



## Parental Consent to Release Personally Identifiable Information for Medicaid Reimbursement

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Hillsborough County Public Schools wishes to seek reimbursement for certain services provided to your child by accessing Medicaid. We must obtain your written informed consent for the purpose of releasing certain information related to seeking Medicaid reimbursement. Medicaid reimbursement helps the school district fund costs of providing special education, related services and any other services allowable by Medicaid.

***Consent given or denied (please read, mark with an X your choice, sign and date at the bottom):***

### **Individual Educational Plan (IEP) Services**

The Individuals with Disabilities Education Act of 2004 (IDEA) permits school districts to seek reimbursement from Medicaid for services provided at school (Title 34, section 300.154(d)(2)(iv)(A)-(B), Code of Federal Regulations [CFR]).

### **Non-IEP Services**

School districts are also allowed to seek reimbursement from Medicaid for services provided under the Florida Administrative Code Medicaid rule for school-based services (Rule 59G-4.035).

**I understand and give my consent** to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district's Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records and logs, transportation logs, progress notes, and nursing reports or records.

The information shared may include my child's name, date of birth, address, primary special education disability (if applicable), Florida Medicaid identification number, Social Security number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, physical therapy services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services.

**I understand and do NOT give my consent** to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child

### **Student/Child's Information**

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Date of Birth

### **Parent/Guardians Information**

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You may contact the School Medicaid office at 813-272-4195 or email [Medicaid@hcps.net](mailto:Medicaid@hcps.net) with questions.

# Hillsborough County Public Schools

## Notice of Parental Rights Concerning the Use of Public Benefits or Insurance

The Hillsborough County Public School district may request the use of Medicaid or other public benefits or insurance programs in which your child participates to provide or pay for services required under the Individuals with Disabilities Education Act (IDEA), section 300.154(d)(2)(v) of Title 34, Code of Federal Regulations, as permitted under the public benefits or insurance program.

### **PARENTAL CONSENT PROVISIONS**

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#### **Title 34 § 300.154(d)(2)(iv) (A) and (B)**

The IDEA requires that your school district obtain a one-time parental consent before accessing your child's or your public benefits or insurance for the first time. Broward County Public Schools (BCPS) will obtain your written consent prior to disclosing your child's personally identifiable information.

### **NO COST PROVISIONS**

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#### **Title 34 §300.154(d) (2) (i)-(III)**

1. You are not required to sign up for or enroll in public benefits or insurance programs in order for your child to receive FAPE under Part B of the Act.
2. You will not incur any out-of-pocket expenses for services provided to your child.
3. Hillsborough County Public Schools **will not use** your child's benefits:
  - a. if a decrease in lifetime coverage will occur;
  - b. if it results in you paying for services that would otherwise be covered by the public benefits or insurance program and that are required for the child outside of the time the child is in school;
  - c. if an increase in premiums or a discontinuance of benefits will occur;
  - d. if you will risk a loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

### **WITHDRAWING CONSENT**

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#### **34 CFR §§ 99 and 300 (c)**

1. At any time, you have the right to withdraw your consent to allow the school district to send your child's name, date of birth, student ID number, type of services received, and ICD 10 code to the state's Medicaid fiscal agent.
2. Your withdrawal of consent or refusal to provide consent will not change or stop your child's required services which are provided at no cost to you.

### **ADDITIONAL INFORMATION**

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1. Hillsborough County Public Schools will not interfere with services your child receives from a community doctor or agency. Hillsborough County Public Schools intentionally waits at least 8 weeks to submit a claim to Medicaid which allows for the community provider to be paid for their service. If a community service was provided on the same day as an IEP service, the school district will not be paid for their service since their service will be submitted after the community service is paid.