

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

System of payments policy for Part C/Annual Notice for Third Party Billing for IFSP Health-Related Services

Under Part C of IDEA, the following early intervention services are provided at no cost to families:

- Child Find services;
- Evaluations and assessments;
- The development and review of the Individual Family Service Plan (IFSP);
- Service coordination; and
- Procedural safeguards

As residents of a Birth Mandate state, Minnesota infants and toddlers also receive free appropriate public education (FAPE) services at no cost to the family.

Notice and Consent for Third Party Billing

Although Part C early intervention services for your child are provided at no cost to you, early childhood programs are required to ask for reimbursement from public and private insurance for health-related services included in your child's IFSP. Before billing Medical Assistance (MA) or MinnesotaCare for IFSP health related services, the early intervention program must provide you with written notification including:

1. Parental consent must be obtained to share information with the Minnesota Department of Human Services (DHS), the agency that administers MA and MinnesotaCare, for billing purposes and before disclosing your child's personally identifiable information. This consent is only required one time and the early childhood program may not use your child's benefits under MA or MinnesotaCare if that use would result in:
 2. Decreased available lifetime coverage;
 3. You paying for services otherwise covered by your public or insurance program;
 4. Increase in premiums or discontinuation of public benefits; or
 5. Risk loss of eligibility for your child or your family for home and community-based waivers.
6. The early childhood program may not require you to sign up for or enroll in MA or MinnesotaCare or any other insurance program in order for your child to receive the health-related services in your child's IFSP;
7. Your public insurance benefits will not be affected if used for IFSP health-related services;
8. Consent is required when private health insurance is billed initially and whenever the IFSP is revised due to increase (in frequency, length, duration or intensity) in the provision of services in your child's IFSP;
9. The Early Childhood program cannot require the use of private insurance to pay for Part C services if there is any cost to the family, including co-pays, deductibles, increased premiums or effects on service limits and prior authorization;
10. If private insurance is used and you are charged out of pocket expenses by your insurer, the school district may pay or reimburse co-payments, deductibles or other insurance related costs in connection with health related services in your child's IFSP and may use Federal IDEA Part C or other funds to pay for these costs;
11. If you have private insurance coverage, the early childhood program will seek a denial from your private insurance before public insurance or benefits are used to pay for early childhood services. Services will still be provided if your private insurance denies coverage for any reason; and,
12. You may withdraw your consent at any time, in writing, to disclose personally identifiable information and services in your child's IFSP will still be provided.

Dispute Resolution Options

Federal law states that if there are issues related to the state's system of payments, you may do one of the following: participate in mediation, request a due process hearing, file a State complaint, or use any other procedure established by the State for speedy resolution of financial claims.

This is your annual notification that South St Paul Public Schools #6 will be billing Medical Assistance/MinnesotaCare directly if you have provided consent and have not revoked or denied in writing that consent.