

PARENT CONSENT LETTER/INSERT

Consent Form for the District’s Participation in the LEA Medi-Cal Billing Program

The District, in cooperation with the California Departments of Health Care Services and Education, participates in a program that allows the district to be reimbursed with federal Medicaid dollars for select health services provided to Medi-Cal eligible students at school. This program greatly benefits our district and our families—all reimbursements the school receives are required to be incorporated back into the health and social services programs for our students; they also help to offset the costs the district incurs providing these services.

In order for the district to receive reimbursement for these services, we must obtain your consent to release select education records to the Department of Health Care Services (DHCS) and, we must obtain your consent to access public benefits if your child is enrolled in Medi-Cal.<sup>1</sup>

Regardless of your response, students will not be denied services they require to attend school and the district will never bill you for services provided as a result of your consent or nonconsent. Further, while Medi-Cal is reimbursing the district for select health services, your Medi-Cal benefits should not be impacted. We participate in this program in an effort to obtain federal funding for the Medi-Cal reimbursable health services already being performed at school, and then use this funding to expand services for all students.

We discuss parental consent with all of our families so that if your child is, or may ever become eligible for Medi-Cal, your consent allows the district, in a confidential manner, to submit eligible services for reimbursement. This means that even if your student is not enrolled in Medi-Cal, your consent (or nonconsent) is still needed. **Please complete the below form and return it to your school.**

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing below, I acknowledge the following:

- I have a right to request that this form be provided in any native language, or through another mode of communication.
- The education records that may be shared include: child’s name and date of birth; health-related evaluation, intervention, and referral information (for services received at school); practitioners’ notes related to these health services; and, select data from child’s IEP/IFSP (if applicable)
- I understand that consent is voluntary, and the consent may be revoked at any time.
- If my child is enrolled in Medi-Cal and is also covered by a third party insurer, DHCS may attempt to recover third party liability if they pay a school-based claim submitted by the district. This occurs due to the assignment of third-party liability rights that was provided when your application to Medi-Cal was approved.
- I have been notified that my refusal to allow access to public benefits does not relieve the district of its responsibility to ensure that all services required by FAPE are provided at no cost to me.
- Consent hereafter is satisfied by an annual notification provided by the district, acknowledging participation in the LEA Medi-Cal Billing Program and related parent rights.

Please mark your choice:

- I **consent** to the release of my child’s related health records, and access to my child’s Medi-Cal benefits
- I **do not consent** to the release of my child’s related health records, or access to my child’s Medi-Cal benefits

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> The requirements for parental consent are outlined in the Individuals with Disabilities Education Act (IDEA) 34 CFR 300.154, and Family Educational Rights and Privacy Act (FERPA) 34 CFR Part 99.

## FAQs – Medicaid Billing for School-Based Services

### 1. Will I ever be billed for school-based services that my child receives?

*No. You will never receive a bill from the district, and there is no cost to you or to your child for school-based health services, regardless of your child's Medicaid eligibility. Bills for eligible school-based services provided to children who are Medicaid eligible are submitted to Medicaid for reimbursement.*

### 2. Do I have to be involved in the billing process in any way?

*You will only be asked to provide the district with your consent for Medicaid billing. Parents have no other responsibilities in this process.*

### 3. Does this program (and my consent) impact my child's Medicaid benefits in any way?

*Whether or not you give consent, Medi-Cal will continue to pay for medically necessary health-related services your child receives outside of school. Further, the district's participation in this program and your consent should not impact your child's benefits in any way.*

### 4. How does the district use the funds received from Medicaid billing?

*The district uses Medicaid funds to supplement the cost of the services being performed at school sites every day. In addition, these funds are used to support additional family outreach efforts, school health offices, updating testing equipment and materials, purchasing supplies, etc., in an effort to support all children in the district.*

### 5. Will the district stop providing services for my child if I do not provide my consent to bill Medicaid?

*No. Without your consent for billing, your child will continue to receive care but the district will not receive Medicaid funds for the eligible services that your child may be provided. Other district funds will be used to support the full cost of these necessary services.*

### 6. What if I change my mind after I have already provided you with my consent?

*You have the right to withdraw your consent at any time (a withdrawal will not be retroactive). See the front desk at your child's school if you'd like to make a change.*

### 7. What information is shared, with whom, and what guarantees exist to ensure confidentiality of these records?

*The education records that may be shared include: child's name and date of birth; health-related evaluation, intervention, and referral information (for services received at school); practitioners' notes related to these health services; and, select data from child's IEP/IFSP (if applicable). The district's reimbursement recovery vendor is bound by a contract that contains specific provisions to keep student records confidential and secure, ensuring information is not used or disclosed inappropriately; further, our vendor is HIPAA compliant. In addition, the district and DHCS are bound by agreements that include specific provisions about the use of the information shared in this program, and explicit security protocols to keep your child's information confidential and secure.*