



THREE OAKS PUBLIC SCHOOL

1212 Kingsley Street
Muskegon, MI 49442
231.767.3365 – p
231.777.9815 - f

Dear Parent/Guardian:

Since 1993 the MAISD and its local districts have participated in the Medicaid School Based Services program. This program allows school districts to bill the Medicaid program for reimbursement for health services provided in the schools to special education students who are eligible for Medicaid.

This letter is being sent to the families of all special education students who reside within the Muskegon Intermediate School District (MAISD). New regulations which became effective October 2006 require the district to obtain your consent to release information in order to bill the Medicaid program. The district is requesting that all families complete and return the attached consent form. This will allow the district to bill for current and future Medicaid eligible students. This consent will allow the district to (1) determine if your child is Medicaid eligible and (2) if eligible seek reimbursement for eligible Medicaid school based services.

The Medicaid School Based Services Program in Michigan:

- ❖ Provides partial reimbursement for services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation or Nursing Services.
- ❖ Does **NOT** affect a family's Medicaid insurance benefits and there is **NO** cost to the family, now or in the future.
- ❖ **Helps the school district offset some of the costs of health care that we provide to children and students.**
- ❖ Requires information about your child's school based services (which could include date of birth, disability, gender, school, date of therapy, type of therapy, and progress reports) by the Michigan Medicaid and billing agencies to obtain this reimbursement.

Since your child may receive any of the above services and may qualify for Medicaid benefits at any time during the school year, the district is requesting your permission to access and bill Medicaid.

Please sign and return this letter in the self addressed stamped envelope. Thank you for your cooperation in this matter. If you have any questions regarding the information in this letter, please do not hesitate to call your Director of Special Education, at _____

Sincerely,

Sheila Pantlind, Superintendent of Schools

Ron Weins, Director of Special Education

- I give consent
- I do not give consent

for the Muskegon Area Intermediate School District and my local school district to bill Medicaid for reimbursement of School Based Services provided while my child is eligible for special education.

Student Name: _____

Birthdate: _____

Parent/Guardian Signature: _____

Date: _____