

## Access to Public Benefits and Insurance

2016-17

This notice is provided to you as parents, legal guardians, care giving adults, surrogate parents or court appointed responsible adult, because during the 2016-17 school year, your child may receiving medically necessary health related services covered under California's Medicaid State Plan Title XIX **and/or** receive special education services under the Individuals with Disabilities Education Act (IDEA). School districts are required to provide prior written notice of your rights and protections when it seeks to use your child's public benefits (i.e., Medi-Cal) or insurance to pay for special education **and/or** and medically necessary related services. This Notice will be given to you before the school district seeks to use your child's public benefits or insurance for the first time, and annually thereafter.

With your written consent, the school district may submit claims to your child's public benefits or insurance program, such as the California Medi-Cal program or to your private insurance in order to be reimbursed for the cost of providing the service. The school district cannot require parents to sign up for or enroll in public benefits or insurance programs in order for your child to receive a free appropriate public education (FAPE) under IDEA. The school district cannot require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services and reimbursement through Medi-Cal (34 CFR 300.154 [d][2][i]). The school district cannot use a student's benefits under Medi-Cal if that use would:

- Decrease available lifetime coverage or any other insured benefit
- Result in the family paying for services that would otherwise be covered by the public benefits or insurance program (Medi-Cal) and are required for the child outside of the time the child is in school
- Increase premiums or lead to the discontinuation of public benefits or insurance (Medi-Cal)
- Risk loss of eligibility for home and community-based waivers, based on aggregate health related expenditures (34 CFR 300.154 [d][2][iii][A-D])

You Have The Right To:

- Voluntarily provide the school district with written consent to disclose educational records containing your child's personally identifiable information such as individual educational programs (IEP) or assessment reports to Medi-Cal, other public benefits or insurance programs, or private insurance billing purposes.
- Withdraw your consent to the disclosure of your child's personally identifiable information to Medi-Cal, other public benefits or insurance programs, or private insurance at any time.
- Refuse to provide consent to the disclosure of your child's personally identifiable information to Medi-Cal, other public benefits or insurance programs, or private insurance for billing purposes.
- If you withdraw your consent or refuse to provide consent for the school district to use Medi-Cal, other public benefits or insurance programs, or private insurance to pay for eligible related services, the school district must continue to ensure that all required special education services are provided at no cost to you.

☐ Yes, I give consent for Name of School District to access my public benefits for my child's health services.

☐ No, I do not give consent for Name of School District to access my public benefits for my child's health services.

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Private Health Insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

*Please return this form to the Health Services Department at Name of School District.*

*Thank you.*