

MEMORANDUM

TO: ISD Superintendents and Directors of Special Education

FROM: Jeff Siegel, Superintendent, Berrien ISD  
Michael R. DeVault, Superintendent, Macomb ISD

DATE: February 27, 2007

RE: *Parental Notice and Consent Forms for Medicaid*

Attached you will find three "model" forms the Medicaid Fee-For-Service workgroup developed for your use to comply with the new IDEA regulation requiring parental consent to bill Medicaid for reimbursement. The regulation requires that school districts obtain parental consent when billing Medicaid to protect the privacy rights and to ensure that the parent is fully informed. Since the regulation became effective in October 2006, the workgroup reviewed information from a number of sources in order to develop the documents attached. These sources included reviewing similar documents from other states and the recent letter from the Office of Special Education Programs in Washington, D.C. These "model" forms may be modified to suit the ISD's and local district issues such as distribution of the notice and methods to obtain parental consent.

Each ISD along with their local districts should determine the most effective method of distribution. Consideration should be given as to whether the ISD or the local district should mail the parent letter. In some counties, the parent letter may be more readily understood if it were on local district letterhead and signed by the superintendent or director of special education, rather than by the ISD.

Another issue is the identification of Medicaid eligible students. Due to parental and students rights, it is not possible to predetermine which parents to request this consent. Therefore, it is necessary to request consent and obtain signatures from ALL parents/guardians of students with an IEP or IFSP.

The attachments are as follows:

- 1) **General letter to be distributed to parents of students with an IEP or IFSP.** This letter informs parents that your district participates in the Medicaid School Based Services (SBS) program and must follow a new regulation to obtain your consent to release information in order to bill Medicaid. You may choose to edit the letter to reflect the district's method of obtaining consent. For example, your district may follow-up with an additional letter and consent form or the district may prefer to secure parental consent at the next IEP or IFSP.
- 2) **Separate form to obtain parental consent.** The district may choose to seek parental consent at an IEP meeting, via a mass mailing, or at other times. This form provides the district with this option.
- 3) **Language to insert into an IEP to obtain parental consent.** This language could be inserted into your district's IEP form.

# School District Letterhead

February 27, 2007

Dear Parent/Guardian,

Since 1993, the \_\_\_\_\_ Intermediate School District and its local districts have participated in the Medicaid School Based Services program. This program allows the districts to bill the Medicaid program for reimbursement for health services provided in the schools to special education students who are eligible for Medicaid.

The **Medicaid School Based Services Program** in Michigan:

- Provides partial reimbursement for services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation, Nursing Services, Case Management and Assistive Technology 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 requires parent or guardian to provide written consent to release information about their child in order to bill Medicaid. This consent may be revoked at any time by the parent or guardian.

This letter is being sent to the families of all special education students to provide notification that the \_\_\_\_\_ Intermediate School District and its local districts participate in this program.

New regulations which became effective October 2006 require the districts to obtain your consent to release information in order to bill the Medicaid program. The school district will request your consent either at the time of your child's IEP or through a separate mailing.

If you have any questions regarding the information contained in this letter, please contact \_\_\_\_\_.

Sincerely,

Director of Special Education

**School District Letterhead**

**Parent Permission  
For Medicaid School Based Services**

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Attending District:** \_\_\_\_\_

Since 1993 the \_\_\_\_\_ Intermediate School District and its local districts have participated in the Medicaid School Based Services program. This program allows the districts to bill the Medicaid program for reimbursement for health services provided in the schools to special education students who are eligible for Medicaid.

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- 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 requires parent or guardian to provide written consent to release information about their child in order to bill Medicaid. This consent may be revoked at any time by the parent or guardian.
- Requires information about your child's school based services (which could include date of birth, disability, gender, school, date of therapy, type of therapy, and progress reports) by the Michigan Medicaid and billing agencies to obtain this reimbursement.

If your child receives any of the above services and qualifies for Medicaid benefits at any time during the school year, we request your permission for \_\_\_\_\_ Intermediate School District and its local school districts to bill your child's Medicaid insurance to receive reimbursement. You have the right to refuse consent to bill Medicaid, and you have the right to revoke this consent to bill Medicaid. If you do not provide consent, the district will still provide the services but the district will not receive any Medicaid reimbursement for these services

I give permission for \_\_\_\_\_ Intermediate School District and its local school districts to bill my child's Medicaid insurance for reimbursement of School Based Services provided during the school year as described in my child's IEP (Individualized Education Program) or IFSP (Individualized Family Service Plan).

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Proposed language for inserting into the IEP Form**

**For Medicaid School Based Services Program:**

The **Medicaid School Based Services Program** in Michigan provides partial reimbursement from Medicaid for services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation, Nursing Services, Case Management and Assistive Technology Services. Information about your child's school based services (which could include date of birth, disability, gender, school, date of therapy, type of therapy, and progress reports) is required by the Michigan Medicaid and billing agencies to obtain this reimbursement.

If your child receives any of the above services and qualifies for Medicaid benefits at any time during the school year, we request your permission for \_\_\_\_\_ Intermediate School District and its local school districts to bill your child's Medicaid insurance to receive reimbursement. You have the right to refuse consent to bill Medicaid, and you have the right to revoke this consent to bill Medicaid. If you do not provide consent, the district will still provide the services but the district will not receive any Medicaid reimbursement for these services

I give permission for \_\_\_\_\_ Intermediate School District and its local school districts to bill my child's Medicaid insurance for reimbursement of School Based Services provided during the school year as described in my child's IEP (Individualized Education Program) or IFSP (Individualized Family Service Plan).

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_