Division of Financial Operations

STANDARD OPERATING PROCEDURES

Chapter Title

PARENTAL CONSENT FOR MEDICAID REIMBURSEMENT

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TABLE OF CONTENTS

1. Glossary

2. Background

- **2.1** Parent's Rights
- **2.2** Services Covered by the School Supportive Health Supportive Health Services Program

3. Parent Consent

- **3.1** The First Requirement
- **3.2** Creating and Printing the Parent Consent Form
- **3.3** Suggestions on How to Distribute the Consent Forms and Have Them Returned to the School
- **3.4** Collecting the Signed Parent Consent Form
- **3.5** Forwarding the Completed Forms to the DOE's Document Management Vendor
- **3.6** Central Monitoring and Compliance

4. FAQs

5. Forms and Exhibits

Exhibit A - Consent to Release Information to Access Medicaid Reimbursement for Special Education Support Services

Exhibit B - Withdrawal of Consent to Release Information to Access Medicaid Reimbursement for Special Education Support Services

Exhibit C - Parent Consent Forms Returned

Topic 1: GLOSSARY

Automate the Schools (ATS)

Is a School Supportive Health administrative system which standardizes and automates the collection and reporting of data for all students in the New York City Public Schools. It provides for automated entry and reporting of citywide student biographical data; on-line admissions, discharges, and transfers; attendance; grade promotion; pupil transportation and exam processing; and many other functions. In addition, it has a School Supportive Health management component that supplies aggregate student data, human resources data, and purchasing information for use by school administrators and School Supportive Health management committees.

CFO

Chief Financial Officer of the Department of Education

DIIT

Division of Information and Instructional Technology

IDEA

Individuals with Disabilities Education Act. The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

Federal and State regulations require that school districts obtain parental consent prior to accessing Medicaid recovery for eligible services.

Topic 1: GLOSSARY

Individualized Education Program/Plan ("IEP")

An **Individualized Education Program/Plan,** commonly referred to as an IEP**,** is mandated by the IDEA. It requires public schools to develop an IEP for every student with a disability who is found to meet the federal and state requirements for special education. The IEP must be designed to provide the child with a Free Appropriate Public Education. The IEP refers both to the educational program to be provided to a child with a disability and to the written document that describes that educational program.

Key considerations in developing an IEP include assessing students in all areas related to the suspected disability(ies), considering access to the general curriculum, considering how the disability affects the student's learning, developing goals and objectives that make the biggest difference for the student, and ultimately choosing a placement in the least restrictive environment.

LEA

Local Educational Agency.
NYCDOE is considered a Local Educational Agency within the State of New York.

Topic 1: GLOSSARY

Least Restrictive Environment

"Least restrictive environment" means that a student who has a disability should have the opportunity to be educated with non-disabled peers, to the greatest extent possible. They should have access to the general education curriculum, extracurricular activities, or any other program that non-disabled peers would be able to access. The student should be provided with supplementary aids and services necessary to achieve educational goals if placed in a setting with non-disabled peers. Should the nature or severity of his or her disability prevent the student from achieving these goals in a regular education setting, then the student would be placed in a more restrictive environment, such as a special classroom or a hospital program. Generally, the less opportunity a student has to interact and learn with non-disabled peers, the more that the setting is considered to be restricted.

Medicaid

The federal Medical Assistance Program ("Medicaid") is a program that funds certain medical costs based on the type of services and the eligibility of the student. In New York City schools, certain special education related services and case management can be claimed if the NYC DOE meets all requirements.

NYCDOE

The New York City Department of Education

Parental Consent to access Medicaid Reimbursement

Parental consent is the first requirement to bill Medicaid. The NYCDOE must obtain written consent from the child's parent allowing the NYDOE to access the child's Medicaid account. Because the Medicaid application does not meet the IDEA parent consent requirements, for students whose services may be reimbursable under Medicaid, the NYCDOE must independently obtain a separate consent form to be signed by the parent permitting the school district to access their child's Medicaid for covered services. Consent is valid for services delivered up to two years retroactively and prospectively through the life of the current IEP.

Topic 1: GLOSSARY

School Supportive Health Services Program

The program assists school districts by providing partial reimbursement for health related services that are listed on a student's Individualized Educational Program (IEP) and for case management services associated with the development of the IEP. This reimbursement helps school districts fund some of the costs of health care services that are provided to children when they are at school. Although this partial reimbursement is available only for students who are Medicaid eligible, services are provided to all students with disabilities regardless of their Medicaid eligibility status.

