

Consent for Medicaid School-Based Services

Student Name: _____ Birth Date: _____

School District: _____

The Medicaid School-Based Services Program in Michigan:

- Provides partial reimbursement to school districts 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 cost of health care provided to children.
- Is voluntary and requires a parent or guardian to provide written consent to release information about their child in order to bill Medicaid.

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 submit claims on behalf of your child to enable your 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 any time. If you do not provide consent, the district will still provide the services.

I have received a copy of the Medicaid Parental Consent Annual Notification

I understand and agree that _____ Public Schools and Wayne RESA may access my child's public benefits or insurance information in order to seek reimbursement from Medicaid for School Based Services rendered on behalf of my child as listed on the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

DATE: _____

Signature of Parent/Guardian: _____