

ANNUAL NOTICE OF PARENT RIGHTS REGARDING MEDICAID BILLING FOR SCHOOL SERVICES PROGRAM

Background:

Since 1993, Michigan has participated in the Medicaid School Services Program, which is under the direction of the Michigan Department of Health and Human Services (MDHHS). This program now consists of two parts: Direct Service Claiming and Caring 4 Students (C4S).

Direct Service Claiming assists school districts by providing partial reimbursement for medically related services listed on a student's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP). Although partial reimbursement is only available for students who are Medicaid eligible, services are provided to **all** students with disabilities regardless of their Medicaid eligibility and the provision of services are solely based on a student's individual, disability-related needs.

Effective October 1, 2019, a new program was added as an expansion of the School Services Program called Caring 4 Students (C4S). C4S assists school districts by providing partial reimbursement for the cost of expanding and enhancing emotional and behavioral health medical services to Medicaid-eligible general education students up to age 21. C4S includes general education students who have a qualified plan of care or the need for crisis intervention. Although partial reimbursement is only available for students who are Medicaid-eligible, C4S services are available to all students regardless of Medicaid eligibility status.

In 2013, regulations regarding parental consent for the School Services Program changed. Prior to billing for services for the first time, and annually thereafter, school districts must provide parents/guardians with written notification of their rights. In order to submit claims to Medicaid, school districts must provide personally identifiable information related to students.

Is there a cost to families?

NO – Services are provided to students while attending school at no cost to the parent/guardian.

Will the School Services Program impact your family's Medicaid benefits?

The School Services Program does NOT impact a family's Medicaid services, funds, or limits. The School Services Program is operated separately from health care services received through an individual's or family's health care plan. The Schools Services Program does not affect any benefits your family/student is currently receiving, or any benefits you may hope to receive in the future.

What types of services does the School Services Program cover?

- Evaluations
- Physical Therapy
- Assistive Technology
- Personal Care
- Speech and Language Therapy
- Mental/Emotional/Behavioral Health
- Nursing
- Special Education Transportation
- Occupational Therapy
- Orientation and Mobility
- Case Management

What type of information about your child is shared with MDHHS?

In order to submit claims for School Services Program reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, types of service(s) delivered, and service dates and times.

Who will see this information?

Information about your child's School Services may be shared with Michigan Medicaid staff from MDHHS and its affiliates for the purpose of verifying Medicaid eligibility and submitting and substantiating claims.

What if you change your mind?

You have the right to withdraw consent to disclose your child's personally identifiable information at any time. Contact your student's case manager or district Special Education department to complete a withdrawal of consent.

Will your consent or refusal affect your child's services and/or specialized instruction?

NO – Regardless of whether you have Medicaid coverage or not, and whether you provide consent or not, the district will still provide services to your child pursuant to their active plan of care (including IEPs, IFSPs, Section 504 plans, health plans, or behavior plan, etc.).

What should I do if I have questions?

Contact your student's case manager or your district's Special Education Department with questions or concerns, or to obtain a copy of the parental consent form.

Phone:

PARENT NOTIFICATION AND CONSENT

For billing the State Medicaid School Services Program

Student Name:

Birth Date:

Attending ISD:

ID:

NOTIFICATION

If your child requires any of the supported medical or social/emotional services listed below and has a Plan of Care, IEP (Individualized Education Program), IFSP (Individualized Family Service Plan), Transfer of Student with Disability, Non-Public Service Plan, 504 Plan, Health Care Plan, or needs crisis support services and is eligible for Medicaid at any time during the school year, we request your permission to bill the state Medicaid program to receive funding to help support the services your child received.

Supported services include:

Speech/Language Therapy, Occupational Therapy, Physical Therapy, Social Work Services, Psychological Services, Nursing Services, Orientation and Mobility, Assistive Technology Services, Case Management, Personal Care, Evaluations and Transportation.

Billing the state Medicaid program for your child’s services does **NOT** affect your family’s Medicaid insurance benefits and is at **NO** cost to your family, now or in the future. In order to bill Medicaid we must release information to the state about your child. The information released could include date of birth, disability, gender, school, date of service, type of service.

You have the right to refuse to consent to allow the ISD and its local districts to bill the state Medicaid system, and you have the right to revoke this consent at any time. If you check No below, the district will still provide the services, but the district will not receive funding from the state Medicaid system for these services.

CONSENT

- Yes, I understand, agree and consent that the ISD and its local school districts may:
 - a. Release personally identifiable information (PII) about my child (including date of birth, disability, gender, school, date of service, type of service) to Michigan Medicaid and its billing agencies and bill my child's Medicaid Insurance for reimbursement of services provided on or after my signature date.
 - b. I understand I can revoke this consent in writing, at any time.

- No, I do not give permission for the ISD and its local school districts to bill the State Medicaid system for reimbursement of services provided to my child.

Parent or Guardian Signature: Sign Here

Date: _____