

Provider Agreement and Statement of Reassignment

In order for school districts, §4201 schools or counties to claim Medicaid reimbursement for services, they must have all private agencies or service providers with whom they contract, sign a Provider Agreement Form and a Statement of Reassignment (see Appendix C1 and C2). Specifically, if a school district, §4201 school or county contracts directly for a service such as transportation or speech therapy with an agency or person who is not an employee of the county or BOCES, that provider must have signed the Provider Agreement Form and the Statement of Reassignment. An independent agency may be an individual person or a corporation. A provider agreement and statement of reassignment is needed from each agency, but not from each individual service provider within the agency. We recommend **school districts/§4201 schools/counties** review these forms at the time of contract renewal.

Consent for Release of Information

The federal Family Educational Rights and Privacy Act (FERPA, also known as the Buckley Amendment) and Medicaid regulations require that the identity of a student with a disability and any identification of services provided be kept confidential and not released without the expressed consent of the parent. To assist the agency responsible for administering the School Age/Preschool program in getting this parental consent, the Medicaid application and recertification forms were modified to secure the parental consent for Medicaid billing, thereby satisfying Education Law.

Since Medicaid eligibility is automatic for all Supplemental Security Income (SSI) recipients, parents/guardians of students who receive SSI do not apply for Medicaid. However, if a parent/student has completed a Medicaid application in the State of New York, the consent for release of information has already been given. If a Medicaid application has not been filled out, or if there is a break in services, the school district/§4201 school/county will have to obtain parental consent to bill Medicaid for the SSI student in order to comply with Federal Education confidentiality requirements.

The SSI indicator is designated on the eligibility listings by three asterisks (***) next to the student's name. If the eligibility reports show a break in Medicaid eligibility prior to current SSI eligibility, the parental release on the Medicaid application signed at the local district is not in effect. The school district, §4201 school or county would have to get a separate parental release. Although the presence of a release will not be a Department of Health audit issue, it is an issue for school districts, §4201 schools and counties for complying with Federal confidentiality requirements. A copy of a sample "Release Form" is in Appendix C-5.

It is recommended that all school districts/§4201 schools/counties request a release from all parents/guardians of students at the time of enrollment or at least at the time of referral to the CSE/CPSE. This procedure would guarantee compliance with the Buckley Amendment for all students.

Third Party - Health Insurance (TPHI)

The Preschool Supportive Health Service Program (PSHSP) provider (counties) and the School Supportive Health Service Program (SSHSP) provider (public school districts) no longer have to determine if a child has access to other third party health insurance before Medicaid can be billed for these services. This only applies to PSHSP and SSHSP providers for Medicaid eligible services that appear on a student's IEP after May 21, 1999.

If a private provider under contract with a school district or county is billing Medicaid directly for services listed on a student's IEP their governing regulations would apply. In these instances Medicaid would be the payer of last resort and any Third Party Health Insurance carriers would have to be billed first with full parental consent.

The Centers for Medicare and Medicaid (CMS, formerly HCFA) in its draft Medicaid School-Based Administrative Claiming Guide indicated that Section 1903 (c) of the Social Security Act makes Medicaid the payer of first resort for Medicaid eligible services that appear on a student's Individualized Education Program. This clarified what appeared in a HCFA Medicaid Director's letter dated May 21 1999 indicating that Medicaid

was the payer of first resort for IDEA related services.

Section 504

Medicaid reimbursement is not available for students receiving services in accordance with Section 504 Accommodation Plans.

