



Opportunity Through Education

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Wyoming Department of Education  
122 W. 25th St., Ste. E200  
Cheyenne, WY 82002  
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Dear Parent(s)/Guardian(s):

Your school district may submit claims to Wyoming Medicaid for covered health-related services provided to special education students who are eligible for Medicaid. Services must meet the requirements of the state's Medicaid program and be provided in accordance with the student's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). Prior to submitting reimbursement requests to Medicaid for covered health-related services, the district is required under federal regulations to obtain written parental consent to share students' information with the Medicaid Program.

If your child currently receives any of the covered health-related services and/or qualifies for Medicaid benefits, your signature is required to share data with the Wyoming Department of Health and to bill for the covered services. The data include your child's name, date of birth, [Medicaid#/MMIS#/WISER ID], service dates, and service code types.

Your rights as a parent or guardian of a child with an IEP or IFSP include:

- The services listed in your child's IEP or IFSP must be provided whether or not you give consent for the school district to bill Medicaid;
- The services listed in your child's IEP or IFSP must be provided at no cost to you;
- Information about your child and family is strictly confidential;
- You have the right to refuse your consent or withdraw your consent at any time;
- The district and Wyoming Department of Education will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding your child's treatment and provision of health-related services; and
- Your rights are preserved under Title 34 Code of Federal Regulations 300.154; Family Education Rights Privacy Act of 1974, Title 20 of the United States Code, Section 1232 (g), Title 34 Code of Federal Regulations, Section 99.

Giving or denying your consent to access Medicaid for covered health-related IEP or IFSP services does not relieve the school district of its responsibility to comply with state and federal laws related to the provision of special education services. Additionally, Medicaid reimbursement for health-related services provided by the district and the Wyoming Department of Education will not affect any other Medicaid services for which your child is eligible.

Please indicate your consent decision, by completing and signing this form.

**YES, I give permission** for my school district permission to share my child's education and health-related information in order to bill Medicaid for health-related educational services.

**NO, I deny permission** for my school district permission to share my child's education and health-related information in order to bill Medicaid for health-related educational services.

<b>Student's Full Name:</b>	<b>Parent/Guardian Name (Print):</b>
<b>Date of Birth (MM/DD/YYYY):</b>	<b>Parent/Guardian Signature:</b>
<b>Grade:</b>	<b>Signature Date:</b>

*For District Use Only*

Date consent was received by the district: \_\_\_\_\_

Student WISER ID: \_\_\_\_\_