



## **MEDICAID**

### **Certified School Match Program**

### **Reimbursement for School-based Services**

#### **What is the Florida Medicaid Certified School Match program?**

Since 1997, Hillsborough County Public Schools has participated in a federal and state-funded Medicaid reimbursement program. The Florida Medicaid Certified School Match (MCSM) program helps to ensure students with an Individual Educational Program (IEP) receive needed health care (medical, emotional, and transportation-related) services at school.

The program assists school districts by providing partial reimbursement for these medically related services provided to students at school.

In July 2020, current guidelines expanded to include general education students who have a Plan of Care (i.e., Health Care Plan, Behavioral Plan, 504 Plan, etc.) or the need for crisis intervention. Although the partial reimbursement is only available for students who are Medicaid eligible, services are provided to all students with a plan of care regardless of their Medicaid eligibility status.

#### **What types of services does the MCSM program cover?**

Counseling	Crisis Intervention	Nursing
Child Outreach Screening	Occupational Therapy	Case Management
Speech/Language Therapy	Physical Therapy	Assessments
Special Education	Transportation	Evaluations Developmental Testing
Orientation & Mobility	Assistive Technology	

#### **Is there a cost to me?**

NO – Services are provided to students while at school with NO cost to the parent/guardian.

#### **Will it affect my family's Medicaid benefits?**

NO – The program does NOT impact a family's Medicaid services, funds or limits. Because Florida operates the MCSM program differently than the Family-Related Medicaid Coverage plans the school plan does not affect your family's Medicaid benefits in any way.

#### **How does Hillsborough County Public Schools use the reimbursement money received from Medicaid?**

The funds received from Medicaid for speech/language therapy, occupational/physical therapy, counseling, nursing services, and psychoeducational evaluations are used to support student services and Exceptional Student Education (ESE) programs.

#### **How can I help ensure my school district receives benefits from the MCSM program?**

Federal regulations require that the parent/guardian:

- Be fully informed about the Medicaid Certified School Match program
- Fully understand that consent is voluntary and can be withdrawn at any time.
- Permit Hillsborough County Public Schools to share necessary information to bill for Medicaid eligible services included in your child's IEP, 504 or Plan of Care.
- Your child will receive the services written in your child's IEP, 504, or Plan of Care at Hillsborough County Public Schools expense regardless of your consent to allow us to bill Medicaid. You may revoke consent at any time.



## Parental Consent to Release Personally Identifiable Information for Medicaid Reimbursement

Hillsborough County Public Schools wishes to seek reimbursement for certain services provided to your child by accessing Medicaid. We must obtain your written informed consent for the purpose of releasing certain information related to seeking Medicaid reimbursement. Medicaid reimbursement helps the school district fund costs of providing special education, related services and any other services allowable by Medicaid.

*Consent given or denied (please read, mark with an X your choice, sign and date at the bottom):*

### Individual Educational Plan (IEP) Services

The Individuals with Disabilities Education Act of 2004 (IDEA) permits school districts to seek reimbursement from Medicaid for services provided at school (Title 34, section 300.154(d)(2)(iv)(A)-(B), Code of Federal Regulations [CFR]).

### Non-IEP Services

School districts are also allowed to seek reimbursement from Medicaid for services provided under the Florida Administrative Code Medicaid rule for school-based services (Rule 59G-4.035).

**I understand and give my consent** to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district's Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records and logs, transportation logs, progress notes, and nursing reports or records.

The information shared may include my child's name, date of birth, address, primary special education disability (if applicable), Florida Medicaid identification number, Social Security number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, physical therapy services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services.

**I understand and do NOT give my consent** to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child

### Student/Child's Information

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Date of Birth

### Parent/Guardians Information

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

