



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

**MEDICAID REIMBURSEMENT GUIDELINES FOR
PARTICIPATING LOCAL EDUCATION AGENCIES (LEAs)**

REV. NOVEMBER 2021

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I. General Overview

The District of Columbia's Medicaid program allows reimbursement for medically necessary School-Based Health Services (SBHS) provided to Medicaid-eligible students between the ages of three and twenty-two that are delineated in the District of Columbia's Medicaid State Plan Amendment (SPA). Medicaid reimbursement is only available to Local Education Agencies (LEA) that are certified Medicaid Providers and if all applicable Federal and State Medicaid requirements are met. The purpose of this guide is to provide an overview of requirements for Medicaid claiming for SBHS.

Why is School Based Medicaid billing so important?

The school-based Medicaid program provides a means for schools to seek federal reimbursement for expenditures related to medically necessary services provided by schools as determined by the school individual education program team. There is a 70% (Federal)/30% (Local) shared financial match between the federal government and the District Government, unless otherwise advised by the Department of Healthcare Finance (DHCF). The school is responsible to match 30 percent of the school based health service costs.

Schools that are enrolled in the Medicaid reimbursement program receive all reimbursement funding. The reimbursements are returned to the school's operating budget for use as determined by the school.

II. Roles and Responsibilities

Role of the Office of the State Superintendent of Education (OSSE), Division of Operations (OPS), and the Medicaid Recovery Unit (MRU)

- **Technical Assistance:** OSSE offers LEAs technical assistance to facilitate their compliance with school based Medicaid requirements.
- **Compliance with Medicaid Requirements Pursuant to the Individuals with Disabilities Education Act:** OSSE is the state agency responsible for general oversight of District of Columbia schools' compliance with the requirements of the Individuals with Disabilities Education Act, 20 USC §1400 et seq. (IDEA). As such, OSSE is responsible for ensuring that LEAs comply with Medicaid –related requirements pursuant to IDEA Section 300.154. The LEA must ensure that its providers (clinicians and educational practitioners) meet all of OSSE's and the Department of Health's (DOH) licensure, certification, and other criteria to qualify as Medicaid providers of the Individualized Education Program (IEP) services for which Medicaid reimbursement is claimed.
- **Interagency Coordination to Facilitate Medicaid in LEAs:** OSSE supports the LEA through its ongoing collaboration with DHCF and other partner agencies. OSSE oversees state-level administration of the District's school based Medicaid recovery program, including policy coordination with state and federal Medicaid agencies as well as general oversight and monitoring of the statewide vendors and participating LEAs.

- **Medicaid Claim Processing for Special Education Transportation:** OSSE, alone, is responsible for the facilitation of claiming related to costs expended for special education transportation. The District LEAs cannot submit claims for transportation services.

Role of Department of Health Care Finance (DHCF)

- The Department of Health Care Finance (DHCF) is the District of Columbia's state Medicaid agency.
- The mission of the DHCF is to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.
- In this role DHCF ensures ongoing compliance with the District's SPA related to the delivery of SBHS that qualify for Medicaid reimbursement.

Role of the Local Education Agency (LEA)

- The LEA must ensure that its related service providers (ex. clinicians and practitioners) meet all of OSSE's and DOH's licensure, certification, and other criteria to qualify as Medicaid providers of the IEP services for which Medicaid reimbursement is claimed.
- The LEA must obtain a one-time signed consent from the parent/guardian that meets the March 18, 2013 IDEA Part B requirement of 34CFR 300.154(d). For the LEAs convenience OSSE has a consent form, "Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement" that must be used to obtain consent and to submit claims to Medicaid for health related services prescribed and authorized in the student's IEP ([See Appendix A](#)). If the LEA chooses to use OSSE's "Notification" form, this form will serve as the one-time consent and the parent notification. All signed parental consent forms must be uploaded into the student's record in the Special Education Data System (SEDS) maintained by OSSE. The form must be retained for audit purposes. It is recommended that LEAs include OSSE's Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement form in the enrollment process and at annual IEP meetings.
- New Parental Consent Forms must be signed if a student transfers to a new LEA.
- The LEA must provide services that are listed in the student's IEP regardless of whether the services are Medicaid-covered and can be billed to Medicaid.
- Provide parent/guardian annual written notification of parental Medicaid consent
- The LEA must safeguard student records in accordance with the Federal Family Educational Rights and Privacy Act (FERPA) and applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).

