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SUPERINTENDENT

Rocky Hanna

## 2022/2023 ANNUAL NOTIFICATION OF RIGHTS REGARDING MEDICAID CONSENT

The Individuals with Disabilities Education Act of 2004 (IDEA) permits school districts to seek reimbursement from Medicaid for services provided at school (Title 34, section 300.154(d)(2)(iv)(A)-(B), Code of Federal Regulations [CFR]). School districts are also allowed to seek reimbursement from Medicaid for services provided to students under the Florida Administrative Code Medicaid rule for school-based services (Rule 59G-4.035). Services may include speech, physical/occupational therapy, behavioral, nursing and transportation services. Prior to seeking reimbursement, the school district must obtain parental consent to share information contained in your student's education records in order to determine eligibility status. You will be asked to give consent when completing your student's emergency medical information in FOCUS.

This notification informs parents of their rights regarding the disclosure of personally identifiable information which may include your student's name, date of birth, address, primary special education disability (if applicable), Social Security Number (if provided by the parent) and the dates and times of health care services provided to The Florida Agency for Healthcare Administration. This agency manages our public insurance program (e.g. Medicaid). Sharing this information allows the school district to obtain eligibility information, seek Medicaid reimbursement, and satisfy compliant audit and review requests directly related to services provided to your child. Leon County Schools regularly works with this agency to obtain a share of the cost for health-related services outlined in the Individualized Education Program (IEP), as well as non-IEP medically necessary and related services.

We must inform you that:

- This consent will not impact your child's Medicaid coverage;
- Consent can be withdrawn at any time;
- Services listed in your child's IEP or other health plans will be provided at no cost to the parent or student;
- Services listed in your child's IEP or other health plans will be provided regardless of your consent to bill Medicaid;
- Upon request, you may receive copies of records disclosed pursuant to this authorization;

The District relies on Medicaid reimbursements to support the delivery of health care services in all Leon County School Clinics. We appreciate your cooperation and support.

**If you have any questions regarding this notification, please contact Karen Thomas, Medicaid Coordinator at (850) 414-5107.**

2757 W. Pensacola Street, Tallahassee, FL 32304 • Phone (850) 487-7100 • [www.leonschools.net](http://www.leonschools.net)

*"The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information."*

**Building the Future Together**

**ESCUELAS DEL CONDADO DE LEON**  
**(LEON COUNTY SCHOOLS)**

2757 West Pensacola Street, Tallahassee, Florida 32304-2998

Teléfono: (850) 487-7147 – Fax: (850) 487-7141

[www.leonschools.net](http://www.leonschools.net)

**SUPERINTENDENTE**  
**Rocky Hanna**

**NOTIFICACION DE DERECHOS CON RESPECTO AL**  
**CONSENTIMIENTO MEDICAID**

Como resultado de las nuevas leyes los distritos escolares están obligados a proporcionar anualmente a los padres una notificación por escrito de sus derechos con respecto a la divulgación de información de identificación personal de los registros educativos de sus hijos a las agencias que administran los beneficios públicos o programas de seguro (e. g. Medicaid). Escuelas del Condado de León trabaja regularmente con estas agencias para obtener una parte del costo de los servicios relacionados con la salud descritos en el Programa de Educación Individualizada (PEI). El distrito escolar depende de los reembolsos de Medicaid para apoyar la prestación de servicios de atención médica en las clínicas ubicadas en cada una de nuestras escuelas.

Debemos informarles que:

cuando usted da su consentimiento para que podamos divulgar expedientes, no impacta la cobertura de Medicaid de su hijo;

su consentimiento puede ser retirado en cualquier momento;

los servicios enumerados en el PEI de su hijo serán proporcionados sin costo alguno para los padres o el estudiante;

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**NOTIFICACION DE DERECHOS CON RESPECTO AL  
CONSENTIMIENTO MEDICAID**

los servicios enumerados en el PEI de su hijo serán proporcionados  
independientemente de su consentimiento para facturar a Medicaid;

a petición puede recibir copias de los registros divulgados de  
acuerdo a esta autorización; y

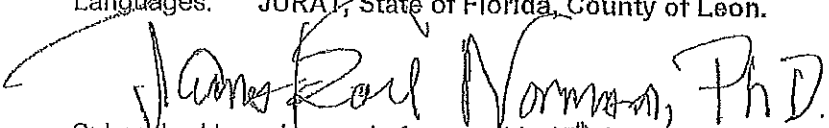
anualmente serán proporcionados con una notificación por escrito de  
sus derechos con respecto a su consentimiento.

**Si tiene alguna pregunta sobre esta notificación, por favor póngase  
en contacto con el Dr. Alan Cox, Director Divisional de Estudiantes  
Excepcionales y Salud Escolar al (850) 487-7184 o Karen Thomas,  
Coordinadora de Medicaid al (850) 414-5115.**

**A Certified Translation**

**AFFIDAVIT OF AUTHENTICITY**

The undersigned declares under oath that the foregoing is an accurate translation of the original document and the whole thereof, from English into Spanish. International Translation Center of Florida, Post Office Box 3240, Tallahassee, FL 32315 (850) 508-4044. James Earl Norman, Ph.D., Professional, Certified Translator, Senior Certified Court Interpreter at the Leon County Courthouse, Tallahassee, Florida, and Professor of Translation and Interpretation Studies at Florida A & M University. An Institutional Member of the American Translators Association (ATA), and the Joint National Committee for Languages. JURAT, State of Florida, County of Leon.

  
Subscribed to and sworn before me this 15<sup>th</sup> day of July, AD 2013  
by James Earl Norman, Ph.D., who is known to me.