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Dear Parents,

I am writing this letter to share with you some important information regarding developmental disability services your child receives through Medicaid.

In May, my office mailed an Information Release to Developmental Disability Agencies, Psycho-Social Rehabilitation Agencies and Service Coordinators to remind them of policies regarding the provision of services to school-age children. "Information Releases" are a communication tool we routinely use to communicate to Medicaid providers. The Information Releases are also published in a monthly newsletter. We also included a "parent letter" with that Information Release.

We have received many questions from parents and agencies as a result of the Information Release and I hope that this letter, in addition to our other efforts, helps to resolve some concerns.

The purpose of the Information Release was to review long standing school-based services policies in order to communicate the need for collaboration among private agencies and the schools and provide some guidelines to clarify what, when, how, and where Medicaid funding can be used.

There are two primary ways that are used to fund services for your school-aged child:

1. **School-Based Services:**
For children who qualify for an Individual Education Plan (IEP), Medicaid funding is available to help finance certain services. These services include medical, rehabilitative and health-related services.

School-based Services providers who are qualified to bill Medicaid include your public schools, charter schools and the Infant Toddler Program. A private agency is a resource for your school and can provide services through a contract with the school. Some schools in Idaho contract with private agencies while others have resources to provide services with their own special education employees.

Your child's IEP may include a number of services that are not funded by Medicaid but are the responsibility of the school. All services included on the IEP should be services identified for the needed purpose of achieving an education. The school is responsible for

providing needed services regardless of whether they make use of Medicaid funding. Medical, health-related and rehabilitative services billed to Medicaid by school-based providers must have your consent and do not reduce any of your child's Medicaid benefits that are needed outside of school.

The purpose of using Medicaid funding in the public school system is to encourage the inclusion of children with disabilities in the public school environment, while continuing to ensure that they receive the services they need and discouraging the use of segregated environments.

2. Community-Based Services:
Medicaid benefits are also available to school-aged children outside of the public school system. These benefits are designed to meet other medical, rehabilitative and health-related needs that are not for educational purposes.

These Medicaid benefits are available to your child based on an assessment of how they will meet the individual needs of your child. In some cases, the Department conducts a prior-authorization process which may include information from your physician and other service providers.

If your child has a current plan authorized by the Department, these services have already been determined to meet the necessary criteria and will continue. You don't need to request a special review of those services. At regularly scheduled reviews of prior-authorized service plans, the Department will continue to determine whether services meet necessary requirements and will make sure that the services are not educational services which are not covered by Medicaid.

In other cases, your private agency provider conducts the assessment and identifies a service plan. These services are not prior-authorized by the Department and will only be reviewed during agency surveys.

Summary of Appropriate Services

Questions about School-Based Services	
What services are included on plans?	Services needed to achieve educational objectives.
How are services identified?	In an Individualized Education Plan (IEP).
When can services be provided?	During school hours as listed on the IEP.
Where can services be provided?	In a public school, including charter schools and the Infant Toddler Program.

Questions about Community-Based Services	
What services are included on plans?	Services needed to address medical, rehabilitative and health-related services that are not related to educational objectives.
How can services be identified?	In a Medicaid Individualized Service Plan (ISP).
When can services be provided?	When they are needed.
Where can services be provided?	In clinics, hospitals, centers, and the community as identified on the service plan.

What Parents Should Do:

Children with IEPs

- If your child has an IEP that includes all the educational services your child is receiving, you don't need to do anything.

- If your child is receiving educational services outside of the public school, we encourage you to work with your school to expand the IEP to include those services. By doing so, you are maximizing the educational benefits for your child.

Children without IEPs

- If your child does not have an IEP but you think s/he might qualify, we encourage you to work with your public school to develop an IEP that meets his or her needs. The school is obligated to have a plan in place within 60 days of school enrollment.

Children with approved plans for Community-Based Services

- As mentioned, Department-approved plans will be honored. As plans come up for renewal, we expect that they will comply with Department rules.

EPSDT Reviews:

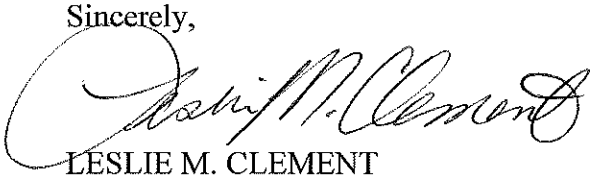
We realize that there are always exceptions and unique situations that need to be individually addressed. In the Medicaid program, the avenue for reviewing those exceptions is referred to as an Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) review. If you believe that your child needs a service that Medicaid typically does not cover, you can request an EPSDT review. In that case, we will be asking you to provide information that tells us why the Medicaid coverage rules and limits should not apply to your child.

We are committed to working in collaboration with schools and parents to focus on the needs of the child. We will also continue to offer individual plan reviews and answer individual questions on an as needed basis.

We have asked our lead policy coordinator to be the Central Office point of contact for you at this time. You can contact Paige Grooms with your individual questions at (208) 947-3364. You can also rely on your usual Department regional contacts for sources of information regarding these services.

I hope the information in this letter has helped to provide clear information that will assist you in obtaining services needed for your child. We realize navigating through the Medicaid program can be challenging and we are committed to developing tools that will make this process more transparent to you.

Sincerely,



LESLIE M. CLEMENT
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LMC/rs