III. General Requirements for LEA Participation in Medicaid Reimbursement

1. Provider Enrollment

To be eligible for Medicaid reimbursement for SBHS, an LEA must first apply to DHCF to become a Medicaid provider. To enroll as a Medicaid provider, the LEA must enter into a provider contract, by completing the DHCF online application.

Application Overview

To become certified and enrolled as a Medicaid provider, the LEA must complete the following steps:

Step 1- Obtain a National Provider Identifier (NPI)

- What is the National Provider Identifier (NPI)? It is a 10-digit provider number mandated by the Federal Government to be used on all healthcare billing related transactions to identify healthcare providers.
- How does a provider get an NPI? By applying at the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov/NPPES> or by calling 1-800-465-3203.

Step 2 – Complete the Medicaid provider enrollment application in its entirety. The application process is entirely online. DHCF processes applications with 30 business days of the submission of a complete application.

To enroll:

Before beginning the enrollment process:

- Ensure the LEA Medicaid provider has an NPI
- All LEA Medicaid providers must have and maintain, liability insurance of \$1M per occurrence and \$3M general aggregate.

The online enrollment process:

- Go to www.dcpdms.com create an account, and select “standard application” type.
- You will need to include the Group/facility Employer Identification Number (EIN)

If additional information is needed or missing, the application will be returned to the LEA provider. If everything is in order, DHCF will review and process. Additional resources can be found here:

<https://www.dcpdms.com/Resources.aspx>

2. **Participation in the Random Moment Time Study (RMTS)**

An LEA Medicaid provider must participate in the quarterly, statewide Random Moment Time Study (RMTS) in order to be eligible to receive reimbursement from the Medicaid direct service claiming program. The RMTS model is used to measure the percentage of time that qualified staff spends implementing Medicaid-reimbursable activities by sampling and assessing randomly selected 'moments' of the workday. The responses to these 'moments' are then tallied and averaged for the quarter.

LEA Responsibility

- Each LEA provider must identify a staff-member to serve as the on-site RMTS coordinator at the school(s).
- The RMTS coordinator is responsible for submitting quarterly updated staff rosters, supporting documentation for the study, and ensuring an adequate response rate among the sampled staff.
- Each staff member sampled must include a detailed description of the activity they are performing during the sampled moment.
- An **85 percent** response rate of the RMTS sample moments received, is **required** from each LEA provider in order to be able to submit claims for the quarter.

How Does RMTS Work?

The RMTS is based on 'moments' that are equal to one minute:

- Each 'moment' is randomly assigned.
- Participants are asked to document their activity during that assigned moment.
- Participants must respond in a timely manner
- Each response contributes toward the overall District response rate.

Specifically, the RMTS questionnaire asks:

1. Were you working during your sampled moment?
2. Who was with you?
3. What were you doing? Please be as specific as possible.
4. Why were you doing this activity?
5. Is this activity regarding a Special Education student?
6. Is the service you provided part of the child's IEP?

Due to the random nature of the moment assignment, a participant may be selected once or more times in a single calendar quarter or not at all. Participating staff typically spend approximately five minutes or less to complete the 6-question time study tool. An accurate and candid response from the participant is critical to a successful and valid time study.

