



INITIAL AND ANNUAL NOTICE OF PARENT RIGHTS
REGARDING MEDICAID BILLING FOR SCHOOL BASED SERVICES

NOTICE OF RIGHTS

With the informed written consent of the parent/guardian, the Medicaid School Based Services program, as authorized by the Individuals with Disabilities Education Act (IDEA), allows school districts to bill the Michigan Medicaid program for reimbursement for health services provided by the school-districts pursuant to the IEPs or IFSPs for Medicaid eligible students with disabilities.

Participation in the Medicaid School Based Services Program in Michigan:

- Provides districts partial reimbursement for IEP/IFSP services: Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation, Nursing Services, Case Management, Assistive Technology, Audiology and Personal Care services.
- Does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.
- Helps school districts because it offsets some of the costs of health care that we provide to children and students.
- Is voluntary and must comply with both the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA). Specifically, before a district may access a family's Medicaid benefits for the first time to pay for School Based health services, it must first give appropriate notice of the consent being sought, and then obtain the parent/guardian's written consent for two purposes:
 - 1.) To release personally identifiable information about their child to the Michigan Medicaid and billing agencies to obtain this reimbursement. This information could include date of birth, disability, gender, school, date of therapy, type of therapy, progress reports, and Medicaid number;
 - 2.) To allow the district to access the family's Medicaid benefits to pay for School Based health services.

This initial consent for release of personally identifiable information and permission to access Medicaid is voluntary and may be revoked in writing at any time. If the parent refuses consent, or revokes consent previously given, the district will cease to receive any Medicaid reimbursement for School Based health services but will still have the obligation to provide these services at no cost.

This notice of rights must be given to the parent/guardian prior to accessing Medicaid benefits for the first time and annually thereafter. If you have any questions, please contact the KRESA Special Education Department at: (269) 250-9323.

PARENT NOTIFICATION AND CONSENT
For billing the State for Medicaid School-Based Services

Student Name:
Attending ISD:

Birth Date:

NOTIFICATION

If any of the services listed below are included on your child’s IEP (Individualized Education Program), and if your child was eligible for Medicaid at any time during the school year, we request your permission to bill the state Medicaid program to receive funding to help support the services your child received. Supported services include:

Speech/ Language Therapy, Occupational Therapy, Physical Therapy, Social Work Services, Psychological Services, Nursing Services, Orientation and Mobility, Assistive Technology Services, Case Management, Personal Care, Evaluations and Transportation.

Billing the state Medicaid program for your child’s School-Based Services does NOT affect your family’s Medicaid insurance benefits, and is at NO cost to your family, now or in the future.

We are simply asking your permission to claim funds reserved by the state to help schools provide the services listed on your child’s Special Education plan.

Billing the state’s Medicaid program requires that we release information to the state about your child. The information released could include date of birth, disability, gender, school, date of therapy, type of therapy, and progress reports. You will receive annual notification about information released in the Parent Handbook with Procedural Safeguards. Schools have released this information to the state program since 1993, but now need your permission because of changes in federal law.

You have the right to refuse consent to bill the state Medicaid system, and you have the right to revoke this consent at any time. If you check No below, the district will still provide the services but the district will not receive funding from the state Medicaid system for these services.

CONSENT

Yes, I understand, agree, and consent that the ISD and its local school districts may:

- a. release Personally Identifiable Information (PII) about my child (including date of birth, disability, gender, school, date of therapy, type of therapy, progress reports to Michigan Medicaid and its billing agencies for Medicaid reimbursement of School-Based Services; and**
- b. bill my child’s Medicaid insurance for reimbursement of School-Based Services on or after**

I understand I may revoke this consent in writing at any time.

No, I do not give permission for the ISD and its local school districts to bill the state Medicaid system for reimbursement of School-Based Services provided to my child.

Parent/Guardian/Student Signature: _____ **Date:** _____