

Louisiana Believes

SCHOOLS BILLING MEDICAID

Questions and Answers for Families

Why do schools bill Medicaid?

The Individuals with Disabilities Education Act (IDEA) allows some health and medical services to be covered by Medicaid. When it is possible, school districts bill Medicaid and receive partial reimbursement for health services provided.

What can schools bill Medicaid for?

School districts can only bill for medically related services that are specified in the student's IEP. In general, services for which a school district may bill Medicaid are: audiology services, occupational therapy, physical therapy, speech therapy, behavioral health services, nursing services and specialized transportation.

Will my child's Medicaid benefits outside of the school be affected if the school district bills Medicaid?

No, there is no maximum on benefits for a child with a disability. Allowing the school district to bill for these services will not impact your Medicaid limits for any other services billed by a private provider. Medicaid services received outside of school and your child's IEP are authorized separately.

What do school districts do with the money they receive from Medicaid?

Money that school districts receive helps to compensate for the rising cost of health services and can be spent on hiring additional staff, health related equipment, and supplies.

Does the school district need my consent to bill Medicaid?

Yes, school districts are required by IDEA to obtain parental consent to disclose your child's information and bill Medicaid for services.

If I refuse, will my child receive his/her health related service?

Yes. School districts are required to provide all IEP services even if they cannot bill Medicaid, but remember, your consent provides the school with additional monies to enhance services provided to students with disabilities.

Annual Notice Regarding Medicaid Reimbursements

DATE

Student's Name

You have authorized Richland Parish School Board to share personally identifiable information about your child with Louisiana Medicaid and to seek reimbursement for the IEP/Medicaid covered health services that are provided at school.

This disclosure of personally identifiable information to Louisiana Medicaid and access to Medicaid reimbursement for the school district shall not result in any decrease in available lifetime coverage, shall not result in any cost to you or your family, shall not increase any premiums or lead to the discontinuation of your child's benefits or insurance, and shall not create any risk of loss of your child's eligibility for home and community-based waivers based on total health-related expenditures.

You may withdraw this consent in writing at any time. If you refuse consent or withdraw consent to allow access to the Medicaid benefits, it will not relieve the school system of its responsibility to ensure that all required IEP services are provided at no cost to your child.

For assistance in this area, please contact: Angie Snuggs at 318-728-5964, Ext 235.

Initial Notice and Consent Regarding Medicaid Reimbursement

NOTICE

The Louisiana Department of Health and Hospitals (DHH) Medicaid program allows school districts to request reimbursement for costs associated with provision of certain IEP related services. These services include occupational and physical therapy, speech pathology, behavioral health services, nursing services, and special transportation. Schools are required to provide notice and to obtain consent from a parent before accessing a child's Medicaid benefits.

Richland Parish School Board seeks your consent to disclose personally identifiable information about your child to Louisiana Medicaid to access reimbursement for the IEP/Medicaid covered health services that are provided at school. In order to submit claims for IEP/Medicaid covered services, the following types of records may be required: child's full name, address, date of birth, Medicaid ID, disabilities, types of services and dates of services delivered. This disclosure of information to Louisiana Medicaid and its affiliates and access to Medicaid reimbursement for the school district shall not result in any decrease in available lifetime Medicaid coverage, result in any cost to you or your family, increase any premiums or lead to the discontinuation of your child's benefits or insurance or create any risk of loss of your child's eligibility for home and community-based waivers based on total health-related expenditures.

You may withdraw this consent in writing at any time. If you refuse consent or withdraw consent to allow access to the Medicaid benefits, it will not relieve the school system of its responsibility to ensure that all required IEP services are provided at no cost to your child.

CONSENT

I hereby authorize Richland Parish School Board to disclose necessary information to Louisiana Medicaid in order to seek reimbursement for the IEP/Medicaid-covered health services provided to my child.

Name of Student

Date

Parent(s)/Guardian(s) Signature

Relationship to Student