RMTS Calendar

The sampling period is defined as the same three-month period comprising each quarter of the fiscal calendar:

- First Quarter: October 1-December 31

- Second Quarter: January 1-March 31
- Third Quarter: April 1-June 30
- Fourth Quarter: July 1-September 30

3. Medicaid Claiming Requirements

Participating LEAs are responsible for ensuring that the following steps are taken for Medicaid claiming purposes:

- Identifying Medicaid-eligible students who receive special education services
- Obtaining one-time parental consent to claim for eligible services and filing documentation in each student's record in SEDS
- Provide parent/guardian annual written notification of parental Medicaid consent
- Ensure related service providers are properly licensed and that licensure is current
- Providing annual training to qualified related service providers regarding Medicaid claim requirements and RMTS participation
- Notifying qualified related service providers of the students on their caseloads who are eligible for Medicaid
- Checking to ensure that each service claimed is specified in the child's IEP
- Ensuring that authorization is secured for all services prior to submitting claims
- Assisting in the identification of additional Medicaid-eligible children as they enter the school system or become eligible for special education services.
- Maintaining confidentiality for students in accordance with all applicable laws

A claim can be rejected for a variety of reasons, including but not limited to:

- Incomplete or incorrect documentation (e.g., missing signature, illegible signature, missing or incorrect date, duration, and location of service)
- Submission of a claim past a billing deadline
- Ineligibility for Medicaid during the dates of service
- Missing progress notes for dates of service
- Lack of documentation of appropriate related service provider qualifications (license and NPI)
- Missing or expired provider licensure information

4. Cost Reports

Each fiscal year, DHCF requires LEA Medicaid providers to provide cost reports for cost reconciliation and settlement purposes. DHCF must ensure that payments for the administration and delivery of services to Medicaid recipients are accurate and efficient in order for those services to be reimbursed on a reasonable cost basis. These reports show all the costs related to Medicaid reimbursable services, including contracts and staff salaries related to administration of the program.

The cost reports are essential for determining any future changes in the rates attached to the related services covered by Medicaid.

5. Audits

Each year, DHCF conducts an audit on LEA Medicaid Providers. Additionally, The Center for Medicaid and Medicare Services (CMS) also conducts audits on a three-year basis. Auditors will review all the necessary documentation related to a sample of Medicaid claims, including student attendance data, IEPs, consents to bill, provider licenses and documentation of services. The auditors select a sample of claims that the agency is required to provide all related documentation. Lack of documentation can result in disallowances, meaning that funds previously reimbursed to the agency for services in that fiscal year will be recouped from that agency.

IV. LEA Medicaid Documentation Requirements to Ensure Compliance and for Audit Purposes

The following documents must be retained on file to ensure compliance and for audit purposes in order to substantiate a claim:

1. Parental Consent

Federal law requires that LEAs obtain a one-time informed written parental consent from the parent or guardian of a student prior to disclosing personally identifiable information from education records, including health information, for the purposes of claiming for Medicaid reimbursement. OSSE has issued a Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement form that LEAs must use to comply with the new Federal IDEA Part B regulations, in 34 CFR 300.154 (d) that was effective March 18, 2003 ([See Appendix A](#)).

The signed copies of all parental consent forms for students should be maintained by the LEA in SEDS as part of the student's educational records. If a one-time consent is obtained for a student by an LEA and the student subsequently transfers to a different LEA, the receiving LEA must obtain a new one-time consent before accessing the student's Medicaid benefits. Medicaid will not reimburse for services if LEAs fail to provide the necessary consent forms for each eligible student receiving SBHS.

2. Eligible Service Requirements

Medicaid reimbursement can be sought for related services and assessments delivery as specified in the SPA for SBHS. However, in order to receive reimbursement for these services, they must be documented on the student's IEP. Input from referrals and/or recommendations (depending on the type of service) by a physician or other licensed health care practitioner within the scope of his or her practice under state law can also be considered by the IEP Team. The section below entitled "Covered Services and Practitioner Qualifications" contains a detailed overview of requirements for each type of service, as well as licensure requirements for related service providers.

Note, however, that an LEA's inability to obtain appropriate documentation to meet this requirement should not under any circumstances delay or prevent the delivery of services required in a child's IEP. However, LEAs that cannot demonstrate appropriate provider credentials will not be eligible to receive reimbursement under Medicaid for services rendered by those providers.

LEAs should keep all documentation relating to eligible service requirements (including the document serving as the IEP/prescription/recommendation/referral and copies of the providers' licenses) as part of a student's educational record in SEDS. Records must be retained for at least six (6) years and in accordance with FERPA and HIPAA guidelines.

