

PARENT NOTIFICATION AND CONSENT TO TREAT AND BILL

Student Name:

Birth Date:

Attending ISD: Washtenaw Intermediate School District

If your child requires medical or social-emotional services listed below and has a Plan of Care, IEP (Individualized Education Program), IFSP (Individualized Family Service Plan), 504 plan, health care plan, or needs crisis support services and is eligible for Medicaid at any time during the school year, we request your permission to treat/intervene with your child and 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 provide medical and/or social-emotional intervention and claim funds reserved by the state to help schools provide the services listed on your child's plan.

Billing the state's Medicaid program requires that we disclose information from your child's education records to the state, which could include school, date of birth, gender, disability, date of therapy, type of therapy and progress reports. If your student receives Special Education Services, you will receive annual notification about information released in the Parent Handbook with Procedural Safeguards.

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

- Yes, provide treatment as needed for medically necessary services.
- a. Yes, bill my child's Medicaid insurance for reimbursement of School Based Services provided and disclose information from my child's education records (including date of birth, school, gender, disability, date of therapy, type of therapy and progress reports) to Michigan Medicaid and its billing agencies for reimbursement of School-Based Services; and I understand I may revoke this consent in writing at any time.
- b. 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 Signature:

Date:

Parent/Guardian: once form is completed, please email back to the school staff who sent it.

School Staff: please email a copy to Medicaid SBS Dept. at WISD: Istiebe@washtenawisd.org