

**Consent for Sharing/Billing Information with Medicaid for Reimbursement for the Provision of School Based Services
Box Elder School District Special Education Department**

Student Name: _____ **Birth Date:** _____

Dear Parent/Guardian or Adult Student,
Public school districts in Utah have the opportunity to bill Medicaid program for partial reimbursement for health-related services provided to special education students. The monies received from Medicaid are used to pay for classroom staff, related services and materials used in the provision of health related services. It is beneficial to your child's education for the district to access these funds.

The students might be eligible for School Based Services reimbursement from Medicaid are:

- *1st-12th grade students who receive 180 minutes or more special education services per day*
- *Kindergarten students who receive 90 minutes or more special education services per day*
- *All preschool students who receive personal care services, speech therapy, occupational therapy, physical therapy or school psychology services.*

You have received this consent form because your child meets one of the above criteria. We request your permission to share your child's first name, last name, and date of birth with Medicaid. When we share this information, we are provided with the information necessary to process reimbursement claims. The information is shared via a secure connection and no other information is provided. Your student's social security number will not be disclosed by Box Elder School District Special Education Department for any purpose.

The Medicaid School Based Services program does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future. If you do not provide consent, the district will still provide the same services (as defined by your child's IEP) but will not pursue Medicaid reimbursement for these services. If you have questions about Medicaid Reimbursement for School Based Services, please call the special education office at 801-402-5142. Box Elder School District Special Education does not seek reimbursement from any insurance provider other than Medicaid.

Please consider giving permission for information sharing. It is beneficial to your child's education for the district to access these funds. Please indicate your consent decision, sign and return this form in the self-addressed stamped envelope included with this letter as soon as possible.

- I give permission for Box Elder School District Special Education to share information via a secure connection for the purpose of reimbursement from Medicaid for School Based Services provided to my child for applicable services listed on his/her current IEP.
- I do not give permission for Box Elder School District Special Education to share information via a secure connection for the purpose of reimbursement from Medicaid for School Based Services provided to my child for applicable services listed on his/her current IEP.

This consent will be valid for the duration of your student's attendance in Box Elder School District, until it is changed at your direction, or until he/she changes IEP services to the extent he/she does not meet the criterion for reimbursement for School Based Services. If you wish to change your consent decision, you will be asked to sign another copy of this form.

Parent/Guardian Signature: _____ Date: _____

If this signed form is returned without a consent decision indicated, consent for sharing information will be assumed. Please review the consent decision closely. If you change your mind about Medicaid consent in the future, please contact the special education department at 435-734-4800.