SRCP (SourceCorp)

The NYCDOE contracted vendor for document management.

SOP

The NYC Department of Education's Standard Operating Procedures

Topic 2: BACKGROUND

The State of New York has participated in a Federal program called School Supportive Health Services since 1993. Recently, Federal and state regulations have changed. Now, the IDEA requires that the NYCDOE obtain parental consent before billing for Medicaid recovery for.

This chapter of the SOP details the procedures the NYCDOE must follow in order to obtain parent consent so it can bill Medicaid for services rendered. School districts may not bill for Medicaid reimbursement without the appropriate documentation of parental consent.

2.1 Parent's Rights

- Must be fully informed in his or her native language or other mode of communication of all information relevant to the activity for which the consent is sought.

- Understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes the activity and lists the records that will be released and to whom.

- Understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. If the parent revokes consent, that revocation is not retroactive. (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked); and

- Must be informed that their refusal to permit the school district to access their public benefits or insurance does not relieve the school district of its responsibility to ensure that all required services are provided at no cost to the parents.

- That the consent does not affect either theirs or their child's health coverage, either though Medicaid or other insurance, not will there be any cost to them.

Topic 2: BACKGROUND

Because the Medicaid application does not meet the IDEA parent consent requirements, for students whose services may be reimbursable under Medicaid, the NYCDOE must independently obtain an annual parental consent to request Medicaid reimbursement. The request for consent must meet all of the requirements of the IDEA and reflect that the services to be billed are those prescribed on the student's Individualized Education Program (IEP).

2.2 Services Covered by the School Supportive Health Services Program

- Occupational Therapy
- Physical Therapy
- Speech & Language
- Orientation & Mobility
- Assistive Technology Services
- Psychological/Social Work
- Evaluations
- Developmental Testing
- Nursing
- Case Management
- Personal Care
- Special Education Transportation

Topic 3: PARENTAL CONSENT

3.1 The First Requirement

As indicated in the Glossary Section of this SOP, parental consent is the first requirement to bill Medicaid. The NYCDOE must obtain written consent from the child 's parent allowing them to access the child's Medicaid account. Because the Medicaid application does not meet the IDEA parent consent requirements, for students whose services may be reimbursable under Medicaid, the NYCDOE must independently obtain a separate consent form to be signed annually by the parent consenting to request Medicaid reimbursement. Consent is valid for services delivered up to two years retroactively and prospectively through the life of the current IEP.

The parent may revoke consent at any time. If they choose to, they must go to the principal's designee, who can print the consent withdrawal from our website, fill it out (no pre-printed withdrawals) and mail it along with the new consents.

3.2 Creating and Printing the Parent Consent Form

- It is DIIT's responsibility to create a parent consent form in ATS (Automate the Schools). The form is preprinted with the child's name, NYCID, DOB and parent's/guardian's name. It will be printed in the preferred language of the parent/guardian (up to eight languages are offered), and sorted by official class.

- The CFO and the Chief Schools Officer will send a request to the schools asking that the consent form be accessed from ATS and printed. In the request, instructions for distribution of the consent form and Frequently Asked Questions (FAQs) will be included. Please see Exhibit A for a facsimile of the consent form.

- SRCP (SourceCorp) who is the NYCDOE contracted vendor for document management will send mailers to schools and additional envelopes to ensure that schools can return the documents easily.

3.3 Suggestions on How to Distribute the Consent Forms and Have them Returned to the School

Although there is no single acceptable method for the distribution and return of the signed consent form since the demographics of each school community is different, there are many proven procedures that have been extremely successful in other school districts. These suggestions are offered below. Of course, use other methods based on your experience and knowledge of your school community.

- **Referral Process:**

  Make the Parental Consent part of the special education referral process. Before a student is evaluated for services, have the parent/legal guardian sign the consent. This can be done in the Special Education Department at the same time the parent/legal guardian is completing paperwork to have their child evaluated.

- **School Registration Packet:**

  Include the Parental Consent in the initial school registration packet. This procedure yields Parental Consents for both special education and regular education students. In the event a regular education student becomes classified for special education in the future, the Parental Consent will already be on file for that student. Building administrators must, per the instructions contained herein, forward the Parental Consent upon receipt to SRCP (see 3.5).

