



7387 S. Campus View Drive
West Jordan, Utah 84084-5500
www.jordandistrict.org

Special Education
Lisa Robinson
Director
801-567-8374 Office
801-567-8090 Fax
lisa.robinson@jordandistrict.org

**Jordan School District
Health Services Department**

Kauri Sue Hamilton School
2827 West 13400 South, Riverton, Utah 84065
801-567-8515

Dear Parent of a Student in Special Education,

Jordan School District, along with all public school districts in Utah, has the opportunity to bill the state Medicaid program for partial reimbursement for health-related services provided to special education students. The monies received from Medicaid are used to pay for classroom staff, related services, and materials used in the provision of health related services. It is beneficial to your child's educational program for the district to access these funds.

In order to seek this reimbursement, we are required by federal regulations to notify you annually and also get your one-time written consent. This letter serves as your initial notification. With the new regulations, we only need to get your written consent one time, and it will remain in effect during the time your child receives special education services in Jordan School District. If you change your mind about Medicaid consent in the future, you may contact the Health Services Department at 801-567-8515.

Enclosed is a copy of the Medicaid Consent form. We are asking you to read, sign and return this form to the address listed above within 10 days. For confidentiality purposes, the consent form is being sent by the Jordan School District Health Services Office and the records will be maintained separate from your student's special education records. Your consent decision **does not** influence the services listed on the student's IEP.

Also enclosed is an information sheet that explains more about reimbursement for school-based services. **If you still have questions about the reimbursement purpose or process, please feel free to contact the Health Services Department at 801-567-8515.**

Please know that the revenue received through Medicaid reimbursements for school-based services has a significant impact on the services we are able to provide to special education students. Your attention to this request and willingness to return the enclosed consent form so that our district can comply with these new federal regulations and bill Medicaid is appreciated!

Sincerely,

Lisa Robinson
Director of Special Education



Medicaid Consent
Jordan School District
Health Services Department

Kauri Sue Hamilton School
2827 West 13400 South, Riverton, Utah 84065
Phone: 801-567-8515 Fax: 801-567-8521

Consent for Sharing Information and Billing Medicaid for Reimbursement for School Based Services

Dear Parents(s)/Guardian(s),

Our district, along with all other school districts and charter schools, have the opportunity to bill the Medicaid program for partial reimbursement of health-related services provided in the schools to special education students who are eligible for Medicaid.

If your child currently (or could in the future) receive any of the services listed in #2 below and/or qualifies for Medicaid benefits, we request your permission to bill your child's Medicaid insurance to receive reimbursement.

- 1. The district's participation in this reimbursement program DOES NOT affect or impact health insurance or other Medicaid covered services that are provided to your child or family outside of school. There is NO COST to the family, now or in the future.
2. Services must meet the requirements of the state's Medicaid program and be provided in accordance with the student's IEP. Reimbursable services include related services such as speech/language therapy, audiology, occupational therapy, physical therapy, self-help/personal care assistance, nursing, and/or social work/psychology.
3. We request your permission to share your child's first name, last name, date of birth, Medicaid number, date of service and the service being provided with Medicaid. This information is disclosed for billing purposes only in an effort to obtain partial Medicaid reimbursement for services provided to your student. Information is shared between Jordan School District and the state Medicaid agency through a secure-file transfer system and no other information is provided. Your student's social security number will not be used nor disclosed by the district for any purpose.
4. This consent will be valid for the duration of your student's attendance in the district, or until it is changed at your direction or he/she changes IEP services to the extent he/she does not meet the criterion for reimbursement. You have the right to refuse consent and you have the right to revoke consent to bill Medicaid. If you do not provide consent, the District will continue to provide the services but will not receive any Medicaid reimbursement for the services. If you grant consent and revoke it at a later time, the revocation will not be retroactive and the services performed during the time your consent was in place will still be billed to Medicaid.
5. Granting permission to bill Medicaid will positively impact the district's Special Education and Related Service program. Please indicate your consent decision, by signing and returning one copy of this form to the address listed above as soon as possible.

[] YES, I give Jordan School District permission to share my child's education and health-related information in order to bill Medicaid for health-related educational services.

[] NO, I do not give Jordan School District permission to share my child's education and health-related information in order to bill Medicaid for health-related educational services.

Student's Full Name

Date of Birth

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

School Based Health Related Services & Medicaid Billing

Frequently Asked Questions

Why are schools seeking payment from Medicaid?

