



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

**MassHealth
School-Based Medicaid Program Bulletin 32
June 2019**

TO: School-Based Medicaid Providers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
**RE: Parental Consent for Local Education Agencies to Bill MassHealth
Does Not Change MassHealth Benefits Outside of School**

Background

MassHealth is dedicated to improving the health outcomes of our diverse members, their families, and their communities by providing access to integrated health care systems that sustainably promote health, well-being, independence, and quality of life.

According to guidance published by the Department of Elementary and Secondary Education (DESE), the Family Education Rights and Privacy Act (FERPA) requires LEAs to obtain consent from a parent or guardian to share information with MassHealth, including information needed to bill MassHealth for services provided to students, DESE provides [guidance on parental consent requirements](#) on its website.

This bulletin clarifies that parental consent allowing LEAs to bill MassHealth does not change the MassHealth services that members can receive inside or outside of school. LEAs are encouraged to share this bulletin with parents and guardians to clarify this policy.

The School Based Medicaid Program (SBMP) does offer local education agencies (LEAs) an important opportunity to be reimbursed when they provide MassHealth covered services to MassHealth members. LEAs can be cities, towns, charter schools, regional schools, vocational schools, or technical schools. LEAs may bill MassHealth for reimbursable services and administrative costs. Parents and guardians of MassHealth members are **not** billed for these services.

Consent to LEA Billing MassHealth

Granting or revoking parent or guardian consent to allow the LEA to bill MassHealth **does not change** the amount, frequency, or duration of MassHealth services that MassHealth members can receive inside or outside of school. Services that MassHealth members may receive both in and out of school include, but are not limited to

- Nursing services
- Physical, occupational, and speech therapies
- Applied Behavior Analysis (ABA) services
- Psychotherapy services

**MassHealth
School-Based Medicaid Program Bulletin 32
June 2019
Page 2**

MassHealth may require prior authorization (PA) to determine whether certain services are medically necessary outside of school. PA may be required before services start or after a certain threshold of visits have been met. As part of the PA process, MassHealth reviews the member's needs and/or conducts a clinical evaluation of the member's needs and also considers the services the member already receives, including the services expected to be delivered in the school setting.

Clinical review and prior authorization are conducted as appropriate **regardless of whether an LEA bills MassHealth**. Thus, the granting or revoking of parental or guardian consent for LEAs to bill MassHealth does not change the amount, frequency, or duration of services provided outside of school.

SBMP Website

For more information about the School-Based Medicaid Program, including the upcoming changes effective July 1, 2019, please see www.mass.gov/masshealth/schools. A copy of this bulletin can be found at www.mass.gov/lists/sbmp-program-bulletins.

Questions

If LEAs have questions about this bulletin please contact the School-Based Medicaid Claiming Program at (800) 535-6741 or by email at schoolbasedclaiming@umassmed.edu.

If parents or guardians have questions or concerns about their child's out-of-school MassHealth benefits, please contact the MassHealth Customer Service Center at (800) 841-2900.

For questions specifically about Community Case Management (CCM), please contact the CCM program at (508) 856-6222.

For questions about parent or guardian consent, please contact the DESE Office of Student and Family Support at (781) 338-3010 or by email at achievement@doe.mass.edu.

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: [Dighton-Rehoboth Regional School District] [0650]

School/District Contact: [Kristin Donahue 508-252-5000 x5143]

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counselling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
 - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's MassHealth rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):

Add more children