

Dear Dr. _____ :

Name of District participates in the MassHealth “School-Based Medicaid Program.” The School-Based Medicaid Program allows *Name of District* to access federal Medicaid reimbursement for services that are covered by MassHealth and delivered to students pursuant to Individualized Education Programs (IEPs).

Under both Federal and State law, *Name of District* is obligated to provide special education services to students with IEPs developed in accordance with the Individuals with Disabilities Education Act (“IDEA”).

In order for *Name of District* to access MassHealth reimbursement, certain services require the authorization by a physician or nurse practitioner. *Name of District* is seeking your authorization with respect to “Personal Care Services” that are being delivered to the student indicated below, for the IEP period indicated below. Personal Care Services are defined as Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). As an attachment to this letter, we have provided excerpts from the School-Based Medicaid Program User Guide, effective July 1, 2012 (first issued October 2009) that pertain to examples of ADLs and IADLs, and that indicate the authorization of services that is required by a physician or a nurse practitioner. For your reference, we have also attached a copy of the child’s IEP. Please contact _____ at _____ if you need further information from us to assist you in providing this authorization.

As a physician, I authorize that Personal Care Services be provided to the student indicated below in accordance with the determinations made by the *Name of District* IEP team and described in the IEP referenced below.

Name of Physician

Signature of Physician

Date

Student Name: _____

Student Date of Birth: _____

IEP Period:

From: / /20 to: / /20
