



BREVARD PUBLIC SCHOOLS
**Parent Consent to Release Personal Student Information
for Medicaid Reimbursement**

Medicaid reimbursement helps the school district fund costs of providing special education, related services, and any other services allowable by Medicaid. Our school district wishes to seek reimbursement for certain services provided to your child by accessing Medicaid. We must obtain your written informed consent for the purpose of releasing certain information related to seeking Medicaid reimbursement.

Individual Educational Plan (IEP) Services

The Individuals with Disabilities Education Act of 2004 (IDEA) permits school districts to seek reimbursement from Medicaid for services provided at school (Title 34, section 300.154(d)(2)(iv)(A)-(B), Code of Federal Regulations [CFR]).

Non-IEP Services

School districts are also allowed to seek reimbursement from Medicaid for services provided under the Florida Administrative Code Medicaid rule for school-based services (Rule 59G-4.035).

Consent given or denied (please read, initial, sign and date at the bottom):

I understand and give my consent to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district's Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child. I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34 CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.

The information shared may include my child's name, date of birth, address, primary special education disability (if applicable), Florida Medicaid identification number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, physical therapy services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records and logs, transportation logs, progress notes, and nursing reports or records.

I understand and do NOT give my consent to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

Parent/Guardian's Signature: _____ **Date signed:** ____/____/____

Parent/Guardian's Name (printed): _____

Parent/Guardian's Name (original signature): _____

Student's Name (printed): _____

Student ID _____ **Student's Date of Birth (printed):** _____



Medicaid Questions Answered

Dear BPS Parent,

The State of Florida participates in a federal program called Medicaid School Match. This program helps school districts by allowing them to receive reimbursement for services provided to Medicaid Eligible Students. School districts frequently utilize this Medicaid reimbursement to help meet the costs of providing education services.

In order to assist you further, we have put together frequently asked questions to guide you.

Who can the district submit reimbursement for?

While services will be provided to all students, as determined necessary by the school IEP/504/MTSS team, school districts may only receive reimbursement for services provided to students who are Medicaid Eligible.

What services does Medicaid cover?

Occupational Therapy	Physical Therapy	Nursing Services
Speech/Language Therapy	Psychological Services	Social Work Services
Audiology Services	Special Transportation	School Health Aides
Screenings/Evaluations	Counseling Services	

Why does the district need parental consent?

Federal law requires school districts to seek parental consent prior to submitting bills for reimbursement from public insurers such as Medicaid. The school district is required to obtain your written permission to release information to Medicaid before the district can submit any information for billing purposes.

Is there a cost to me?

No. Services provided to a student within a school setting are provided at no cost to the parent/guardian.

Will this impact my child's outside Medicaid benefits?

Not at all. Granting permission for the school district to bill Medicaid will **not** reduce your ability to seek other Medicaid-covered health-related services outside the school setting. This permission will not decrease lifetime coverage, increase premiums, or lead to the discontinuation of benefits.

Who will see this information?

Your student's demographic and service information will be shared with the Agency for Health Care Administration (AHCA) for the purpose of verifying Medicaid eligibility and submitting claims.

What if I deny consent? – What if I change my mind?

You have the right to add or withdraw consent at any time. Your child's free appropriate public education and related services will continue regardless of consent, refusal of consent, or withdrawal.

If you have further questions, please contact:

Cheryl Wratchford, Medicaid Specialist
ESE Program Support Services
Brevard County Public Schools
321-633-1000 ext. 11508
Wratchford.cheryl@brevardschools.org