

**School Board of Broward County
Exceptional Student Education**

INDIVIDUAL EDUCATION PLAN (IEP) - CONSENTS AND SIGNATURES

Last Name: Graf

First Name: Brian

Date: 07/25/2016

Student ID#: TEST98098098

PARENTAL CONSENT TO ACCESS MEDICAID BENEFITS

The School Board of Broward County, Florida (SBBC) participates as a Medicaid provider to help pay for health related services identified in student's Individual Education Plans (IEPs). These services may include, but are not limited to, speech / language therapy, occupational and physical therapy, family and mental health counseling, and psychological and nursing services.

With your consent, SBBC will bill Medicaid for each billable service your child receives during the school day as authorized under federal and state law. The school district will electronically send your child's name, address, date of birth, student id number, services, and ICD code to the Medicaid fiscal agent.

The funds received from Medicaid for speech/language therapy, counseling, and nursing services are **returned to your child's school to support student services and ESE programs.**

Your consent will **not**:

- Affect your child's right to a Free and Appropriate Education,
- Prevent your child from receiving Medicaid services outside the school system.

SBBC waits at least 8 weeks to submit billing for Medicaid services to allow time for community providers to submit their billing. This helps ensure community providers are paid for services provided to your child.

Check One:

I read and understand the above information. I **give** consent for the school district to access my child's Medicaid benefits to help the district pay for services provided to my child.

I **do not give** consent for the school district to access my child's Medicaid benefits to help the district pay for services provided to my child.

Parent Signature

Date

SmartScan/EasyFax 754-551-5569



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Approved 5/28/13