that the necessary information about your child and the IEP services may be shared with the MO HealthNet Division, a contracted billing agent, and/or a physician to obtain necessary supporting documentation (e.g., physician scripts, referrals) in order to access your MO HealthNet benefits.

Can you be required to enroll with the MO HealthNet Division (MHD) for public insurance?

You cannot be required to sign up for or enroll in public insurance for your child to receive a free appropriate public education, including IEP services.

Will your consent affect your family's MO HealthNet benefits?

No. Reimbursed services provided by your school district do not limit coverage, change eligibility, affect benefits, or count against visit or funding limits in MO HealthNet programs.

What if you change your mind?

You have the right to withdraw consent to disclose your child's personally identifiable information to the MO HealthNet Division for billing purposes at any time.

Will your consent or refusal to give consent affect your child's IEP services?

No. Your school district must provide all required IEP services to your child at no cost to you, whether you give consent or refuse to give consent for purposes of the school accessing your MO HealthNet benefits.

What if you have a question?

Please call Nixa Public Schools Special Services Department with questions or concerns.

Director: Ms. Karen McKnight

Assistant Director: Ms. Dawnielle Baker

Office Telephone: (417) 724-6263

Address: 301 S. Main St, Nixa MO 65714

One-Time Parent/Guardian Consent to Access Public Benefits and Release Personally Identifiable Information

(Parental consent is obtained once, but notification is done every year)

With your consent, your school district is allowed to seek reimbursement from the MO HealthNet (Medicaid) Division for the purpose of payment for some services provided through an individualized education program (IEP) under the Individuals with Disabilities Education Act (IDEA) by accessing your or your child's public benefits.

School District Name: Nixa Public Schools

Student's Full Name: _____ Date of Birth: _____

The MO HealthNet (Medicaid) School-Based Services Program in Missouri:

- ☐ Provides partial reimbursement to school districts for services such as occupational therapy, physical therapy, speech/language therapy, behavioral health services, audiology/hearing services, private-duty nursing, personal care services and transportation.
- ☐ Does not affect a family's MO HealthNet (Medicaid) insurance benefits.
- ☐ Helps school districts offset some of the costs of healthcare provided to children.
- ☐ Is voluntary and requires parents/guardians to provide written consent for a school district to release information about their child and seek reimbursement from MO HealthNet to help pay for services in an IEP under the IDEA.

If your child receives any of the services listed above and qualifies for MO HealthNet benefits at any time during a school year, we request your permission to release information to allow the school district to access MO HealthNet (Medicaid) to help pay for school-based services.

By signing below, you are indicating the following:

- ☐ I understand and give the school district permission to access my or my child's public insurance and release my child's education records and information about the services my child receives through the IEP in order to access MO HealthNet (Medicaid) to help pay for services under the IDEA.
- ☐ I understand this may include sharing information with the MO HealthNet Division (MHD), their contracted billing agent, and/or a physician to obtain necessary documentation (e.g., physician scripts, referrals) to receive partial reimbursement for services provided through an IEP.
- ☐ I understand information to be released may include: the child's name, date of birth, Social Security number (if provided), Medicaid ID or other identification, disability type, IEP and evaluations, types of services, times and dates services were delivered, and progress notes.
- ☐ I understand that this consent will remain in effect at all times the district is responsible for providing IEP services to my child unless revoked by me and that I may revoke my consent at any time by notifying the school district in writing.
- ☐ I understand that revoking my consent does not change the school district's responsibility to provide all required IEP services to my child at no cost to me.
- ☐ Before giving my consent below, I was provided with a written notice telling me more about parental consent and the purpose of this form.
- ☐ My consent authorizes the school district to access benefits beginning August 1, 2025.

APPROVE

Parent/Guardian Name (Printed or Typed) _____ Date _____

Parent/Guardian Signature _____

DECLINE

_____ Please initial