



# MANHEIM CENTRAL SCHOOL DISTRICT

71 North Hazel Street  
Manheim, Pennsylvania 17545

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Date: \_\_\_\_\_

## PA Medical Assistance (MA) Billing Parental Consent Form

Local Education Agencies (LEAs) are eligible to receive federal Medicaid reimbursement for medically necessary services provided to their special education students when the services meet the requirements of the state's Medicaid program and are provided in accordance with the students' IEP.

The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and the Family Educational Rights and Privacy Act (FERPA) require schools to obtain written parental consent to share students' education and health-related records such as IEPs and Evaluation Reports. We are requesting your permission to share this information with the PA Department of Education, the PA Department of Public Welfare, and a physician or nurse practitioner in order to bill Medical Assistance.

In addition to the Medicaid-covered services your child receives as part of his/her IEP, MA will continue to pay for medically necessary, Medicaid-covered services that are provided to your child outside of school.

### *I understand that...*

- *if I give permission, I may withdraw it for future services at any time. However, it does not negate an action that has occurred after consent was given and before the consent was revoked.*
- *my refusal to give consent will not change the services my child receives under his/her IEP.*
- *whether I consent or refuse, I will not have to pay for these services.*
- *upon request, I may receive copies of my child's records that are disclosed as a result of this authorization.*

I **give** my child's school district/IU13 permission to share my child's education and health-related information and bill Medical Assistance.

I **do not give** my child's school district/IU13 permission to share my child's educational and health-related information and bill Medical Assistance.

### PLEASE RESPOND WITHIN 7 DAYS

**Manheim Central School District**

School District of Residence

Lancaster-Lebanon IU 13

Intermediate Unit

\_\_\_\_\_  
Student's Full Name

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

\_\_\_\_\_  
**IEP Meeting Date**

\_\_\_\_\_  
Anticipated Duration of Services

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
\*Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*Parental Consent will be done on a yearly basis. In addition to any additions or revisions done to the IEP.**

If you have any questions regarding this letter, please contact the Lancaster-Lebanon IU13 Access Coordinator, Jackie Gerlitzki at 717-606-1686.