



WASHINGTON

Community High School District 308

Medicaid Consent Form

The purpose of this consent form is to ask permission (also known as consent) to share records and information about your child with Medicaid. A change in federal Center for Medicaid Services policy provides an opportunity to expand reimbursement for school-based health services for Medicaid-enrolled students beyond those with an IEP/IFSP. In order to access this reimbursement, the school district needs to share with Medicaid information pertaining to your child including name, date of birth, gender, and type of service provided.

With your permission, the school district will be able to seek reimbursement for services provided by Medicaid. Each year the district will provide you with notification regarding your permission: you do not need to sign a form every year.

Under Federal Law the school district cannot share with Medicaid information about your child without your permission(34CFR 99.30(b); 34 CFR 300.154(d)(2)(iv)(A)-(B) As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for Medicaid for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge Medicaid for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected
3. If you give the school district permission to share information with and request reimbursement from Medicaid:
 - a.) This will not affect your child's available lifetime coverage or other Medicaid benefits, nor will it in any way limit your own family's use of Medicaid benefits outside of school.
 - b.) Your permission will not affect your child's special education services or IEP/IFSP rights in any way, if your child is eligible to receive them.
 - c.) Your permission will not lead to any changes in your child's Medicaid or Medicare funded programs.
 - d.) Your permission will not result in any risk of losing eligibility for other Medicaid or Medicare funded programs.
4. If you give your consent you have the right to change your mind at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with Medicaid for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no extra cost to you.