

Medicaid Annual Parent Notification Letter

Today's Date: _____

Student's Name: _____ Current School: _____

Dear _____

The Montgomery County School District is pleased to provide your child with special education and related services as stated in his or her Individual Education Program (IEP). Your child is entitled to a free appropriate public education, which means at no cost to you.

State and federal laws allow school districts to be Medicaid service providers for children with disabilities who are eligible under the Individuals with Disabilities Education Act (IDEA) and the Medicaid program. This means that our school district can bill the Department of Medicaid for related health services stated in your child's IEP.

Our school district is approved by the Department for Medicaid Services to take part in the Medicaid School-Based Health Services Program. School claims for Medicaid payment for these services will not affect your child's receipt of health services from your family physician or other health providers in any way.

Our school district cannot submit claims to Medicaid for your child's services if you do not want us to do so. Our district's billing Medicaid for these services will not change your child's IEP services or your right to receive Medicaid services as long as your son or daughter continues to be eligible for Medicaid services.

If you wish to deny the district's access to reimbursement from Medicaid for health services in your child's IEP, you should do so in writing. Our school district will continue to bill Medicaid for special services unless you notify us in writing that you wish us to stop. We will remind you once a year. If you wish to stop the district from submitting claims to Medicaid for your child, send a written statement to the district's Medicaid Liaison.

If you have any questions or concerns about your child's Medicaid coverage, please contact _____ at _____. Also, if you think another provider may be billing your child's medical card for the same services provided by the school district, please notify _____ as soon as possible.

If we do not hear from you we will begin or continue to submit claims to Medicaid for your child's IEP health services. I want to thank you for your support of our efforts.

Sincerely,

Arden Goodman
Medicaid Liaison, Director of Special Education
859-497-8760

File copy of notice maintained in student folder