



PARENT CONSENT LETTER FOR LEA BOP & CYBHI FEE SCHEDULE

**Health Information Exchange & Consent Form**

The District participates in the Local Educational Agency Medi-Cal Billing Option (LEA BOP) and Child & Youth Behavioral Health Initiative (CYBHI) Fee Schedule programs that fund essential health, behavioral health, and mental health services for students. The LEA BOP allows the District to receive reimbursement of the federal share of the maximum allowable rate for approved health-related services provided by qualified health service practitioners to Medi-Cal eligible students. The CYBHI Fee Schedule program allows the District to receive reimbursements for eligible behavioral health and mental health services provided to students covered by Medi-Cal managed care plans, Medi-Cal-Fee-for-Service, private health care service plans, and disability insurers. - By providing your consent, you allow the District to seek reimbursement from Medi-Cal and/or private insurers to help cover these services **at no cost to you. You will never be charged for services your student may receive.**

Your consent allows Paradigm Healthcare Services, LLC., our billing partner, to securely share necessary records with Medi-Cal or the CYBHI Fee Schedule third-party administrator(s). **All information is handled confidentially and protected under federal privacy laws, including FERPA and HIPAA, and state law and regulations.** Please note that whether or not you provide consent, your student will continue to receive the services they need. However, completing this form ensures we can maintain and expand these services for all students **It takes just a minute!**

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**STUDENT INFO—PLEASE COMPLETE**

STUDENT'S LEGAL NAME: First \_\_\_\_\_ Last \_\_\_\_\_

STUDENT'S DOB: MM/DD/YYYY \_\_\_\_\_

STUDENT ID: If known \_\_\_\_\_

PRIMARY INSURER: Enter full name of Health Plan (e.g., "Kaiser Permanente Medi-Cal") \_\_\_\_\_

PRIMARY POLICY HOLDER: First \_\_\_\_\_ Last \_\_\_\_\_

POLICY/MEMBER ID: If covered by Medi-Cal, use BIC Number \_\_\_\_\_

GROUP NUMBER: If known \_\_\_\_\_

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IF YOU ARE NOT INSURED  I would like more information. Please release my name, address, and telephone number to an authorized insurance enrollment worker.

## CONSENT—PLEASE COMPLETE

Please review the information below and indicate your consent

- **Only the appropriate health records** from my child's educational records will be released by the district and Paradigm Healthcare Services, LLC., to bill Medi-Cal or the CYBHI Fee Schedule program.

- The records will be **securely shared** with Medi-Cal and DHCS third-party administrators (TPAs) for reimbursement, and all information will be kept **confidential in accordance with FERPA and HIPAA privacy laws, and state laws and regulations.**

- I understand that **I will never be charged for these services by the District.**

- I understand that **my consent is voluntary and can be revoked at any time.**

I **consent** to the release of my student's records, and access to their benefits, for billing purposes.

I **do not consent** to the release of my student's records, and access to their benefits, for billing purposes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

## FAQs - Billing for School-Based Services

### 1. What services are billed under the school-based billing programs?

*The District participates in two billing programs: the LEA Medi-Cal Billing Option and the CYBHI Fee Schedule. These programs allow the District to recover funding for health, behavioral, and mental health services provided to students at school. Examples of billable services include speech therapy, occupational therapy, physical therapy, behavior and mental health services, and certain evaluations and treatments. This funding helps support and enhance the delivery of these essential services for all students in the District.*

### 2. Will the district ever bill me for the school-based services that my child receives?

*No. You will never receive a bill from the District, regardless of your child's insurance coverage.*

### 3. Do I have to be involved in the billing process in any way?

*You will only need to provide the District with your insurance information and your consent to release the appropriate records for billing purposes. Parents have no additional responsibilities in the process.*

### 4. Do these billing programs (and my consent) impact my child's insurance benefits in any way?

***If your student is covered by Medi-Cal only:** Participation in these billing programs will not reduce or negatively impact your child's Medi-Cal benefits.*

***If your student has additional private insurance coverage, secondary to Medi-Cal:** In some cases, Medi-Cal may seek reimbursement (third-party liability payments) from your secondary insurer for covered services billed through the LEA Medi-Cal Billing program. This could potentially affect benefit limits under your private insurance plan, depending on your policy.*

***If your student is not covered by Medi-Cal:** The District will only bill your insurer for behavior or mental health services your student receives at school (CYBHI Fee Schedule Program). It is recommended that you check with your insurance provider to understand how claims submitted through the CYBHI Fee Schedule may affect any visit limitations for behavioral and mental health services your child may be receiving outside of school.*

### 5. How does the District use the funds received from billing?

*The District uses funds from billing to help cover the cost of services performed at school sites. These funds are also used for family outreach efforts, school health offices, updating testing equipment and materials, purchasing healthcare supplies, and other initiatives to support all children in the district.*

### 6. What information is shared, with whom, and what guarantees exist to ensure confidentiality of my child's records?

*The District will only share the essential information necessary for billing, including your child's name, date of birth, health-related evaluation, intervention, referral information, and practitioners' notes related to these services. Select data from your child's IEP/IFSP or other care plan (if applicable) may also be shared.*

*The District's billing vendor is bound by contractual agreements with strict provisions to keep student records confidential and secure, ensuring that information is not used or disclosed inappropriately. The vendor is HIPAA compliant, and the District complies with FERPA and state laws and regulations to protect your child's information.*

### 7. Will the District stop providing services for my child if I do not provide my consent?

*No. Without your consent for billing, your child will continue to receive services at school, but the District will not receive funds for the billable services that your child may be provided. Other District funds will be used to support the full cost of the services provided at school.*

### 8. What if I change my mind after I have already provided you with my consent?

*You have the right to withdraw your consent at any time (withdrawal is not retroactive). To make changes, visit the front desk at your child's school.*

*For more information on the requirements for parent consent, you can refer to the Individuals with Disabilities Education Act (IDEA) at 34 CFR 300.154 and the Family Educational Rights and Privacy Act (FERPA) at 34 CFR Part 99*