
Individualized Education Program (IEP)

Student Name:

Parent DSC Consent

Date:

PARENT CONSENT TO CLAIM MEDICAID REIMBURSEMENT

J.O. Combs Unified School District receives funding from the Medicaid Direct Service Claiming (DSC) program for IEP covered services to eligible children through AHCCCS, Arizona's Medicaid agency. This is a state-approved program that allows the School District to receive partial reimbursement from federal funds for providing some health-related covered services to eligible children in our school system. Examples of covered services include speech therapy, occupational therapy, physical therapy, assistance with daily living skills, special education transportation and nursing services.

The School District, working with the State Medicaid agency, will need to determine if your child is eligible or should become eligible in the school-based Medicaid program. The School District may use Medicaid benefits in which a child participates to help provide or help pay for services documented in the Individualized Education Program (IEP). With the consent below, the District will submit your child's name to AHCCCS and their authorized agencies to verify eligibility for the DSC program. Parents are not required to sign up for or enroll in AHCCCS to receive IEP services or a free appropriate public education, nor are they responsible for any out of pocket expenses for these IEP services. (300.154 (d)) The schools use of this reimbursement program does NOT in any way affect or impacts other AHCCCS benefits to which the child is entitled, including any otherwise eligible services outside of school. Parents' refusal to allow access to their AHCCCS benefits does not relieve the school of its responsibility to ensure that all required services are provided at no cost to the parents. Granting of consent is voluntary on the part of the parent and may be revoked at any time. If consent is removed, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked.) (34 CFR 300.154 (d))

I understand and agree to Medicaid eligibility verification and claims submission by the District for IEP specified services.

If my child is determined to be eligible, the school district may submit a claim to my child's private insurance company for the sole purpose of determining whether or not any of the school based health related services being provided as prescribed in the IEP are covered. When the insurance carrier denies the claim, I understand that the school district will be able to seek partial reimbursement through Medicaid.

Parent or Guardian Signature

Date