

Consent to Bill Medicaid

Regarding Student:

DOB:

Dear Parent/Guardian:

Under federal law, the school district can be reimbursed by Medicaid for therapy services provided to students who receive certain special education related services (e.g., occupational therapy, speech therapy, physical therapy, audiology). Through your child's IEP team planning process, it was determined that at least one of these services is necessary in order to provide your child with a free appropriate public education (FAPE).

The school district is required to obtain your consent before it can bill Medicaid. Your consent is only required this one time. In future years, you will be notified/reminded of this process and your rights as parent/guardian.

Before providing consent, please review the following:

- The school district must provide the services listed in your child's IEP even if you do not consent to this request to bill Medicaid.
- By billing Medicaid, we are disclosing to the Medical Services Division, North Dakota Department of Human Services (DHS) that your child receives special education services (i.e., therapy services).
- As part of the Medicaid billing process, the school district will be required to send the portion of your child's IEP pertaining to therapy services to your child's primary care physician for his/her authorization.
- This access to Medicaid cannot require you to incur an out-of-pocket expense; cannot result in any decrease in available lifetime coverage or any other insured benefit; cannot result in your family paying for services that would otherwise be covered by Medicaid and that are required for your child outside of school; cannot increase premiums or lead to the discontinuation of benefits; and cannot create any risk of loss of your child's eligibility for home and community-based waivers, based on aggregate health-related expenditures.
- This consent form pertains to each/all therapies identified in your child's IEPs from this point on unless or until you revoke your consent. Granting consent is voluntary, and may be revoked at any time. If consent is revoked, the revocation is not retroactive; which means that it does not undo any verification or billing through DHS that has already taken place, but it will stop any future verification or billing. You may revoke your consent at any time by contacting your child's Special Education Case Manager.
- If your child is no longer served by this school district, this consent will not transfer to a new school district. This authorization will begin on the date that you sign and give consent below.

By signing below, I acknowledge that I have reviewed the information above and provide my consent for the school district to bill Medicaid for my child's therapy services.

Parent/Guardian Signature

Medicaid Number

Date

Your Child's Primary Care Physician

Physician's Clinic or Hospital

Case Manager Signature:

Date: _____