



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Annual Notification of Parental Medicaid Consent

This notice serves to inform parents of children receiving special education services of the consent requirements regarding access to Medicaid and other public benefits. Federal regulations pursuant to the Individuals with Disabilities Education Act (IDEA) allow public agencies to use Medicaid and other public benefits in which a child participates to pay for qualifying special education services. The regulations require local educational agencies (LEAs) and other public agencies to obtain parental consent the first time that a Medicaid claim for reimbursement is submitted and to also provide this notice the first time and annually thereafter.

The Office of the State Superintendent of Education (OSSE) and your LEA are eligible to receive federal Medicaid reimbursement for certain health related services provided to your child pursuant to your child's IEP. Medicaid funds may be used to help pay for these special education related services when they meet state Medicaid requirements and are provided in accordance with your child's IEP. Health related services may include the following:

- Audiology Services/Assessment
- Behavioral Support Services
- Nutrition
- Occupational Therapy/Assessment
- Speech-Language Pathology Services/Assessment
- Orientation and Mobility/Assessment
- Physical Therapy Services/Assessment
- Psychological Evaluation
- Skilled Nursing Services
- Special Education Transportation Services

In order for OSSE or your LEA to receive federal reimbursement for these services, information about your child must be submitted to the District of Columbia Department of Health Care Finance (DHCF), which coordinates reimbursement claims for Medicaid benefits. Information about your child cannot be sent to DHCF without your prior consent. Please note that if your consent is provided, DHCF would not be allowed to use information about your child for any purpose other than Medicaid reimbursement for health related services and is required by law to keep your child's information confidential.

Parental Consent to Bill Medicaid

If you have previously given consent to OSSE or your LEA to access your child's or your public benefits or insurance to pay for health related services under IDEA, OSSE and the LEA are not required to obtain a new consent from you if the following two conditions are present:

1. There is no change in any of the following: the type of services to be provided to your child, the amount of services to be provided to your child (for example, hours per week lasting for the school year); or the cost of the services and
2. OSSE or your LEA has on file the consent you previously provided.

Though OSSE and your LEA are not required to obtain a new consent from you under the conditions outlined above, you will still receive this notification annually before OSSE or your LEA submits a claim for reimbursement from your public benefits or insurance program to pay for health related services (at no cost to you).

If OSSE or your LEA has not previously accessed your public benefits or insurance to pay for health related services that they provided to your child under IDEA at no charge to you or your child, they must first obtain your signed and dated written consent. OSSE or your LEA will provide you with a consent form for you to sign and date. Remember that OSSE and your LEA are only required to obtain your consent one time. The consent requirement has two parts:

1. Consent for disclosure of your child's personal identifiable information and records regarding the delivery of health related services to the state agency responsible for administering your state's public benefits or insurance program (i.e., DHCF) for the purpose of claiming reimbursement; and
2. A statement specifying that you understand and agree that OSSE or your LEA, as appropriate, may use your or your child's public benefits or insurance to pay for health related services under the IDEA.

Parental Rights:

- You are not required to enroll in Medicaid or any other public benefit program in order for your child to receive special education services, including health related services.
- You are not required to incur out-of-pocket expenses incurred in filing a claim for services.
- Neither OSSE nor your LEA will use Medicaid if that use would: (I) Decrease the available lifetime coverage or any other insured benefit; (II) Result in any cost to your family; (III) Increase premiums or lead to the discontinuation of benefits or insurance; or (IV) Risk any loss of your child's eligibility for home and community-based waivers, based on aggregate health-related expenditures.
- You have the right to withdraw your consent at any time, in writing, to the disclosure of personal identifiable information to DHCF.
- Your withdrawal of consent or your refusal to provide consent will not prevent your child from receiving special education services at the expense of OSSE or your LEA, including health related services.

Upon written request, you or your child may receive a copy of the information shared with DHCF.

CONTACT INFORMATION:

For additional information and guidance on the requirements governing the use of public benefits or insurance to pay for special education and related services see:

<http://www2.ed.gov/policy/speced/reg/idea/part-b/part-b-parental-consent.html>

For any questions or comments, please feel free to contact the OSSE Medicaid Unit by email or feel free to send us a letter.

Email: Medicaid.OSSE@DC.gov

Mailing Address:

Government of the District of Columbia

Office of the State Superintendent of Education

Division of Elementary, Secondary, and Specialized Education- Medicaid Recovery Unit

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