

To: _____ Date: _____

Dear Parent/Guardian:

Attached is a consent form for our district to receive funds from MO HealthNet for some of the medical related services we render to students. We are as a school district, eligible to receive these funds if we are providing services and therapy for your child. This is especially true should we be providing Physical Therapy, Occupational Therapy, Speech Therapy, or Language Therapy. When we do that, we can then get reimbursed for some of the services we provide.

In order for us to get reimbursed, we must have a signed written consent from you allowing us to access those funds. Please check the top box, if you give permission to access and recover entitled program benefits from MO HealthNet for Kids and/or MO HealthNet. Provision of the student's social security number would be appreciated; however it is voluntary as well. **This is not permission to access any private insurance paid for by families or employers.**

If you have any questions or should you like a copy of this, please let me know by calling or emailing Penny Fadler, Special Education Process Coordinator at Sturgeon R-V Schools. Contact me at 573-687-2155 or email pfadler@sturgeon.k12.mo.us. Thank you for your consideration and assistance with the funding we can receive each year.

Respectfully,

Penny Fadler

Sturgeon R-V

Special Education Process Coordinator

**INITIAL AND/OR ANNUAL WRITTEN NOTIFICATION
TO USE PUBLIC FUNDED PROGRAM BENEFITS OR INSURANCE
Medicaid -- MO HealthNet**

Part B of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) allows school districts to use specific government funded public program benefits to assist with costs associated with special education services. Amended federal regulations require the District to provide initial written notification, and annually thereafter, to the student's parent/guardian before accessing the student's or parent's government funded *public* program benefits or insurance for billing purposes (i.e., Medicaid – MO HealthNet) for the first time on or after March 18, 2013 and prior to obtaining one-time written parental consent. *Participation in MO HealthNet for Kids and/or MO HealthNet program is not required for any student to receive free appropriate public education (FAPE) under IDEA.*

One-time written parental consent to release personally identifiable information to the State's Medicaid agency, healthcare staff or other public insurance programs to determine, access and recover entitled program benefits from a student's or parent's government funded public program benefits or insurance will be sought by the District. Consent is voluntary and may be revoked at any time. Consent does not give the District permission to access private insurance benefits. Failure to consent will not result in denial or limitation of services for the student nor limit rights to a free appropriate public education (FAPE) under IDEA.

Any questions or concerns should be directed to: