



The School Board of Brevard County, Florida
2700 Judge Fran Jamieson Way, Viera, FL 32940

Printed Student Name

Student #

School

Birth Date

Medicaid Annual Notification

Districts enrolled as Medicaid providers in the Medicaid Certified School Match Program (Fee for Service) are required under FERPA (Family Educational Rights and Privacy Act) to obtain parental consent in order to receive reimbursement for health-related services provided to Exceptional Student Education (ESE) students covered under the Individuals with Disabilities Education Act (IDEA). The Office of Special Education and Rehabilitative Services (OSERS) has recently instituted a new ruling that requires districts to not only obtain one-time signed parental/guardian consent and distribute written notification initially, but then to continue to provide written notification annually, starting the 2013-2014 school year.

As a result of this mandate, Brevard Public Schools developed the Medicaid Yearly Notification Form as a means to provide the annual notification to the parent/legal guardian regarding Medicaid reimbursement for eligible students receiving Speech/Language, Occupational Therapy, Physical Therapy and/or Counseling Services. Please see the Parent/Guardian Rights below.

Parent/Guardian Rights:

- IEP/IFSP services must be provided at no cost to the parent/guardian or student.
- Services listed in the IEP/IFSP must be provided whether or not parents give consent to bill Medicaid.
- Medicaid consent may be withdrawn at any time by submitting a new Medicaid Parental Consent Form. Contact your school guidance office.
- Annual written notification of parental/guardian rights regarding this consent must be provided by the school district.
- Copies of records disclosed as a result of authorization to bill are available to parent/guardian upon request.

Please print and sign your name below indicating that you received a copy of this form.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date