

**Calhoun ISD**

**Medicaid Consent to Treat and Bill**

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**School District:** \_\_\_\_\_

The Medicaid School Services Program in Michigan:

- Provides partial reimbursement to school districts for medical and behavioral health 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 to offset some of the costs of health care provided to children.
- Is voluntary and requires a parent or guardian to provide written consent to release information about their child to the Michigan Medicaid agency and its affiliates to obtain 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 medical or social/emotional services listed below and is eligible for Medicaid benefits at any time during the school year, we request your permission to treat/intervene with your child and bill the state Medicaid program to receive funding to help support the services your child received. Supported services include:

Psychological, Professional Counseling, Behavioral, Social Work, Crisis Intervention and Nursing Services

Services are rendered without regard to sex, race, religion, or sexual orientation.

**Consent**

By signing below, I understand, agree, and consent that Calhoun ISD and its local school districts may:

- a. Provide treatment as needed for medically necessary services including telehealth services
- b. May access my child’s public benefits or insurance information in order to seek reimbursement for services rendered as listed on the Plan of Care (POC) or for crisis intervention.

The consent remains in effect from the beginning of the current school year until it is withdrawn. You have the right to withdraw this consent at any time by notifying your school district in writing.

**Date:** \_\_\_\_\_ **Parent/Guardian/Student Signature:** \_\_\_\_\_