

# **Tuscola Intermediate School District**

1385 Cleaver Road, Caro, MI 48723

989-673-214

# **Consent for Medicaid School-Based Services**

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

| <ul> <li>or in the future.</li> <li>Helps school districts to offset some of the costs of health care provided to children.</li> <li>Is voluntary and requires a parent or guardian to provide written consent to release information about their child to the Michigan Medicaid agency and its affiliates to obtain reimbursement. Thi may include name, address, date of birth, student ID, Medicaid ID, disability, dates and services delivered.</li> <li>If your child receives any of the services listed above and qualifies for Medicaid benefits at any time during the school year, we request your permission to release information to enable your school district to access School-Based Medicaid Reimbursement. The consent remains in effect from the beginning of the current school year until it is withdrawn. You have the right to withdraw this consent at any time by notifying your school district in writing. If you do not provide consent, the district will still provide the services at no cost to you.</li> <li>By signing below, I understand and agree that Tuscola ISD and its local districts may access my child's</li> </ul>   |  |
|---|--|
| <ul> <li>Provides partial reimbursement to school districts for services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work, Orientation and Mobility, Transportation, Nursing, Case Management and Assistive Technology Services.</li> <li>Does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.</li> <li>Helps school districts to offset some of the costs of health care provided to children.</li> <li>Is voluntary and requires a parent or guardian to provide written consent to release information about their child to the Michigan Medicaid agency and its affiliates to obtain reimbursement. Thi may include name, address, date of birth, student ID, Medicaid ID, disability, dates and services delivered.</li> <li>If your child receives any of the services listed above and qualifies for Medicaid benefits at any time during the school year, we request your permission to release information to enable your school district to access School-Based Medicaid Reimbursement. The consent remains in effect from the beginning of the current school year until it is withdrawn. You have the right to withdraw this consent at any time by notifying your school district in writing. If you do not provide consent, the district will still provide the services at no cost to you.</li> <li>By signing below, I understand and agree that Tuscola ISD and its local districts may access my child's public benefits or insurance information in order to seek reimbursement for services rendered as listed or the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).</li> <li>I have also received a copy of the Medicaid Annual Notification Regarding Parental Consent.</li> </ul> | School District:   |
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| Date:   | Signature of Parent/Guardian:  |
|   | Date:  |

ORIGINAL SIGNED COPY MUST BE RETURNED TO TIFFANY BEHRENDS, TUSCOLA ISD CENTRAL OFFICE

## Tuscola ISD

# **Medicaid Annual Notification Regarding Parental Consent**

### **Background:**

Since 1993, the State of Michigan has participated in a Federal program called Medicaid School-Based Services. The program assists school districts by providing partial reimbursement for medically-related services listed on a student's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). Although this partial reimbursement is available only for students who are Medicaid eligible, services are provided to all students with disabilities regardless of their Medicaid eligibility status.

The Michigan School-Based Services program is under the direction of the Michigan Department of Community Health.

In 2013, the regulations regarding Medicaid parental consent for School-Based Services changed. Prior to accessing a child's public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification. So what does all this mean?

#### Is there a cost to you?

NO – IEP/IFSP services are provided to students while they are at school at NO cost to the parent/guardian.

### Will School-Based Medicaid claiming impact your family's Medicaid benefits?

The School-Based Services program does NOT impact a family's Medicaid services, funds, or limits. Michigan operates the School-Based Services program differently than the family's Medicaid program. The School-Based Services program does not affect your family's Medicaid benefits in any way.

#### What type of services does the School-Based Services program cover?

- Evaluations
- Speech & Language/Audiology
- Occupational Therapy
- Physical Therapy

- Psychological/Social Work
- Orientation & Mobility
- Assistive Technology Services
- Special Education Transportation
- Case Management
- Personal Care
- Nursing

### What type of information about your child will be shared?

In order to submit claims for School-Based Services reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

#### Who will see this information?

Information about your child's School-Based Services may be shared with the Michigan Medicaid agency and its affiliates for the purpose of verifying Medicaid eligibility and submitting claims.

#### What if you change your mind?

You have the right to withdraw consent to disclose your child's personally identifiable information to the Michigan Medicaid agency and its affiliates at any time.

#### Will your consent or refusal affect your child's services?

NO. Regardless of whether you have Medicaid coverage or not (and whether you provide consent or not) the school district will still provide services to your child pursuant to their IEP or IFSP.

## What if you have questions?

Please call your school district's Special Education department with questions or concerns, or to obtain a copy of the parental consent form.