

Medicaid Flow Chart Annual and Initial IEP

Will the student receive any of the following services?
Physical Therapy, **Speech/Language**, Occupational Therapy,
Nursing Services, Attendant Care Services **and/or** Audiology.

Yes

**Does your Student
Have Medicaid?**

Yes

**Does Webkidsss state there is a
current year consent on file?**

No

Discuss the benefit of Medicaid
reimbursement.

**Have parent/guardian complete and sign
Medicaid Consent Form or Decline Form.**

If parent declines STOP here.

Have parent/guardian complete and sign
Physician Release of Information Form. Make
sure Physician Name is complete.

Make a copy of the student's Medicaid Card
if available.

Send completed forms to Medicaid Clerk at
S.K.A.C.D. #613, 001 Ford Rd,
Ensign, KS 67841

S.K.A.C.D.#613 Business Office will send a
letter to Health Care Provider for signature.

S.K.A.C.D. #613 Business Office will send forms annually by mail to
parents and physicians to renew consent forms and signatures for
students who were Medicaid eligible the year before. We are required to
renew consent forms **annually**. Please inform parents of this change.

**No
End Here.**

**No
End Here.**

**Yes
End Here.**