

Annual Written Notification
Accessing Public Benefits and Releasing Personally Identifiable Information to the
Illinois Medicaid Program

The federal special education law, the Individuals with Disabilities Education Improvement Act 2004 (IDEA), specifies each State's obligation to develop agreements with non-educational public agencies to ensure that all services necessary to provide a free appropriate public education (FAPE) are provided to children with disabilities at no cost to the parent. This includes the State Medicaid agency. School districts are permitted to seek payment from public insurance programs (Medicaid) for some services provided at school.

Under the Family Education Rights and Privacy Act (FERPA), your consent is required for the school system to release information about your child to the Illinois Medicaid program in order to access your or your child's public benefits. You are entitled to have a copy of any information the school system releases to the state Medicaid program.

If you have previously given consent for _____ School System to access your or your child's public benefits and to release information needed to access Illinois Medicaid funding for services provided through your child's individualized education program (IEP), the school district may release:

- Your child's name and Social Security Number;
- Your child's date of birth;
- Your child's IEP documentation including evaluations;
- The dates and times services are provided to your child at school;
- Reports of your child's progress, including therapist notes, progress notes and report cards.

Your child will continue to receive all required IEP services at no cost to you. Reimbursed services provided by the _____ School System Exceptional Children Program does not limit coverage, change eligibility, affect benefits, or count against visit or funding limits in Medicaid programs in which your child is enrolled.

You may revoke your consent at any time. Revoking your parental consent does not change the school district's responsibility to provide all required IEP services at no cost.

You may ask questions about this program or revoke your consent at any time by contacting _____.

Date Notification provided to parent: ____/____/_____

Method of Delivery: (check one)

- IEP Meeting
- Sent via student
- Mailed to parent(s)
- Emailed to parent(s)