For additional information or to learn more about FERPA please see:

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

For additional information or to learn more about HIPAA, please see: <http://www.hhs.gov/ocr/privacy>

3. Related Service Provider Qualifications

Medicaid reimbursement is available to an LEA only for services provided by practitioners who are qualified to provide such services under federal and District law on the date of service. In some cases, practitioners who do not meet federal and District requirements may provide services for which an LEA may seek reimbursement, provided they are appropriately supervised by practitioners who meet such requirements. Federal and District requirements for providers, as well as documentation requirements for provider qualifications and supervision of unlicensed providers, are described in more detail in the "Covered Services and Practitioner Qualifications" requirements (see [Appendix C](#)).

4. Service Documentation Requirements

LEAs are responsible for maintaining in a student's file records that fully document the basis upon which a claim for Medicaid reimbursement is made. Documentation required to substantiate a claim for reimbursement includes:

- The student's complete IEP;
- Evaluation reports (retain in file to support assessment claims for audit purposes);
- Service Log & Tracker (service encounter documentation);
- Progress notes;
- Billing records; and
- Credentials for related service providers.

It is the responsibility of the LEA Medicaid provider to ensure that all related service contractors document services appropriately, have met the related service provider licensure requirements, and maintain the required records.

5. Records Retention

LEAs must maintain all service and financial records, supporting documents, and other records relating to the delivery of services reimbursed by Medicaid for at least six (6) years from the date of service. All records must be retrievable and made available upon audit.

V. Billing Medicaid for Services

For LEAs to successfully bill Medicaid claims for covered services, the following requirements must be met:

1. The student receiving the service must be enrolled in the Medicaid program.
2. The student must qualify for services under the IDEA.
3. The student must have an IEP.
4. The services must be specified in the IEP and/or assessments/evaluations.
5. The services must be furnished by a related service provider who meets the Medicaid-qualified provider criteria and who is qualified to provide the service under applicable State licensure or certification requirements and have an NPI.
6. The LEA must obtain a one-time signed parental consent to bill Medicaid for covered IEP services provided to the student.

1. *Covered Services and Related Service Provider Qualifications*

In order for services to qualify for reimbursement by the School-Based Medicaid program, the following requirements apply:

- **IEP:** Services must be documented in the student's IEP and/or assessments and evaluations.
- **Covered Services:** Services must be one of the services outlined in the District's SPA.
- **Related Service Provider Qualifications and Supervisory Requirements:** Services must be provided by qualified service providers. In certain cases, supervisory requirements apply.

As stated above, LEAs may bill Medicaid for providing medically necessary SBHS to students. To be reimbursable, services must be properly documented and provided by or under the supervision of appropriately licensed professionals as described below. [Appendix C](#) contains a chart outlining specific licensure and supervised practice requirements. LEAs should refer to this chart to ensure that they are following federal and state rules on provider qualifications and supervised practice.

Medicaid covered SBHS in the District of Columbia include:

- Audiology;
- Behavioral Supports;
 - Psychiatric and psychological services
 - Counseling services
 - Social work
- Nutrition Services;
- Occupational Therapy;
- Orientation and Mobility Services;
- Physical Therapy;
- Psychological Evaluation;
- Skilled Nursing;
- Specialized Transportation; and
- Speech-Language Pathology.

a. **Audiology**

Audiology covered services include special education related services and screenings necessary for identifying and treating a child with hearing loss.

In order to qualify for Medicaid reimbursement, audiology services must be recommended by a physician or an audiologist who meets DOH licensure requirements.

Audiology services must be provided by, or under the supervision of, an audiologist who meets OSSE and/or DOH licensure requirements.

b. **Behavioral Supports (Counseling Services)**

Covered services include screenings and services provided by, or under the supervision of, **social workers, psychologists, guidance counselors, psychiatrists**, or other qualified personnel in accordance with the following state standards:

- Social Workers – DOH and/or OSSE licensure requirements;
- Clinical Psychologist – DOH licensure requirements
- School Psychologist – DOH License, or an OSSE Certification for LEA Employees only. Please note: the DOH licensure exemption for this provider type only applies if the provider is solely employed by an academic institution.
- Psychiatrist – DOH license requirements
- Guidance Counselor – DOH and/or OSSE licensure requirements.

