

NOTICE OF ENROLLMENT IN SPECIAL EDUCATION

nrolling School Information – All Information is					
Student Name:					
UIC Number:					
Birthdate: Parent/Guardian:					
Grade: Telephone:					
Race/Ethnicity:					
Special Education Teacher Assigned:					
County of Residence: Antrim Grand Trave	rse □Leelanau □Benzie □Kalkaska □Other – List:				
arent Permission for Release of Information and	d Consent to Bill Medicaid				
Parent Permission to Release Information:					
☐ I give permission for	ion for School District to release my child's current lackuding parent consent for evaluation to School District.				
Medicaid office and billing agencies. I unde consent my child will continue to receive IE	ords and submit claims to the Michigan School-Based Services erstand that consent is voluntary and that if I choose to revoke my				
Parent/Guardian Consent (REQUIRED)	Date				
udent Transfers from another District					
☐ Date IEP and MET report received by distric	ct				
☐ The district will implement the Individua	lized Education Program (IEP) developed at(previous school district) on				
(date).	ET report of student who enrolls from a district OUTSIDE Traverse				
OR					
Individualized Education Program Team enrollment date (date of district adminis	ET report of student who enrolls from a district OUTSIDE Traverse				
PROGRAM/SERVICE: (Type of classroom	– e.g., Elementary/Secondary Resource Room, MoCl classroom)				
Program:					
Sessions Length: Session	n Per Week: Provider Name:				
PELATED SERVICE:					
RELATED SERVICE:					
Sessions Per Week: Sessions	sion Length: Provider Name:				
Jessions Fel Week Jess	Trovidor Warne.				
Administrator/District Designee (REQUIRED)_	Date				
udent Enrolls from a District OUT OF STATE					
F	gan. IMMEDIATELY forward a copy of this Notice of Enrollment in				
Special Education form, IEP and MET to the					

Reevaluation IEP will be held within 30 school days from date of district administrator signature.



Directions for Completion of Notice of Enrollment in Special Education

Enrolling School Information - All Fields are REQUIRED

Provide information from PowerSchool database

- Student Name (student's legal name)
- UIC Number (10-digit number assigned by MSDS)
- Birthdate

- Race/Ethnicity
- Gender
- · County of Residence
- Grade

Parent Permission for Release of Information and Consent to Bill Medicald

Parent Permission to Release Information

This will assist to obtain records

Parent Consent to Bill Medicaid

- Parent checks box granting or denying consent to bill Medicaid
- Parent must sign and date consent/denial
- Medicaid handout is available for reference

Student Transfers from another District

- The school has not obtained a copy of the IEP and MET report. You are unable to proceed with this decision-making process without this documentation.
- School has received a copy of current IEP and MET. The "effective date" of the IEP is the "date of current IEP". Be sure to review this date for compliance purposes.
- The school will:
 - A) Determine if current IEP will be implemented exactly as it is written
 - OR B) Offer a Free Appropriate Public Education (FAPE) for up to 30 school days
- Building administrator/representative must sign and date Notice of Enrollment for Special Education
- Attach IEP and MET report if student attended a district outside Traverse Bay Area ISD
- Do not attach IEP and MET report if student attended a district within Traverse Bay Area ISD
- Submit required documentation to Traverse Bay Area ISD Easy IEP Office

Student Enrolls from a District OUT OF STATE

- Check the box and send a copy of the Notice of Enrollment in Special Education form, IEP and MET to the Easy IEP Office immediately
- Reevaluation IEP must be held within 30 school days from the date of administrator signature

Suggested Special Education-Enrollment Process

Scenario 1: Parent enrolls student and provides school with a current IEP and MET report

- District representative completes Enrolling School Information and Release of Information sections of Notice of Enrollment in Special Education form
- Notice of Enrollment in Special Education form, IEP and MET report are given to building administrator/designee or special education teacher
- School administrator/designee determines special education programs/services and signs and dates Notice of Enrollment in Special Education form
- Parent is provided a copy of the Notice of Enrollment in Special Education form

Scenario 2: Parent enrolls student and informs school that the student had an IEP plan at his/her previous school but is unable to produce IEP and MET report

- District representative obtains parent consent to obtain copies of IEP and MET documents from previous district
- District representative faxes copy of parent consent to release information to previous district
- Incomplete information is shared with building administrator
- No special education programs or services can be provided until IEP and MET report are received from previous district
- Complete Notice of Enrollment in Special Education form and process described above once IEP and MET documents are received

Scenario 3: Parent enrolls student with an IEP and MET from a district out of state

- Follow process outlined in Scenario 1 or 2
- Immediately send Notice of Enrollment in Special Education form with accompanying documents to the Easy IEP Office if a student attended a school OUTSIDE of Michigan





Medicaid School Based Services

School districts in Michigan have been allowed to access Medicaid funding for some of the services that are provided as part of a student's IEP. This federal program allows schools to bill the State Medicaid Program for the following services:

- Evaluations and tests performed for special education assessments
- Speech/ Language Therapy Services
- Occupational Therapy Services
- Physical Therapy Services
- Social Work and Psychological Services
- Nursing Services
- Orientation and Mobility Services
- Assistive Technology Services
- Targeted Case Management
- Specialized School Bus Transportation
- Personal Care Services

The dollars received from these billings are used to reimburse Traverse Bay Area Intermediate School District and its Local School Districts for their staff costs to provide the above mentioned services. The billing files are sent to Medicaid between the 15th and the last business day of the month.

If your child receives any of the above listed services, and qualifies for Medicaid benefits, we request your permission for Traverse Bay Area Intermediate School District and its Local School Districts to access your child's Medicaid Insurance Benefits to receive compensation. In releasing the billing information, confidential treatment information about your child may also be released to Medicaid.

You have the right to refuse consent to bill Medicaid, and you have the right to revoke this consent to bill the Medicaid Program at any time. If you do not provide consent, the district will still provide the services, but the district will not receive any Medicaid reimbursement for these services.

Thank you for your support of the Medicaid School Based Services Program.