

## Parent/Guardian/Adult Student Consent For Medicaid School Based Services Program

Student Name: _____	Date of Birth: _____	UIC: _____
IEP Date: _____		

The school based services Medicaid 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 Evaluation, Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation, Nursing Services, Case Management, Personal Care 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 seek Medicaid reimbursement. This consent may be revoked at any time by the parent or guardian.
- Requires release of 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 the school district to submit claims on behalf of your child to enable the school district to access School-Based Medicaid reimbursement. You have the right to refuse consent to bill Medicaid, and you have the right to withdraw this consent at anytime. Your refusal does not relieve the school district of its responsibility to provide services at no cost.

**Yes.** As the parent/guardian of the student named above, I give my consent to the School District to disclose information from my child's education records to Michigan Department of Health & Human Services as necessary to allow the School District to seek Medicaid funds to help cover the costs of the school-based health services the School District provided to my child.

I understand that my consent will remain in effect until I withdraw it, and that I may withdraw my consent at any time by notifying the School District. If I withdraw my consent, the School District will continue to provide necessary school-based health services to my child at no cost to me, the parent/guardian.

**No.** As the parent/guardian of the student name above, I do not give my consent to the School District to disclose information from my child's education records to Michigan Department of Health & Human Services.

I understand that if I do not give my consent, the School District will continue to provide necessary school-based health services to my child at no cost to me, the parent/guardian.

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Parent/Guardian/Adult Student Signature

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Date