In order to qualify for Medicaid reimbursement, behavioral support services must be recommended by a physician, clinical social worker, professional licensed counselor, or clinical psychologist who meets DOH licensure requirements.

c. **Nutrition Services**

Covered services include services and screenings relative to a medical condition that is provided by or under the supervision of a dietician who meets DOH licensure requirements. In order to qualify for Medicaid reimbursement, nutrition services must be recommended by a physician or a dietician who meets DOH licensure requirements.

d. **Occupational Therapy**

Covered services include special education related services and screenings intended to improve and prevent initial or further loss of function that are provided by qualified occupational therapists or occupational therapy assistants or aides¹ under the supervision of qualified occupational therapists. Occupational therapists are qualified if they meet DOH licensure requirements for practicing occupational therapy.

In order to qualify for Medicaid reimbursement, occupational therapy services must be recommended by a physician or occupational therapist who meets DOH licensure requirements.

¹ OT Aides are not DOH licensed providers but to the extent SBHS are provided by properly supervised OT Aides, the SPA allows LEAs to bill Medicaid for those services.

e. **Orientation and Mobility Services**

Covered services include services and screenings that enable blind or visually impaired children to gain systematic orientation to and safe movement within their school environment. Providers must be certified as Orientation and Mobility Specialists pursuant to 42 C.F.R. §440.130(d); suggested Orientation and Mobility licensing bodies are: National Orientation and Mobility Certification Board (NOMC) or Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP) Orientation and Mobility.

f. **Physical Therapy Services**

Covered services include special education related services and screenings provided by or under the supervision of a qualified physical therapist. Physical therapists are qualified if they meet DOH licensure requirements. In order to qualify for Medicaid reimbursement, physical therapy services must be recommended by a physician or physical therapist who meets DOH licensure requirements.

g. **Psychological Evaluation**

Covered services include services and screenings provided by or under the supervision of qualified psychologists. Providers must meet the following state standards, or be supervised by providers who meet state standards:

- Clinical Psychologist – DOH licensure requirements;
- School Psychologist – OSSE and/or DOH licensure requirements.

Please note: the DOH licensure exemption for this provider type only applies if the provider is solely employed by an academic institution.

In order to qualify for Medicaid reimbursement, psychological evaluations must be recommended by a physician, or clinical psychologist who meets DOH licensure requirements.

h. **Skilled Nursing**

Covered services include services and screenings rendered by or under the supervision of qualified practitioners. A practitioner is qualified if he or she meets DOH licensure requirements. These services include the administration of physician ordered medications or treatments to qualified children who require such action during the school day in accordance with their IEP.

In order to qualify for Medicaid reimbursement, skilled nursing services must be recommended by a physician or nurse who meets DOH licensure requirements.

i. **Specialized Transportation**

Covered services include transportation services that are designed to provide home-to-school-to-home transport for students with IEPs who receive a school-based health service. Transportation services should only be claimed when specialized transportation service is included in a child's IEP, and a child has a specific school-based health service on the date that the transportation service is provided.

There is no prescription/referral/recommendation requirement for specialized transportation, other than inclusion of the service on the IEP.

OSSE, alone, is responsible for the submission of claims related to costs expended for special education transportation. The District LEAs cannot submit claims for transportation services.

j. **Speech-Language Pathology**

Covered services include service and screenings provided to eligible children by or under the supervision of a qualified speech-language pathologist.

A speech-language pathologist is qualified if he or she meets OSSE and/or DOH licensure requirements.

Documentation Requirements for School Based Health Services

Documentation must be completed for all Special Education health-related Medicaid covered services provided to Medicaid-eligible students. Services provided by assistants must be supervised by a licensed professional, and the documentation must be co-signed by the supervising, licensed professional in accordance with the supervisory requirements for the provider type.

Documentation is required each time a Medicaid service is delivered to a student. Each LEA should establish a Medicaid billing process that ensures that all supporting documentation satisfies all requirements necessary for Medicaid billing and allows for Medicaid claims to be completed and submitted timely. Please contact OSSE, MRU if technical assistance is needed.

