

BRANTLEY COUNTY BOARD OF EDUCATION

Dear Parent/Guardian:

The School System is providing the health-related services to your child in accordance with his/her Individual Education Plan or Physician Plan of Care. Medicaid and/or PeachCare cover many of these services to eligible students.

In an endeavor to enhance services to students with disabilities, changes have been made in the state Medicaid and/or PeachCare policy to allow school systems to be reimbursed for some of the cost of rehabilitation services provided by the school without impacting service limitations outside of school. The school system cannot bill Medicaid/PeachCare without your consent. If you allow the school system to bill Medicaid/PeachCare for health related services, please check the "Yes" box, and complete the form below and return to your child's school.

This process will not affect the delivery of services provided to your child as designated by his/her Individual Education (IEP) and there will be no cost to you. It is my responsibility as a parent to notify the LEA's Special Education Department in writing if I ever decide to withdraw this consent allowing the LEA to seek reimbursement from Medicaid or PeachCare for Kids. I understand this consent is for the school lifetime of my child.

To comply with the requirements of the Family Educational Rights and Privacy Act (20 U.S.C. §1232g and 34 CFR §99.39), I further consent to the release of my child's education records that contain information about the health-related services provided at school and billed to the Georgia Department of Community Health (DCH). I understand these records may be used, as necessary, to make sure the health services received at school are not an exact copy of health services provided by other healthcare providers. I also understand these records will allow DCH (or its agents) to perform reviews of the Medicaid payments made to the school. I understand that I may request a copy of the records disclosed pursuant to this consent.

If you have any questions, please call: Roxie Tumlin at 912-462-6612.

Thank You,

Roxie Tumlin
Director of Special Education

Child's FULL Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Child's Address: \_\_\_\_\_

Street City Zip Code

Yes, I authorize my school district (LEA) to bill Medicaid/PeachCare for Kids for the health-related services listed in my child's IEP, the Plan of Care, or the Letter of Medical Necessity. (PLEASE CHECK ALL SERVICES THAT APPLY)

Nursing OT PT Speech

This form is valid for billing. Medicaid or PeachCare Number: \_\_\_\_\_

No, my child is not eligible for Medicaid/PeachCare.

No, my child qualifies for Medicaid/PeachCare, but does not receive any health related services at this time.

NO, I do not want Medicaid or PeachCare for Kids billed for the health-related services my child is receiving.

It is my responsibility as a parent to notify the school system's Special Education Department in writing if I ever decide to withdraw this consent allowing the school to seek reimbursement from Medicaid/PeachCare. Sign & date the form and return to your child's school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_