

## PARENTAL NOTIFICATION TO ACCESS MEDICAL ASSISTANCE

Date: \_\_\_\_\_

Dear Parent/Guardian of:

Student Number:

### **Background:**

Since 1997, the Prince George’s County Public School (PGCPS) System has participated in a Federal health insurance program called Medicaid. The program assists school districts by providing partial reimbursement for medically-related services listed on a student’s Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). Although this partial reimbursement is available only for students who are Medicaid eligible, services are provided to **all** students with disabilities regardless of their Medicaid eligibility status.

The Prince George’s County Public School’s Medicaid program is under the direction of the Maryland State Department of Health & Mental Hygiene and the Maryland State Department of Education.

In March 2013, the regulations regarding Medicaid parental consent for School-Based Services changed. Prior to accessing a child’s public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification of their rights. This document serves as your written notification.

### **Is there a cost to you?**

NO – IEP/IFSP services are provided to students while they are at school at NO cost to the parent/guardian. You will not incur any out of pocket expense such as a deductible or co-pay amount incurred in filing a claim for services.

- ✓ Increased premiums or discontinuation of benefits or insurance; or
- ✓ Risk of loss of eligibility for home and community-based waivers based on aggregate health-related expenditures.

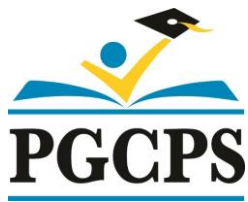
### **If PGCPS bills Medicaid, will Medicaid services that parents or guardians received outside school be affected?**

No, the PGCPS program does NOT impact a family’s Medicaid services, funds, or limits. The school may not use your child’s benefits under Medical assistance if that use would result in:

- ✓ Decrease of available lifetime coverage or any other insured benefits;
- ✓ Your family paying for services that would otherwise be covered by Medicaid Assistance or other insurance program and that are required for your child outside of time he/she is in school;

### **Do school districts need parental consent to bill Medicaid?**

Yes. Before billing Medicaid for the first time, the school district must ask for your permission to bill your child’s public benefits or insurance to pay for your child’s related services under IDEA. School districts are required by the Family Educational Rights and Privacy Act (FERPA) to obtain parental consent before sharing information about a student. This includes sharing personally identifiable information about a student to Medicaid. To receive funding from Medicaid to help pay for the cost of services, the school district must have parental consent to bill Medicaid.



**What type of services does the School-Based Medicaid Assistance program cover?**

School districts can only bill for health-related services that are outlined in the student’s IEP. In general, services for which school districts may bill Medicaid are: evaluations; speech & language/audiology; occupational therapy; physical therapy; psychological/social work; nursing; IEP coordination; and special education transportation service.

**What type of information about your child will be shared?**

In order for PGCPS to submit claims to the Department of Health & Mental Hygiene (DHMH) for Medicaid reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

**Who will see this information?**

Information about your child’s School-Based Services may be shared with the Maryland Medicaid agency (DHMH) and its affiliates for the purpose of verifying Medicaid eligibility and submitting claims.

**What if you change your mind?**

You have the right to withdraw consent to disclose your child’s personally identifiable information to the Maryland Medicaid agency and its affiliates at any time. Your withdrawal does not affect your child’s entitlement to a free appropriate public education in any way.

**Will your consent or refusal affect your child’s services?**

NO. Regardless of whether you have Medicaid coverage or not (and whether you provide consent or not) the school district will still

provide services to your child pursuant to their IEP or IFSP at no cost to you.

**What if you have questions?**

Please call PGCPS’s Medicaid Recovery Office (301)952-6349 with questions or concerns, or to obtain a copy of the parental consent form.

You can also visit our website at

[www.pgcps.org/medicaid](http://www.pgcps.org/medicaid) or

the US Department of Education website at

<http://www2.ed.gov/policy/speced/reg/idea/part-b/part-b-parental-consent.html>