LEAs are responsible for maintaining in a student's file records that fully document the basis upon which a claim for Medicaid reimbursement is made. Documentation required for a successful claim reimbursement includes:

- The student's complete IEP;
- Service Log & Tracker (service/assessment encounter documentation);
- Medicaid Consent, and;
- Practitioner credentials for related service providers.

The following data elements are required as part of the service documentation.

- **School District Name/Provider Number:** Name of the school district where services are provided and the provider number used to bill the Medicaid program
- **Student Name:** Student's complete legal name
- **Date of Birth:** Student's complete date of birth
- **Student Medicaid Number:** Student's Medicaid identification number
- **Date:** The date a Medicaid service is provided to a student
- **Type of Service and specific services provided:** see list of Medicaid approved services
- **Activity/Procedure Note:** A brief description of the service provided to the student.
- **Service Setting (Group/Individual):** Indicate if the student received services on an individual basis or in a group setting

- **Service Time:** The quantity of service provided to the student. This should be recorded as an amount of time (example: 20 minutes). This can capture the cumulative time the provider spent delivering services over the course of the day
- **Name and clinical discipline of service provider**
- **Signatures:** The SEDS system creates an electronic signature upon successful service log entry. The signature of the medical professional providing services must comply with generally accepted standards for record keeping within the applicable provider type as they may be found in laws and regulations of the relevant board of registration. Related service providers whose services require supervision must have documentation co-signed in accordance with the applicable standards for the provider type.

APPENDIX

APPENDIX A: Local Education Agency (LEA) Guidance: Completing the Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement Form

Pursuant to the Individuals with Disabilities Education Act (IDEA), Local Education Agencies (LEAs) may seek Medicaid reimbursement for Medicaid-related health-care services when 1) they are provided to a Medicaid-eligible student in accordance with the student's Individualized Education Program (IEP) and 2) parents have provided consent to claim for reimbursement.

To support LEAs in accessing these funds, OSSE has developed a standardized parent consent form for the purpose of claiming for Medicaid reimbursement. This form, which is attached, will also be made available in the Special Education Data System (SEDS). The Division of Specialized Education (DSE) has developed guidance for LEAs to assist in the use of the form. Questions regarding this document may be referred to DSE, at (202) 741-6412.

DIRECTIONS FOR COMPLETING THE FORM

1. Appropriate uses of the form:
 - a. In order to submit valid claims for Medicaid billable health related services, LEAs must have a signed copy of the OSSE form faxed into the student's record in SEDS covering the period for which services are being billed. No other signature form will be considered valid.
 - b. The parent's signature remains valid unless revoked by the parent/guardian in writing. However, the parent's signature also provides the LEA with consent to seek Medicaid reimbursements for IEP services that occurred within two years prior to this date.
 - c. PLEASE NOTE: claiming for past rendered services can only occur:
 - i. When the services are documented on the consent form and a parent signature is obtained
 - ii. For services provided AFTER the LEA became a Medicaid provider
 - d. LEAs must establish procedures for routinely presenting the form to parents to ensure that parents have an opportunity to provide or decline consent on an annual basis and each time services change on the IEP (LEAs may choose to obtain consent at the time of annual review, beginning of school year, etc.).
 - e. LEAs must also establish procedures to determine the personnel who will be responsible for maintaining accurate records related to the Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement Form and ensuring compliance with underlying documentation related to Medicaid claiming requirements.

