May 1, 2016

Dear Parent/Guardian:

The Maryland School for the Blind (MSB) participates in the Medical Assistance reimbursement program; through this program we are able to receive monetary reimbursements for services provided to your child as dictated by their Individual Educational Program (IEP). Prior to receiving these funds the Maryland State Department of Education (MSDE) regulations require that MSB obtain **written parent/guardian permission**. The wording “Service Coordinator” is a term used by MSDE representing the student’s “homeroom” teacher.

If you do not know the student’s IEP date or Medical Assistance number, you may leave those areas blank.

The signed consent form (below) will allow MSB to obtain monetary reimbursements for services provided to the student throughout the school year. If you have any questions regarding the requested information please do not hesitate to call me @ 443-529-1581 or you may e-mail me, shirleyc@mdschblind.org.

Thank you for your continued support as we work together to obtain funds which directly support student services at The Maryland School for the Blind.

Sincerely,

*Shirley Charlebois*

Finance Associate,

The Maryland School for the Blind

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**  VII. AUTHORIZATION(S)

Maryland State Department of Education (MSDE) ~ Division of Special Education/Early Intervention Services

(Form approved by MSDE for use July 1, 2009)

**MEDICAL ASSISTANCE (MA):**

Agency: **Maryland School for the Blind**

Student Name:  IEP Team Meeting Date: 

Is the student eligible for Medical Assistance (MA)? [ ] Yes [ ] No MA Number: 

I agree to Service Coordination for Children with Disabilities and that the Service Coordinator(s) identified on this IEP may be appointed as MA Service Coordinator(s). (COMAR 10.09.52)

I understand that I am free to choose a MA Service Coordinator for my child. At this time, I accept the following Service Coordinator(s)

MA Service Coordinator Name: 

MA Service Coordinator Name: 

I understand that if I wish to change the MA Service Coordinator in the future, I can call the school to make a change.

I understand that the purpose of this service is to assist in gaining access to needed medical, social, educational, and other services.

I give permission to the provider agency to recover costs from Medicaid for service coordination, as well as health-related services, related to the implementation of my child’s IEP goals.

I understand that if I refuse to allow the provider agency access to MA funds, it does not relieve the public agency of its responsibility to ensure that all required services are provided to my child at no cost to the parent.

I understand that this service does not restrict or otherwise affect my child’s eligibility for other Medical Assistance benefits. I also understand that my child may not receive a similar type of case management service under Medical Assistance if he/she qualifies for more than one type.

I understand that the public agency will submit information that will be used for the special service information system. This system will be used by MSDE and other State Agencies, as appropriate to enable funding of programs and to assure my child’s rights to any needed assessment.

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Parent / Guardian Signature Date