

Consent to Share Data and Seek Payment for Individualized Family Service Plan (IFSP) / Individualized Education Program (IEP) Health-Related Services

Student's Name: _____ DOB: _____
Date: _____

If your child also has Medical Assistance (MA) or MinnesotaCare

South Saint Paul School District will bill MA or MinnesotaCare for the health-related services your child receives. The type, amount and frequency of services are in your child's IFSP/IEP. We need your signature to share data with the Minnesota Department of Human Services (DHS) to bill for these services. The information includes your child's name, date of birth, member number, dates of service and type of service codes. If audited by DHS or the U.S. Department of Health and Human Services (DHHS), the data shared may also include your child's IFSP/IEP, evaluation reports, documentation of service and attendance and medical orders.

I understand:

This is a release to share data with DHS and DHHS and it is good as long as my child is eligible for special education.

- I can change or stop this release in writing at any time.
- The type, amount and frequency of services are in my child's IFSP/IEP.
- If I ask, I can get copies of all data shared with DHS or DHHS.
- I can get a copy of this release.
- Laws that protect private data sometimes allow the data to be re-disclosed.
- If I do not give information or do not agree to share data with DHS and DHHS, my child's IFSP/IEP services will not change or stop.

If your child also has Private Health Insurance and MA

For children with an IFSP: Although our district **does NOT bill for private insurance** we are required to inform you of the following, your consent below is required when private health insurance is billed initially and whenever the IFSP is revised due to an increase (in frequency, length, duration or intensity) in the provision of services in your child's IFSP. (34 CFR §303.520(b)(1)(i)). If your child is on MA or MinnesotaCare and your private health insurance does not cover the IFSP/IEP services your child receives, the district may bill MA or MinnesotaCare. So that we can determine if your insurance covers the services, we need information about your private health insurance coverage. The school district will use this information to determine if the private health insurance company covers the IFSP/IEP health-related services your child receives.

I understand:

- The district will use my private health insurance information to determine whether or not my private insurance covers the IFSP/IEP health-related services that my child receives.
- If the private insurance does not cover the IFSP/IEP health related services my child receives, the school district can bill MA or MinnesotaCare.
- For children with an IFSP: My child has an IFSP and I have received a copy of the state system of payments policy, which includes: (1) Consent to Share Data and Seek Payment for IFSP Health Related Services; and (2) Written Annual Notice Related to Third Party Billing for IFSP Health Related Services. This policy will be provided to me each time my consent is required.

Please refer to the back of this form for Third Party Reimbursement information from the Notice of Procedural Safeguards. If you have questions, you may call 651-457-9496.

Consent for Reimbursement and Release of Records: My signature below means I understand and agree to allow South St Paul Schools #006 to share information to DHS to determine eligibility, to bill DHS and receive direct payment for IFSP/ IEP Health-Related Services from MA or MC or to DHS or DHHS if there is an audit. This consent starts at the beginning of the school year, including summer school if applicable, and will continue during all periods of eligibility for special education services.

Please Check Your Child's Type of Coverage:

Medical Assistance Only Medical Assistance/MinnesotaCare Member Number / / / / / / /

Medical Assistance + Private Insurance Name of Private Insurance _____

Private Insurance Only

Parent/Guardian Printed Name: _____

X _____

Signature of Parent/Guardian (Student if age 18 or older)

_____ Date

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WRITTEN ANNUAL NOTICE RELATING TO THIRD PARTY BILLING FOR IEP HEALTH-RELATED SERVICES

Before billing Medical Assistance or MinnesotaCare for health-related services the first time, and each year, the district must inform you in writing that:

1. The district will share data related to your child and health-related services on your child's IEP with the Minnesota Department of Human Services to determine if your child is covered by Medical Assistance or MinnesotaCare and whether those services may be billed to Medical Assistance or MinnesotaCare.
2. Before billing Medical Assistance or MinnesotaCare for health-related services the first time, the district must obtain your consent, including specifying the personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided), the purpose of the disclosure, the agency to which the disclosure may be made (i.e., the Department of Human Services) and which specifies that you understand and agree that the school district may access your (or your child's) public benefits or insurance to pay for health-related services.
3. The district will bill Medical Assistance or MinnesotaCare for the health-related services on your child's IEP.
4. The district may not require you to sign up for or enroll in Medical Assistance or MinnesotaCare or other insurance programs in order for your child to receive special education services.
5. The district may not require you to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for health services provided, but may pay the cost that you otherwise would be required to pay.
6. The district may not use your child's benefits under Medical Assistance or MinnesotaCare if that use would: decrease available lifetime coverage or any other insured benefit; result in your family 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 your child is in school; increase your premiums or lead to the discontinuation of benefits or insurance; or risk your loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.
7. You have the right to receive a copy of education records the district shares with any third party when seeking reimbursement for IEP health-related services.

You have the right to stop your consent for disclosure of your child's education records to a third party, including the Department of Human Services, at any time. If you stop consent, the district may no longer share your child's education records to bill a third party for IEP health-related services. You can withdraw your consent at any time, and your child's IEP services will not change or stop.

This is your annual notification that the South St. Paul Public School District will be billing Medical Assistance/MinnesotaCare directly if you have provided consent and have not revoked or denied in writing that consent.