



# Medicaid School Match Annual Notice



September 1, 2018

Dear SCPS Parent,

The State of Florida participates in a federal program called Medicaid School Match. This program helps school districts by allowing them to receive reimbursement for medical services provided to students with disabilities, as documented on the child’s Individual Education Plan (IEP). School districts frequently utilize this Medicaid reimbursement to help meet the costs of providing special education services.

In order to assist you further, we have put together frequently asked questions to guide you.

**Who can the district submit reimbursement for?**

While services will be provided to all students with disabilities, school districts may only receive reimbursement for services provided to students who are Medicaid eligible.

**What services does Medicaid cover?**

- |                         |                        |                      |
|-------------------------|------------------------|----------------------|
| Occupational Therapy    | Physical Therapy       | Nursing Services     |
| Speech/Language Therapy | Psychological Services | Social Work Services |
| Audiology Services      | Special Transportation | School Health Aides  |
| Screenings/Evaluations  |                        |                      |

**Why does the district need parental consent?**

Federal special education law requires school districts to seek parental consent prior to submitting bills for reimbursement from public insurers such as Medicaid. The school district is required to obtain your written permission to release information to Medicaid before the district can submit any information for billing purposes.

**Is there a cost to me?**

No. Services provided to a student within a school setting are provided at no cost to the parent/guardian.

**Will this impact my child’s Medicaid benefits?**

No. Granting permission for the school district to bill Medicaid will not reduce your ability to seek other Medicaid-covered health-related services outside the school setting. This permission will not decrease lifetime coverage, increase premiums, or lead to the discontinuation of benefits.

**Who will see this information?**

Your student’s demographic and service information will be shared with the Agency for Health Care Administration (AHCA) for the purpose of verifying Medicaid eligibility and submitting claims.

**What if I do not grant consent? – What if I change my mind?**

You have the right to add or withdraw consent at any time. Your child's free appropriate public education and related services will continue regardless of consent, refusal of consent, or withdrawal.

If you have further questions, you may contact your child's special education teacher or our Medicaid Coordinator, Deborah Caudill at [Deborah\\_Caudill@scps.k12.fl.us](mailto:Deborah_Caudill@scps.k12.fl.us).

Thank you,

SEMINOLE COUNTY PUBLIC SCHOOLS  
EXCEPTIONAL STUDENT SUPPORT SERVICES