OVERVIEW

School-Based Medicaid Claiming Program

State and federal laws allow the Hawaii State Department of Education to claim for partial federal reimbursements for medically necessary and educationally necessary, health-related services that are provided through a student’s Individualized Education Program (IEP). Services may include:

- Evaluations determined as necessary as part of the IEP process
- Physical Therapy
- Occupational Therapy
- Audiology Services
- Speech Language Therapy
- Assistive Technology Services
- Skilled Nursing
- Behavioral Health Services

Med-QUEST, the State’s Medicaid program, may reimburse the Department of Education for a portion of the costs of eligible services. This is an important federal funding stream for public schools. The following criteria must be met:

- Parental consent is provided to participate in the School-Based Medicaid Claiming Program;
- The service(s) is determined to be a medically necessary and educationally necessary, health-related service through a student’s IEP; and
- Student is Med-QUEST eligible.

SCHOOL-BASED MEDICAID CLAIMING PROGRAM

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The Hawaii State Department of Education’s School-Based Medicaid Claiming Program

OVERVIEW AND ANNUAL NOTIFICATION FORM

Under the Individuals with Disabilities Education Act (IDEA), 34 CFR §300.154(d)(2)(v) and the Family Educational Rights Privacy Act, 24 CFR §99, public agencies must provide written notification to the child’s parent/guardian before accessing the child’s or parent’s public benefits for the first time, prior to obtaining the one-time parental consent and annually thereafter. The written notification explains all of the protections available to you, to ensure that you are fully informed of your rights before the Hawaii Department of Education (Department) can access your or your child’s public benefits or insurance (e.g., Medicaid/Med-QUEST) to seek partial reimbursement for medically necessary and educationally necessary, health-related services provided through your child’s Individualized Education Program (IEP).

You have the right to receive notification in an understandable language. The Department must provide you with an annual written notice of your rights. The notice must be written in language that is understandable to the general public and in the native language of the parent, unless it is clearly not feasible to do so.

Your child’s confidential information cannot be disclosed without your consent. By providing your one-time parental consent, you understand that the Department may disclose personally identifiable information included in your child’s IEP (e.g. student name, address, date of birth, student identification number, disability, service dates, and type of service provided). Further, you understand that the Department may bill for federal partial reimbursement for medically necessary and educationally necessary, IEP health-related services. The Department may access your or your child’s public benefits or insurance to pay for such services.

Your child has a right to Special Education and related services at no cost to you. With regard to the Department’s requirement to provide a Free Appropriate Education (FAPE) to an eligible child under IDEA, the Department shall not require the student to be enrolled in Med-QUEST to receive a Free Appropriate Public Education (FAPE).

With a signed parental consent, the following rights shall be strictly retained:

• You shall not incur any out-of-pocket expense, such as a deductible or co-pay amount;

• Your consent shall not result in any requirement for you to pay for the services that would otherwise be covered by Med-QUEST because your child may also require those services outside the school day;

• Your consent shall not decrease the available lifetime coverage or any other insured benefit(s);

• Your consent shall not increase premiums nor lead to a discontinuation of benefits or insurance; and

• Your consent shall not risk any loss of eligibility for home and community-based waivers that are based on total health-related expenditures.

You may withdraw your parental consent at any time. Once you have provided your parental consent for the disclosure of confidential information to Med-QUEST, you have a legal right under FERPA regulations to withdraw that consent whenever you wish.

If you choose not to consent or withdraw consent, the Department still must provide required services, at no cost to you. If you choose not to provide consent for the disclosure of your child’s personally identifiable information to Med-QUEST, or if you withdraw that consent, the Department is not relieved of its responsibility to ensure that all required services are provided to your child, at no cost to you.

ONE-TIME CONSENT: The Department must provide written notification to the parent and obtain a one-time consent before accessing Med-QUEST for the first time. By providing this parental consent, the parent(s)/guardian(s) indicates that he/she understand their rights and agree that the Department may access Med-QUEST.

ELECTRONIC NOTICE: Your consent must be written, signed, and dated. Consent may be given in either paper or electronic form. If consent is given electronically, the submission must authenticate you as the person providing the consent; include an electronic signature and date; and indicate that you approve the information contained in the consent.

ANNUAL NOTIFICATION: After the one-time consent is obtained, the Department is required to provide notice annually thereafter to the parents of students with disabilities.