

**MADISON METROPOLITAN SCHOOL DISTRICT
DEPARTMENT OF STUDENT SERVICES**

Name of student	Student #	Date of Birth	Gender	Grade	School of Attendance
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**CONSENT TO BILL WISCONSIN MEDICAID FOR HEALTH-RELATED
SPECIAL EDUCATION AND RELATED SERVICES**

Dear Parent/Guardian

Date:

Through the Medicaid school-based services benefit, Madison Metropolitan School District may submit claims to Wisconsin Medicaid for covered services provided to Medicaid-eligible children enrolled in special education programs. These services include: attendant care services, nursing services, physical therapy, occupational therapy, or speech and language pathology services, specialized medical transportation, psychological services, counseling, social work services, and developmental testing and assessment. The Wisconsin Medicaid school-based services benefit is a way for Madison Metropolitan School District to receive more federal funds to help pay for medically-related special education and related services.

The Madison Metropolitan School District is seeking your consent to bill Wisconsin Medicaid to pay for the health-related services in your child's individualized education program (IEP):

To bill for these services, the Madison Metropolitan School District may need to disclose the following education records: student number, student name, gender, date of birth, address, type of service provided, date service provided, amount of service provided.

Your consent allows the Madison Metropolitan School District to disclose to Wisconsin Medicaid, if necessary, the above education records for the purpose of billing Wisconsin Medicaid for health-related educational services provided to your child that are in your child's IEP. You or your child may, upon your request, receive copies of your child's records that are shared with Wisconsin Medicaid.

Your consent **will not** result in denial or limitation of community-based services provided outside the school. If you refuse to consent for the school district to access Wisconsin Medicaid to pay for health-related special education and/or related services, the Madison Metropolitan School District still must ensure that all required special education and related services are provided at no cost to you.

Your consent is voluntary and can be revoked at any time. If you do revoke consent, the revocation is not retroactive (i.e., it does not negate any billing that occurred after consent was given and before it was revoked).

Sincerely,
Madison Metropolitan School District

PARENT AGREEMENT/CONSENT TO BILL WISCONSIN MEDICAID

Your written agreement/consent is needed before the Madison Metropolitan School District can bill Wisconsin Medicaid to pay for health-related educational services identified in your child's IEP and release the education records identified above when necessary for such billing.

- I understand and agree that the Madison Metropolitan School District may bill Wisconsin Medicaid for payment of health-related educational services in my child's IEP, and to release my child's education records as identified above as necessary for such billing.
- I will not give consent to bill Wisconsin Medicaid at this time

Signature of parent or legal guardian

Date

Please return signed form to: Student Services, Records Offc, 545 W Dayton St, Madison, WI 53703. Fax: 204-0571