



### DESCRIPTION:

It is important to know the School Health Services (SHS) Program has no effect on benefits to individual students who qualify for Medicaid health insurance coverage. It is simply a program to reimburse school districts for services they already provide. Even if your student does not currently have Medicaid insurance, we ask that parent complete the consent form once during your student's time in D#60.

Please note that giving consent for the district to share information with the SHS Program does not enroll your student for Medicaid coverage, it does not imply that your student is eligible for coverage, and it does not affect any past, present, or future coverage or benefits through Health First Colorado

### CONTACT

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MEDICAID MANAGER:  
**Michelle Camille**

## REQUESTING THE MEDICAID “ONE-TIME” CONSENT

### ELECTRONIC RESPONSE

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- A simple response back from you via email regarding the one-time consent. Using the example below:
- Example: “Yes”, I give consent on \_\_\_\_/\_\_\_\_/\_\_\_\_ date.
- Parent or Guardian Name:  
\_\_\_\_\_
- The district is requesting your electronic response to the Medicaid One-Time consent form.

### ATTACHED FORMS & DOCUMENTS :

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- One-Time Consent Form. Form: (2)
  - Notification to Access Benefits letter. Form: (3)
  - Medicaid CDE School Health Parent Guide that explains the importance of the consent. Form: (4)
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