

Medicaid Consent & Annual Notification



Process – Step 1 – Initial IEP Meeting

When **initially** gaining parent consent to bill Medicaid:

- Print, explain, and have the parent sign and complete the **stand-alone Consent for Medicaid School Based Services** form
- Review/explain the **Medicaid Annual Notification**.
- Give the parent copies of both forms.

Other

Parent Contacts
Teacher Modification Notice
Teacher Request for Assistance
Manifestation Determination
Revocation of Consent
Consent to Bill Private Insurance Program
Consent for Medicaid School Based Services
Medicaid Annual Notification
Summary of Performance
Meeting Participants/Signature Page
Prior Written Notice of Proposed Actions
(File-based Document)

Process – Step 2 – Initial IEP Meeting

Complete the **IEP** section called “Progress Documentation, Signatures”, *Medicaid Consent Form* section, including **date** of parent signature (circled in red below).

IEP Progress Documentation				
Student Name:	Sophie Sample	Student State ID#:	0000005	Date:
05/28/2019				

Inform parents of their child's progress toward annual goals in the IEP and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year. Report progress at least as often as progress is reported to parents of non-disabled children. Describe the process to ensure that the child's parents are regularly informed of progress toward annual goals. Written progress reports will be sent home with report cards every quarter. Progress on annual measurable goals will be reported to parents:

☐ monthly ☒ quarterly ☐ semester ☐ Other:

★Age of Majority

Sophie will reach the age of majority (18 in New Mexico) on 05/06/2024. The student and parent/guardian were informed annually on 05/28/2019 of the student's rights upon reaching the age of majority beginning at age 14.

Medicaid Consent Form

I, Mrs. Ima Sample, the parent/guardian of Sophie Sample, child, have been fully informed of all services that my child will be receiving and agree to have Medicaid billed for such services. The District is required to obtain Parent/Guardian Consent prior to accessing the parent/child's public benefits through Medicaid for the first time, and annually thereafter.¹ Consent is voluntary and may be revoked at any time. If consent is revoked, it is not retroactive. I understand that if I refuse to allow access to Medicaid benefits, my child's school is not relieved of its responsibility to ensure that all required IEP services are provided at no cost to me. My signature below grants this consent.

Child's Primary Care Physician: Dr. D

(Parent Signature) _____ 05/28/2019 (Date)

¹See 34 CFR 300.154(d)(2)(iv) & (v), effective 3/18/13.

Parent Rights

I have had the opportunity to participate in the development of this Individualized Education Program (IEP) and the recommended services and setting for my child. The information was presented in an understandable manner. I have received a copy of "Parent and Child Rights in

Process – Step 3 – Initial IEP Meeting

Complete the Units of Service, including physician name, etc.

*The billing process will be held up, if there is no information regarding the primary care provider on the Units of Service form.



Annual IEP Meeting

Annual IEP meetings:

- You **do NOT** complete the Medicaid Consent portion on annual IEPs. **Once consent has acquired, it does not need to be acquired again (unless previously revoked).**
- Print, explain, and give parent a copy of the **Medicaid Annual Notice**.
- **On PWN:** write “**OTHER**”: and under it include “Medicaid Annual Notice hand delivered to parent at today’s IEP meeting”.

HPREC Process





Initial IEP

- Upload the *signed* Medicaid Consent form to the student's documents.
- Print the Units of Service Form.
- Fax both forms to HPREC at 575-445-7663.
- **This will alert HPREC to a new student that may be eligible for billing. Otherwise, HPREC may miss the window of opportunity to acquire the PCP's signature and billing.**



Annual IEP

- If the consent is on file, HPREC will need to know that a new IEP is in place. Please fax the Units of Service form to 575-445-7663.
- HPREC does not need another copy of the consent and does not need a copy of the annual notification.



Other Tips



THANK
YOU

- If you are confident that a student and family will not ever be Medicaid eligible, it is not necessary to go through the process.
- Sample Language-
“Please consider providing your consent for the Medicaid billing of your student’s related services. This process does not affect your current Medicaid program, out side of the school. The dollars generated assist the district in providing these important services to children, such as yours, who are eligible. The dollars also supplement other health related student needs.”