The Medicare Catastrophic Coverage Act of 1988, Section 411(k)(12) permits Medicaid to pay for related services included in a Medicaid eligible recipient's IEP when the services are medically necessary and are covered in the Medicaid State Plan. Effective August 1, 1993, with the approval of CMS, Utah's Medicaid State Plan was amended to allow coverage of medically necessary services included in the IEPs of Medicaid eligible children ages 3 through 20. <http://healthutah.gov/medicaid/>

You can help by providing your written consent, which allows your school district to continue to participate in the School-Based Services program. To meet the educational needs of your student, taking advantage of all opportunities for reimbursement is extremely important.

What can schools bill Medicaid for?

Schools can only bill for medically-related services that are outlined in the student's IEP. The district receives partial reimbursement for providing the following services: Occupational Therapy, Physical Therapy, Speech Therapy, Orientation & Mobility, Assistive Technology Services, Psychological/Mental Health Services, Nursing and Health/Personal Care Services (positioning, feeding, medication administration, etc.). The funds received help cover the cost of staff who provide these services and the necessary materials.

How do schools use the reimbursement money they receive from Medicaid?

Reimbursement money that school districts receive is used to enhance programs for students with special needs by providing more funding resources for staff, equipment, and supplies.

Why is my student included?

The students who might be eligible for School Based Services reimbursement from Medicaid are:

- Students who receive 180 minutes or more special education services per day (90 minutes or more per day for kindergarten students).
- All preschool students who receive speech therapy, occupational therapy, physical therapy or school psychology or personal care services.

What information is shared with Medicaid?

The only information that is shared with Medicaid to access the funding is your child's last name, first name, date of birth, Medicaid ID number, date of service and the service being provided. This information is disclosed for billing purposes only in an effort to obtain partial reimbursement for services provided to your student.

How is the information shared?

This information is shared via Utah Health Information Network transactor (UHINt) using a secure connection. UHINt returns a Medicaid ID to us when your child is eligible for Medicaid services.

Is UHINt secure?

UHIN complies with the applicable portions of the HIPAA Privacy and Security rule, §164.306. More information is available at: <http://www.uhin.org/>

My student is not currently Medicaid eligible, why are you asking me for consent?

Jordan School District does not know who is or is not eligible for Medicaid until information is shared. This consent request is to share information to identify which students are Medicaid eligible. We are seeking consent from all students who fit the criterion described.

Medicaid eligibility changes from month to month. It is our policy to seek consent from any student who meets the criteria and might become Medicaid eligible at a future date.

Will the school's billing affect or impact my family's Medicaid benefits?

The School-Based Services program does NOT impact a family's Medicaid services, funds, or limits. Utah operates the School-Based Services program differently than the Family Medicaid program. The School-Based Services program **does not** affect your family's Medicaid benefits in any way.

Why is Jordan School District asking for consent now?

The District sought your consent through the IEP in the past. Recently, the U.S. Department of Education Office of Special Education and Rehabilitative Services (USDOE-OSERS) changed the consent requirements. Based on these changes, consent for sharing information and billing Medicaid is only necessary **one time** during your student's education in Jordan School District.

What if I want to change my consent decision?

This consent will be valid for the duration of your student's attendance in Jordan School District, or until it is changed at your direction, or he/she changes IEP services to the extent he/she does not meet the criterion for reimbursement. You have the right to refuse consent and you have the right to revoke consent to bill Medicaid. If you do not provide consent, the District will continue to provide the services but will not receive any Medicaid reimbursement for the services. If you grant consent and revoke it at a later time, the revocation will not be retroactive and the services performed during the time your consent was in place will still be billed to Medicaid. Please contact the Health Services Department at 801-567-8515 if you want to change your consent decision.

What if I don't give consent?

Your child's educational program is based on his/her educational needs as defined by the Individualized Education Program (IEP). Your consent decision will in no way impact his/her services. Based on individual student need, services are provided to all students with disabilities regardless of the Medicaid consent status. However, denial of consent affects the District's ability to access funds that benefit the education of students with disabilities.

Privacy Promise

We understand that your medical and health information is personal. Protecting your health information is important. Jordan District follows strict federal and state laws that require us to maintain the confidentiality of your health information.

More questions???
Contact the Health Services Department at 801-567-8515.