- f. LEAs should make an attempt to obtain consent for any student with Medicaid billable health services on his or her IEP and for whom the LEA will process claims for Medicaid services.
2. Steps for completing the form and documenting information in SEDS(see [Appendix B](#)):
 - a. Obtain a copy of the Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement Form from the Main Menu in SEDS. Users may save a PDF version of the document (Tip: be sure to check the SEDS main menu prior to each use to ensure the most updated version is utilized).
 - b. Complete all information on the form by hand, including: LEA name, student name, student local ID, student state ID and student Medicaid ID (if available) prior to presenting to parent for signature.
 - i. Note: the State Code, or Unique Student Identifier (USI), is a 10-digit ID code that may be obtained in SEDS. All students have an assigned USI. This value is required. The local ID is a 7digit ID code that is assigned to only some students and can also be found in SEDS. This field is optional and is only used for reference purposes for LEAs that choose to use it.
 - ii. The signed form is a one-time consent that will remain in effect until revoked in writing by parent/guardian or unless there is a change in services. Upon expiration, a new signed form is required in order to file valid claims for Medicaid billable services.
 - c. See directions for using SEDS functionality to enter Medicaid consent information in [Appendix B](#).
3. For additional support:
 - a. Contact the OSSE MRU for questions or support related to the use or requirements of the form.
 - b. Contact the OSSE Applications Call Center (202) 719-6500 for questions or support related to documentation of the form in SEDS.

Notification Regarding Access to Public Benefits and Consent for Medicaid Reimbursement

The Local Education Agency (LEA) and The Office of the State Superintendent of Education (OSSE) are eligible to receive federal Medicaid reimbursement for certain health related services provided to your child when the services meet state Medicaid requirements and are provided in accordance with your child's Individualized Education Plan (IEP). These services may include any of the following:

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

A claim containing personal information about your child must be submitted to the Department of Health Care Finance (DHCF) in order to receive reimbursement. DHCF will not be allowed to use this information for any other purpose and will be required to keep this information confidential. The Family Educational Rights and Privacy Act (FERPA) requires that your written consent be obtained to share or disclose personally identifiable information from your child's educational records. In addition, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) requires your written consent in order to bill for Medicaid-eligible health related services provided to your child. By completing and signing this form, you will help meet these consent requirements.

Rights

- The District will not require you to enroll in Medicaid in order for your child to receive special education services.
- The District will not require you to incur out-of-pocket expenses incurred in filing a claim for services. The District may pay the cost that you would otherwise be required to pay.
- The District will not use Medicaid if that use would: (1) Decrease the available lifetime coverage or any other insured benefit; (2) Result in any cost to your family; (3) Increase premiums or lead to the discontinuation of benefits or insurance.
- You are not required to provide your consent, and your refusal to do so will not prevent your child from receiving special education services at the expense of the District.
- Upon written request, you or your child may receive a copy of the information shared with DHCF.

Parental Consent

By signing below, I voluntarily give the LEA and OSSE my consent to share with DHCF my child's name, primary address, date of birth, social security number, Medicaid number, IEP, and all information about health related services provided to my child, the dates and frequency of the services provided, and special education assessments and evaluations related to my child. I also authorize the release of this information to state and/or federal Medicaid representatives for the purpose(s) of determining eligibility and/or completing audit/review requests. I understand and agree that OSSE and my child's LEA may access my or my child's Medicaid benefits to pay for services in my child's IEP. I understand that this consent is valid and will remain in effect until I revoke it in writing and that I may revoke this consent at any time. If I do revoke consent, my previous consent is still valid regarding all information shared prior to my revoking consent. In addition to providing consent for services provided after the date of my signature, I also grant consent to OSSE and the LEA to seek Medicaid reimbursements for IEP services that occurred within two year's prior the date of my signature that have not already been submitted.

CONSENT FOR MEDICAID REIMBURSEMENT (please check the appropriate box below)

- I am providing consent as indicated by my signature below
- I am providing consent if my child becomes Medicaid eligible in the future as indicated by my signature below
- I decline to provide consent to bill for Medicaid reimbursable services

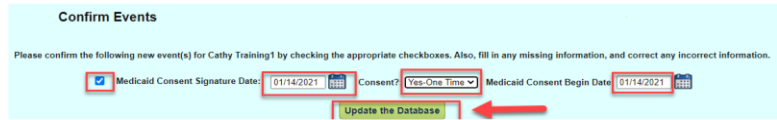
_____	_____	_____
Student Name	Student Local ID	Student State ID
_____	_____	_____
Student Medicaid ID (if available)	Parent Signature	Date

Local Education Agency Name: _____

are **not the same**.

