



Consent for Medicaid School-Based Services

Student Name:

Birth Date:

School District:

The Medicaid School-Based Services Program in Michigan:

- Provides partial reimbursement for services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation, Nursing Services, Audiological 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 costs of health care that we provide to children and students.
- Is voluntary and requires parent or guardian to provide written consent to release information about their child in order to bill Medicaid. This consent may be revoked at any time by the parent or guardian.
- Requires information about your child's School-Based services to the Michigan Medicaid Agency and its affiliates to obtain the reimbursement. This may include name, address, date of birth, student ID, Medicaid ID, disability, dates and services delivered.

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 understand and agree that _____ Schools and the Sanilac Intermediate School District 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: