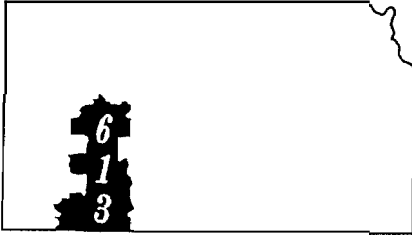


Southwest Kansas Area Cooperative District #613



001 Ford Rd
Ensign, KS 67841
Phone: (620) 865-2054 Fax: (620) 865-2055
www.skacd.com

"Providing Exceptional Education for Exceptional Children"

Dear Parent/Guardian,

Southwest Kansas Area Cooperative #613, your child's Local Education Agency (LEA), is participating in a program which allows reimbursement for services provided to students who are eligible for Medicaid and are receiving any of the following services in a student's IEP: **Physical Therapy, Speech/Language Therapy, Occupational Therapy, Nursing Services, Attendant Care Services, and Audiology.** S.K.A.C.D. #613 optimizes the use of financial resources by billing Medicaid. Money that is received is used for the costs of evaluation, staffing and related services provided to special education students.

Schools are required by the Family Educational Rights and Privacy Act (FERPA) to obtain written parent consent before disclosing confidential information about a student with a disability. **This includes providing information to Medicaid.** To allow an IEP generated claim to be sent to Medicaid a **Parent Consent Form needs to be completed annually.**

As of December, 2006, Kansas Medicaid amended the LEA Provider Manual to require a Health Care Provider's signature prior to billing for the services. This requirement is to be renewed annually also.

Parents/Guardians are being asked to participate by:

1. Completing the Medicaid consent form.
2. Completing the Healthcare provider release form.
3. Sending a copy of the student's Medicaid Card.
4. Keeping S.K.A.C.D. #613 informed of any changes in the student's Medicaid eligibility.

All of the information requested by the program is kept confidential and will not interfere with the student's Medicaid benefits. If you have any questions concerning any part of this program, please contact S.K.A.C.D. #613 at 1-800-657-6023.

Please complete the attached forms and return in the enclosed self addressed, stamped envelope to: S.K.A.C.D. #613, Attn: Cyndi, 001 Ford Road, Ensign, KS 67841.

Thank you for your cooperation.

Southwest Kansas Area Cooperative District 613
Physician Release of Information Authorization

As of December, 2006, Kansas Medicaid amended the LEA Provider Manual to require a Health Care Provider's signature prior to billing for the services of Physical Therapy, Speech/Language Therapy, Occupational Therapy, Nursing Services, Attendant Care Services, and/or Audiology Services.

Student's Name: _____

***Physician/Health Care Provider:** _____

Physician's Address: _____
Street City/State Zip Code

Phone: _____

*(Required/Accepted Health Care Providers include: Physicians, Advanced Registered Nurse Practitioners, Physician's Assistant, and/or Public or County Health Nurses)

Under HIPAA **individually identifiable health information** is information including demographic data that relates to: the individual's past, present or future physical or mental health or condition; the provision of health care to the individual or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number). The Privacy Rule under HIPAA calls this type of information **protected health information (PHI)**.

My signature below authorizes Southwest Kansas Area Cooperative #613 to share with _____
(Doctor or Health Care Provider's Name)

my child's identification and IEP information for the school year July 2008 through June 2009. This information is to be used to allow Southwest Area Cooperative District #613 to obtain medical diagnoses for health related services delivered to my child. This signature allows the stated physician to release medical diagnoses to the Southwest Kansas Area Cooperative District 613 related to the services my child receives.

Parent/Guardian
Signature: _____ Date _____

Southwest Kansas Area Cooperative District 613

Decline to Consent for Medicaid Release

I, _____ **do not** give
(print name)

my permission for Medicaid to help pay for services provided to my child by Southwest Kansas Area Cooperative District 613. Although I have been made aware of the financial benefit to the special education services provided for my child, at this time I do not give Southwestern Kansas Area Cooperative District 613 the permission to receive reimbursement for services. I also understand that this decision will not affect my child's services.

Parent/Guardian Signature _____ Date _____

Medicaid Information

For Families about School Billing

Why are schools billing Medicaid?

The Individuals with Disabilities Education Act (IDEA) allows some Individualized Education Program (IEP) services to be covered by Medicaid. School districts optimize the use of financial resources by billing Medicaid when appropriate.

How do schools use the money they receive from Medicaid?

Money that school districts receive is applied to that system's special education fund and can be used for special education purposes as that local school determines.

Do schools need Consent for a Release of Information to bill Medicaid?

Yes. Schools are required by the Family Educational Rights and Privacy Act (FERPA) to obtain written parent consent before disclosing confidential information about a student with a disability. This includes providing information to Medicaid.

Does my Healthcare provider need to be involved?

Yes. A Healthcare provider's signature is required before any approved services can be billed for through the school.

What are the approved services that schools can bill for?

Schools can only bill for medically related services that are specified in the student's Individualized Education Program (IEP). In general, services for which a school may bill Medicaid are: Physical Therapy, Occupational Therapy, Speech Language/Therapy, Nursing Services, Attendant Care Services, and Audiology Services.

If my school bills Medicaid, will Medicaid services that are received outside of school be affected?

No. Medicaid services received outside of school and those included in the child's IEP are authorized separately.

If my child is covered by both private health insurance (ie **BlueCross/Blue Shield**) and Medicaid, will this effect Medicaid coverage for my child?

No.