

ANNUAL WRITTEN NOTICE TO PARENTS  
Regarding Consent to Bill Medicaid

The Anchorage School District (ASD) participates in the Alaska Medicaid School-Based Service (SBS) Medicaid program. SBS Medicaid allows Alaska school districts to receive partial federal Medicaid fund reimbursement for providing required medical and educational related services, such as those included in an Individual Education Program (IEP), Individual Family Service Plan (IFSP), or other qualifying and necessary services performed pursuant to a Free Appropriate Public Education (FAPE). Eligible services may include audiology, speech/language therapy, occupational therapy, physical therapy, psychological services, counseling, behavioral health services, and nursing services.

A 2013 update to the Individuals with Disabilities Education Improvement Act (IDEA) allows schools to obtain a one-time parent/guardian consent to disclose a child's education record information to outside parties, such as Alaska Medicaid, to access a child's public benefits or insurance for the first time. Additionally, school districts must provide written notification of the family's Medicaid rights with initial consent requests and annually thereafter. ASD requests Medicaid consent for all students, regardless of Medicaid eligibility status, in accordance with these regulations, to facilitate Medicaid funding reimbursement for eligible services. These regulations can be reviewed in (IDEA) 34 CFR part 300.154(d) and the Family Educational Rights and Privacy Act (FERPA) 34 CFR part 99.

The following are key components of the SBS Medicaid program regulations:

- Consent is voluntary. If the parent refuses to provide Consent to Bill Medicaid or revokes previous consent, the child will still receive the services on his/her IEP at no cost to the parent.
- Consent may be revoked in writing at any time. Revocation is not retroactive and does not undo verifications of eligibility or submission of claims for services covered by a consent signed prior to the revocation date.
- Annual written notification to the parent/guardian regarding Consent to Bill Medicaid may be:
  - Mailed to the parents; or
  - Provided electronically, consistent with State or public agency policies for electronic notification; or
  - Provided at enrollment, registration, or a Medicaid eligible service meeting if the meeting occurs prior to the first time ASD accesses the child's or parent's public benefits or insurance.
- ASD may not use a child's benefits, if that use would:
  - Decrease available lifetime coverage or any other insured benefit;
  - Result in the family incurring costs for services that would otherwise be covered by the public benefits or insurance program and that are required for the child outside of the education setting;
  - Increase premiums, effect lifetime limits, or lead to the discontinuation of benefits or insurance; or
  - Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

This letter serves as your Annual Written Notice, should your child have an existing or newly signed Medicaid consent, allowing ASD to release relevant educational record information for your child to Alaska Medicaid and their contracted billing agency to receive partial reimbursement for eligible services provided to your child.

For questions, concerns, or to obtain a copy of the parental consent form, contact the ASD SBS Medicaid office:

ASD SBS Medicaid  
5530 E. Northern Lights Blvd., Anchorage, AK 99504  
907-742-6068 or [schoolbasedmedicaid@asdk12.org](mailto:schoolbasedmedicaid@asdk12.org)