



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 If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.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, occupational therapy, speech therapy, hearing and language therapy, behavioral services which includes counseling & social work, transportation services, and nursing services.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records, 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): _____

Student’s Name (printed): _____

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



Medicaid Annual Notification

Dear BPS Parent,

The State of Florida participates in the federally funded, Medicaid Certified School Match program. 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?

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|-------------------------|------------------------|----------------------|
| 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. Services listed in the IEP (Individual Education Plan)/IFSP (Individual Family Service Plan) must be provided regardless of whether the parent/legal guardian gives consent to bill Medicaid.

Is there a cost to me?

No. Services provided to a student within a school setting are provided at no cost to the parent/legal guardian. IEP/IFSP services must be provided at no cost to the parent/legal guardian or student.

Will this impact my child's outside Medicaid benefits?

No. 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. The district delays submission for billing to ensure there is no overlap with your student receiving outside services first. *Additionally, if your student receives outside services, district staff will coordinate with the outside service provider or delay billing to ensure that your child's benefits are not impacted.

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 your consent at any time. Your child's free appropriate public education and related services will continue regardless of consent, refusal of consent, or withdrawal of consent to disclose the child/children's personal identifiable information to Medicaid and the Florida Agency for Health Care Administration (AHCA).

If you have further questions, please contact: Cheryl Wratchford, Medicaid Specialist, ESE Program Support Services 321-633-1000 ext. 11508 or Wratchford.cheryl@brevardschools.org