

**Written Notice and Consent for Sharing Information with Medicaid for Reimbursement for the Provision of
School Based Services
Canyons School District Office of Special Education & Related Services**

Dear Parents/Guardians:

Canyons School District, along with all other school districts and charter schools, is eligible to receive federal reimbursement from Medicaid for health-related services provided to special education students during the school day. Prior to submitting reimbursement requests to Medicaid for health-related services, the district is required under federal regulations to obtain written parent/guardian consent to share students' information.

If your child currently or could in the future receive any of the services listed in #1 below and/or qualifies for Medicaid benefits, Canyons School District requests your permission to bill Medicaid insurance to receive reimbursement. The reimbursement is for school-based therapy and/or health-related services included in your child's IEP. The following provides you with information regarding this request:

1. Services must meet the requirements of the state's Medicaid program and be provided in accordance with the student's IEP. Reimbursable services include related services such as speech/language therapy, audiology, occupational therapy, physical therapy, self-help assistance, nursing, and/or behavior supports.
2. We request your permission to share your child's first name, last name, and date of birth with Medicaid. Shared information between Canyons School District and the state Medicaid agency is done through a secure-file transfer system and no other information is provided. When we share this information, we are provided with the information necessary to process reimbursement claims.
3. Canyons District's participation in this reimbursement program DOES NOT in any way affect or impact health insurance or other Medicaid covered services that are provided to your child outside of school. There is no cost to the family, now or in the future. Medical assistance will continue to pay for your child's services that are not related to the school-based services claimed by Canyons School District.
4. This consent will be valid for the duration of your student's attendance in Canyons School District or until it is changed at your direction or he/she changes IEP services to the extent he/she does not meet the criterion for reimbursement.

Please consider giving permission for information sharing. It is beneficial to your child's education for the district to access these funds. Please indicate your consent decision, by signing and returning the top copy of this form as soon as possible. Keep the bottom copy for your records. If you have questions about Medicaid Reimbursement for School Based Services, please call the special education office at 801-826-7273.

I **give** Canyons School District permission to share my child's education and health-related information in order to be reimbursed from Medicaid for health-related educational services.

I **do not give** Canyons School District permission to share my child's education and health-related information in order to be reimbursed from Medicaid for health-related educational services.

Student's Full Name

Date of Birth

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

1. Original – staple to inside front cover of the IEP file
2. Give one copy to the parent/ guardian
3. Send one copy to the Office of Special Education & Related Services at the CAB