

2009-2010 HealthWave/ Medicaid Consent

Student's Last Name

First Name

Date of Birth

ANW Special Education Cooperative, Interlocal 603

Dear Parents or Guardians,

Your child may qualify to receive one or more of the following services for the school year August 1, 2009 through July 31, 2010: speech/language therapy, occupational therapy, physical therapy, attendant care, nursing, audiology, assistive technology.

The services are part of an Individual Education Plan and are provided to your child during the school day by the ANW Special Education Cooperative. As a Local Education Agency and Kansas Medicaid Provider, the interlocal has the authority to seek reimbursement for the services delivered to students who qualify. Kansas Medicaid may help the school district by sharing the cost of providing these services. **This does not affect your family benefits.**

Our medical advisor may provide a referral and diagnostic code in support of the services outlined on your child's Individual Education Plan. If in addition, you would like your child's own healthcare provider notified of the IEP services, please provide the following information.

Physician Name

Street Address

City

State

Zip Code

Please take a moment to read and sign this form. If you have any questions, please contact me at 473-2257.

Thank you for your assistance.

Alicia Sterling
Medicaid Coordinator
Special Education

Parent Release of Information Authorization

- I hereby authorize ANW Special Education Cooperative to share information about my child's IEP with a health care provider for the purpose of obtaining a referral and diagnosis for school based services as stated in the IEP.
- I hereby authorize ANW Special Education Cooperative to share information about my child's IEP and diagnostic code with the Kansas Medicaid Agency for the purpose of billing Medicaid eligible school based services.

Please sign indicating your informed consent.

X

Parent/Guardian Consent

Date