

Stonington Public Schools
Written Consent and Parent Permission
for Connecticut School-Based Child Health Program

Student Name: _____ **Date of Birth:** _____

Stonington Public Schools participates in the Connecticut Medicaid School-Based Child Health Program (SBCH).

This program allows school districts to receive state and federal funding for services that are provided to eligible students who receive special education related health services listed in their IEP or 504 plan and qualify for Medicaid (HUSKY) benefits.

- Examples of these services are: Occupational Therapy, Physical Therapy, Speech-Language, Hearing services, Psychological Services, Social Work, Nursing, and Individual Assessments/Evaluations as recommended by the Planning and Placement Team.
- If your child receives any of the above services and qualifies for Medicaid (HUSKY) benefits at any time during the school year, **we request your permission to release information to access school-based Medicaid reimbursement for the school district.**
- Information to the Medicaid agency may include student's name, date of birth, Medicaid ID and dates and services provided.
- Any reimbursement received from the Medicaid program does not affect or impact other benefits to which my child is entitled, including any eligible services outside of school. **There is NO cost to the family, now or in the future.**
- The school district will provide all services to my child whether or not I grant my written consent. My consent is voluntary and I have the right to withdraw this consent at any time.
- I understand and agree that the school district may access my child's public benefits or insurance information (ex: Medicaid/HUSKY) in order to seek reimbursement for services rendered as listed on the Individualized Education Program (IEP).

Signature of Parent/Guardian

Date

If you give consent, please return this form to your child's case manager, or return this form: **Stonington Public Schools, 40 Field Street, Pawcatuck, CT 06379**. Forms may also be faxed: **(860) 599-0233** or scanned/emailed to Linda Kuja: ljuja@stoningtonschools.org

Addendum: Initial Consent

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

This notice applies to all related services- OT/PT, Speech and Language, Psychological and Social Worker Services billed through Connecticut Husky Health. Only verbal consent is required for this notice, as an addendum to your original consent provided, to allow Stonington Public Schools to bill specific related services under Connecticut State law. Other than consenting to telehealth, under distance learning, your consent will not change anything related to your child's Husky benefits.

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.