Topic 3: PARENTAL CONSENT

- **Initial and Annual Review Meetings:**

  Present the Parental Consent at the initial and annual review meetings. IEP meetings are a perfect opportunity to obtain consent. Once the IEP is signed, present the Parental Consent as a document that also needs to be signed. Another option is to include the Parental Consent in the mailing advising the parent/legal guardian of an impending IEP meeting. In the mailing, ask the parent(s) to bring the signed Parental Consent to the meeting.

- **Registration packets for transfer students:**

  Include the Parental Consent in the registration packet for special education students transferring into the district.

- **Committed staff member:**

  Dedicate a staff member who will be responsible for tracking the Parental Consent process. This should include: generating the Parent Consent and Medicaid Eligibility report, identifying students with no consent on file and following up with child study team members to obtain consent.

- **Free Lunch application mailing:**

  Include the Parental Consent in the free and reduced lunch application mailing at the beginning of the school year. Inform building administrators to forward returned Parental Consents to the Special Education Department.

- **Send form home with students:**

  Have the homeroom teacher and/or the special education teacher send the Parental Consent home with the student. Returned Parental Consents should be forwarded to the student's official teacher or the Special Education Department.

- **Mass mailing:**

  Mail the Parental Consent home with a cover letter written on district letterhead. For convenience, include a self-addressed stamped envelope.

3.4 Collecting the Signed Parent Consent Form

Again, there is no single acceptable method for the collection and quality control of returned parent consent forms since each school community is different. However, this is a very important step and school officials are urged to establish a procedure and articulate this procedure to concerned school staff so that they are fully aware of how critical this part of the process is. Exhibit C is a sample form used for record keeping of the distributed and returned forms. Feel free to use it or develop your own.

It is extremely important that the school verify that the retuned form is signed and dated for each eligible student. Any errors in this area will delay the processing of the form (returned to the school for follow up) by SRCP for at least one month.

3.5 Forwarding the Completed Forms to the DOE's Document Management Vendor

Once the school is satisfied that the forms have been returned for each eligible student and they are completed per requirements detailed herein and to the satisfaction of the school, they are to be placed into the mailers received from SRCP and forwarded to them for processing.

3.6 Central Monitoring and Compliance

SourceCorp receives the consent forms, where they are imaged, indexed and archived electronically. SRCP then generates a monthly report to DIIT of all valid consent forms. DIIT will then issue reports at school level and management levels, of special education students who have returned consents and those who have not.

Topic 4: FREQUENTLY ASKED QUESTIONS (FAQs)

Since the inception of this new requirement to gain parent consent, many questions have arisen both from parents and schools. Here are some of the most frequent with answers:

QUESTION: Is an individual student identified as Medicaid eligible?
ANSWER: No, students are not identified by Medicaid eligibility status, and Medicaid status is confidential per federal law.

QUESTION: How do you know if my child is Medicaid eligible?
ANSWER: The State's Medicaid benefits eligibility data is electronically matched with the Department's student biographical data (for example: name, date of birth and gender) to determine eligibility.

QUESTION: What is the consent letter asking permission to do?
ANSWER: The parent is being asked to give the Department permission to disclose only the following information to the State and Federal government only for purposes of claiming Medicaid reimbursement for covered health-related support services for each service and for each school year in which service is recommended and provided if the child is or becomes Medicaid-eligible:

- The student's identification number;
- Service type; and
- Month in which the service was provided, and in the event of audit, or review, any documentation from the child 's education records required to support services reimbursed by Medicaid for each school year in which service is provided as recommended in the child's IEP if the child is or becomes Medicaid-eligible.

QUESTION: Why haven't I been asked to do this before?
ANSWER: This is a new requirement for the Department.

QUESTION: Will my child's services be affected if I do not sign permission to allow use of Medicaid insurance to pay for special education services?
ANSWER: No. The Department must continue to provide services without regard to whether it will be reimbursed for the costs. In fact, the Department provides services without knowledge of students' Medicaid eligibility status.

Topic 4: FREQUENTLY ASKED QUESTIONS (FAQs)

QUESTION: Will my child get more IEP services if I do sign?
ANSWER: No. Your child's services are not affected at all by whether you sign.

QUESTION: Will I get fewer Medicaid benefits if I give permission?
ANSWER: No. Your benefits are not affected if permission is given and the Department submits a claim based on your eligibility.