- Update the Database to **save all changes**

- Medicaid Consent Event – Student History Page



Steps:

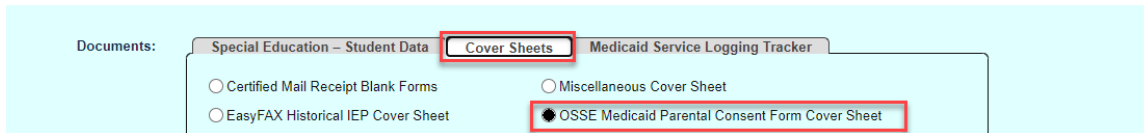
- Confirm that the Medicaid Parental Consent event appears on the **Student History** page
- Notice there is **no document** attached
- User must create a place for storing the signed document

Event ID	Event Date*	Event Type (transferred from)	Begin Date	End Date	User	Document	Date Created	
97573	01/14/2021	Medicaid Parental Consent (Overall)	01/14/2021		Rita Larkins		04/09/2021 10:40 (3 days)	Details

- OSSE Medicaid Consent Cover Sheet

Steps:

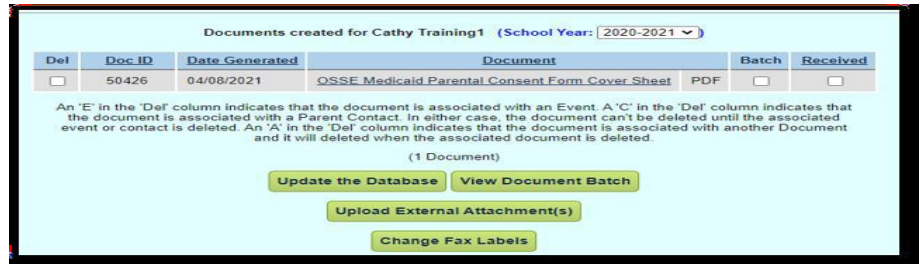
- Select the **OSSE Medicaid Parental Consent Form Cover Sheet**.
- Scroll down to the bottom of the page and click **Create Final Document**.



- Documents Page

Steps:

- On the **Documents** page, see OSSE Medicaid Parental Consent Form Cover Sheet document
- To attach the signed consent form navigate to the bottom of the screen and click **Upload External Attachments.**



- Attach the signed Consent Form

Steps:

- To associate the attachment with the correct document, select the **OSSE Medicaid Parental Consent Form Cover Sheet**
- At the bottom of the screen, upload the signed Medicaid consent form, **from your desktop or file share**, assigning a name for the document, and clicking Upload File.
- The file will be saved in the system as an **attachment to the OSSE Medicaid Parental Consent Form Cover Sheet** on the **Documents** tab.

File	Name (if not provided the file name will be used)
<input type="button" value="Choose File"/> Testing Med...t Form.docx	<input type="text" value="Testing Medicaid Consent Form"/>
<input type="button" value="Upload File"/>	

Doc ID	Date Generated	Document	Batch	Received	Del	Attachment	Batch Attachment	Date Received
6292803	04/12/2021	OSSE Medicaid Parental Consent Form Cover Sheet	PDF	<input type="checkbox"/>	<input type="checkbox"/>	Testing Medicaid Consent Form		04/12/2021



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

APPENDIX C: Medicaid School Based Health Services Provider Qualification Requirements

Provider Type	Provider Type Abbreviation	Employee License Requirements		Contractor License Requirements	
		DOH	OSSE	DOH	OSSE
Audiologist	AUD	X (or)	X (or)	X (or)	X (or)
Occupational Therapist	OT	X		X	
Physical Therapist	PT	X		X	
Psychiatrist	PSY	X		X	
Psychologist	PSY	X		X	
School Counselors	SC	X (or)	X (or)	N/A	
School Psychologist ²	PSY	X (or)	X (or)	N/A	
Skilled Nursing	RN	X		X	
Social Workers	SW	X (or)	X (or)	X (or)	X (or)
Speech-Language Pathologist	SLP	X (or)	X (or)	X	
Nutrition	RD	X		X	
Orientation and Mobility	OM	Suggest NOMC or ACVREP		Suggest NOMC or ACVREP	

² DOH licensure exemption for this provider type only applies if the provider is solely employed by an academic institution