

# CONSENT TO RELEASE INFORMATION AND BILL MEDICAID

\_\_\_\_\_ County Schools

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ WVEIS# \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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The county school district wishes to periodically apply for reimbursement for certain services provided to your child by accessing Medicaid or other publicly funded benefits. Medicaid reimbursement to county school districts is authorized by West Virginia Legislative Code §18-2-5b, effective March 15, 1990. These funds provide additional financial resources for the county's educational services.

In order for the county school district to apply for Medicaid reimbursement for certain services provided to your child, your consent to release information from your child's education records is requested. The following information may be released to the state Medicaid agency:

- Diagnosis and/or other medical information
- Child's name, date of birth and address
- Service(s) provided
- Dates and times the service is provided at school
- Child's IEP goals that relate to these services
- Progress notes pertaining to the billing of services

This consent allows the school district to bill for medically necessary services in your child's Individualized Education Program (IEP). Targeted Case Management services help coordinate and assist Medicaid eligible students gain access to needed medical, behavioral health, social, and other services. For more information on Targeted Case Management contact your child's teacher or the County Special Education Director.

If you think another provider outside the school system may be billing your child's Medicaid benefits for the same services (for example, speech services) provided by the county school district, list those services and providers below. Please notify your child's teacher, school principal or a county office administrator as soon as possible if any services provided outside the school system change during the year.

This consent may be withdrawn at any time and must be provided annually

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- I give my consent to release information from my child's records for the purpose of Medicaid billing.
- I understand and agree that the district may access my child's Medicaid to pay for IEP services covered by Medicaid, with the exception of any listed on the last line of this form.
- I have received a written notification from the county school district that explains my rights and legal protections.

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

Child's Medicaid Number: \_\_\_\_\_

Student's doctor or other health care professional: \_\_\_\_\_

List any service(s) including Targeted Case Management being provided outside the school system:

\_\_\_\_\_  
\_\_\_\_\_

## **NOTICE TO PARENTS PARENTAL CONSENT TO ACCESS PUBLIC BENEFITS OR INSURANCE (E.G, MEDICAID)**

This notice informs parents of the Individuals with Disabilities Education Act of 2004 (IDEA) regulations at 34 CRF §300.154, effective March 18, 2013, regarding written notification and parent consent to access public benefits or insurance, such as Medicaid. Before the school district accesses the parent's or child's Medicaid or other publicly funded benefits for the first time to seek reimbursement for services provided to an eligible student, and annually thereafter, this written notice is provided to inform parents of the following:

- A prior written parental consent will be requested to release personal information from a child's education records or information about the services that may be provided for the purpose of billing Medicaid or another specific agency for Individualized Education Program (IEP) services.
- The consent form will state the student's personal education records and information that will be disclosed, the purpose of the disclosure (e.g. Medicaid billing) and the agency to which the records will be released. By consenting, parents state they understand and agree that their or their child's public benefits or insurance will be accessed to reimburse the cost of services.
- Parents cannot be required to sign up for or enroll in public benefits or insurance programs for their child to receive free appropriate public education, that is, IEP services.
- Parents are not required to pay out-of-pocket expense such as a deductible or co-pay amount resulting from filing a claim, but may pay the cost that otherwise would be paid by parents.
- Parents must be informed that their public benefits or insurance (e.g., Medicaid) will not be billed if it would:
  - result in a decrease in lifetime benefits;
  - result in the child's parents paying for services that would otherwise be covered and that are needed for the child outside of the time the child is in school;
  - result in an increase in premiums or discontinuation of public benefits or insurance; or
  - risk loss of eligibility for home and community-based waivers based on the total (aggregated) health-related expenditures for the child or the child's parents.
- Parents have the right to withdraw consent to disclose their child's personal information for billing purposes at any time.

Parents' withdrawal of consent, or refusal to provide consent, to release their child's personal information for purposes of accessing their public benefits or insurance (e.g., for Medicaid billing) does not relieve the school district of its responsibility to ensure that all required IEP services are provided at no cost to parents