



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

August 28, 2008

Dear Participants,

I am writing this letter to share with you some important information regarding services you receive through Medicaid. **Because you are over 18, this information may not apply to you.** If you are currently enrolled in school, please review the information below. If you are not enrolled in school and do not intend to re-enroll, you may disregard this letter.

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 school-aged children:

1. School-Based Services:

For participants 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 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

Dear Participant
August 28, 2008
Page 2 of 4

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. Services billed to Medicaid by school-based providers must have your consent and do not reduce any of your 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 individuals with disabilities in the public school environment, while continuing to ensure 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 you based on an assessment of how they will meet your individualized needs. In some cases, the Department conducts a prior-authorization process which may include information from your physician and other service providers.

If you have a current plan authorized by the Department, these services have already been determined to meet the necessary criteria and may 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.

Dear Participant
August 28, 2008
Page 3 of 4

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 You Should Do:

Participants with IEPs

- If you have an IEP that includes all the educational services you are receiving, you don't need to do anything.
- If you are 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 your educational benefits.

Participants without IEPs

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

Participants 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 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 you need 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 you.

We are committed to working in collaboration with schools, participants, and families to focus on your needs. We will also continue to offer individual plan reviews and answer individual questions on an as needed basis.

Dear Participant
August 28, 2008
Page 4 of 4

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 the services you need. 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,

A handwritten signature in cursive script that reads "Leslie M. Clement". The signature is written in black ink and is positioned above the printed name.

LESLIE M. CLEMENT
Administrator

LMC/rs