QUESTION: If I decide to withdraw permission in the future, how do I submit a "Revocation of Consent?
ANSWER: The consent is good for 12 months, so parents can simply allow the consent to lapse if they change their mind. Additionally, a parent may withdraw consent at any time by simply telling the school contact, who will ask the parent to complete a Withdrawal of Consent Form (See Exhibit B). This should ONLY be done if a parent changes his/her mind.

QUESTION: Is this requirement only for NYC?
ANSWER: No. All school districts are required to obtain consent before claiming Medicaid funds.

QUESTION: Can I sign if I am not the parent, but the legal guardian or person in parental relation?
ANSWER: Yes.

Department of Education
Joel I. Klein
Chancellor

EXHIBIT A

CONSENT TO RELEASE INFORMATION TO ACCESS MEDICAID REIMBURSEMENT FOR SPECIAL EDUCATION SUPPORT SERVICES

Dear Parent or Guardian:

The federal Medical Assistance Program ("Medicaid") gives extra funding to school districts for some special education support services provided to a Medicaid-eligible child when these services are recommended on the student's Individualized Education Program ("IEP"). In order for the Department of Education ("DOE") to get this funding, the DOE must submit the following information to New York State: the student's identification number (not the student's name), the student's date of birth, the type of service they receive, and the month the service began. Because this information comes from student records on file at the DOE, we need your consent to release the information

If you sign and return this Consent Form to your child's school, the DOE will be able to receive funding available to it under Medicaid if your child is or becomes Medicaid eligible. If you give your consent, and the DOE seeks and receives funding for these services, neither Medicaid nor any other insurance that covers your child will be affected. You will not be asked to contribute towards the cost of the provision of services to your child. The use of Medicaid for special education services will not affect your eligibility for Medicaid in any way.

Your child's special education services will not be affected in any way whether or not you consent to releasing this information. Additionally, you may withdraw your consent at any time and for any reason by contacting _____at your child's school. If you withdraw your consent, the DOE will no longer be able to receive Medicaid funding for these services, but your child's services will not be affected.

I, _____, as parent/guardian
(Print name of parent or person in parental relationship)

of _____, have read the information requesting my consent for
(Print child's name)

Medicaid claiming on behalf of my child. I hereby give permission to the New York City Department of Education to release the following information from my child's educational records to local, state and federal agency representatives for the sole purpose of requesting Medicaid reimbursement for special education and health related support services for each school year in which the service is recommended in and provided according to my child's IEP: my child's identification number, date of birth, type of service he or she receives, the month the service began, and in the event of audit, or review, any documentation from my child's education records required to support services reimbursed by Medicaid for each school year in which service is provided as recommended in my child's IEP if my child is or becomes Medicaid-eligible.

I give my consent freely and understand that I may take back that consent at any time. I also understand that my child's right to a free public education is not dependent on my providing consent.

STUDENT'S NAME (print): _____

OSIS NUMBER: _____ **DATE OF BIRTH:** _____
(month/day/year)

Signature: _____ Date: _____
(parent or person in parental relationship) (month/day/year)

Department of Education
Joel I. Klein
Chancellor

EXHIBIT B

WITHDRAWAL OF CONSENT TO RELEASE INFORMATION TO ACCESS MEDICAID REIMBURSEMENT FOR SPECIAL EDUCATION SUPPORT SERVICES

PARENT: Please use this form *only* if you want to withdraw the consent you already mailed in on the Consent Form.

STUDENT'S NAME (print): _____

NYCID NUMBER: _____ DATE OF BIRTH: _____
(month/day/year)

I, _____, as parent/guardian
(print name of parent or person in parental relationship)

of _____, withdraw my permission I have given to the New York City Department of Education to disclose information from my child's educational records to local, state and federal agency representatives for the purpose of claiming Medicaid reimbursement for covered health-related support services and special education services.

I understand that my child's entitlement to a free and appropriate public education is in no way impacted by my withdrawing of my consent.

Signature: _____ Date: _____
(parent or person in parental relationship) (month/day/year)

EXHIBIT C

Parent Consent Forms Returned

Teacher: _____ **Class:** _____

Type of Follow Up:
P=Phone; **L**=Letter; **PC**=Parent Conference
EM=E-Mail; **PV**= Personal Visit to Home

Student's Name	Date Distributed	Date Returned	Follow Up (Not Returned) Date (Ex. P 9-2-09)	Remarks