

Education Agency Logo and Information Here

CONSENT TO DISCLOSE EDUCATIONAL RECORDS TO OREGON'S MEDICAID AGENCY

Student's Name

School

_____/_____/_____
Student's DOB

SSID Number

School Contact Person

I understand that:

1. The Education Agency Name Here may disclose my child's name, date of birth, gender, social security number and Medicaid ID to the Division of Medical Assistance Programs (DMAP) to determine eligibility for Medicaid and Medicaid reimbursable health services my child receives in the school/program setting.
2. If my child is eligible for Medicaid, Education Agency Name Here may disclose additional information to The Oregon Department of Human Services (DHS) and Division of Medical Assistance Programs DMAP including:
 - diagnosis and procedure codes for billing Medicaid for health services described in my child's IEP or IFSP and for evaluations in relation to the health services; and
 - in the event of an audit, documentation required to support health services reimbursed by Medicaid.
3. My consent is voluntary. I understand that if I refuse my consent to disclose this information, my child will still receive health services described in my child's Individual Education Plan (IEP) or Individual Family Service Plan (IFSP).
4. This consent is valid for up to the amount and for the duration of health services described in my child's IEP or IFSP dated _____.
5. I understand I may revoke my consent at any time by notifying Education Agency Name Here in writing. This means that information will not be released after the date I withdraw my consent.

I GIVE MY CONSENT to the disclosure of the above information.

I DO NOT GIVE CONSENT to the disclosure of the above information

Signature of parent/guardian

Date

Education Agency Logo and Information Here

Dear Parent or Guardian,

Education Agency Name Here sends claims to Oregon's Medicaid agency for reimbursement of health related services and evaluations related to a health service described on your child's IEP (for school age children) or IFSP (for preschool children). This requires your consent. A consent form is on the reverse side of this letter. If you agree to give your consent, please check the first box at the bottom of the form and provide your signature and date you signed the consent. If you do not agree, please check the second box. Use the self-addressed, stamped envelope to return the form to Education Agency Name Here, a second copy is included for your records. Thank you for your help. If you have additional questions please contact EA Contact person and phone number here

Frequently Asked Questions

Why does Education Agency Name Here bill Medicaid for covered services my child receives in school/programs? Some children with disabilities are eligible for Medicaid funded health services. This funding helps schools/programs provide health services to Medicaid covered children. The Individuals with Disabilities Education Act (IDEA) permits schools/programs to seek Medicaid reimbursement for health services.

What services does Education Agency Name Here bill Medicaid for? The Education Agency Name Here can only bill for Medicaid reimbursable evaluation and testing service(s), and the amount of health service(s) outlined in your child's IEP or IFSP such as: audiology services, nursing services, occupational therapy, physical therapy, speech therapy, psychological services and social work services.

How often does the Education Agency Name Here need to get my consent to bill Medicaid for the amount of health services on my child's IEP or IFSP? Parental consent is needed annually in relation to the annual IEP or IFSP. Parental consent is also needed if the amount or duration for a Medicaid reimbursable health service specified in your child's IEP or IFSP is increased between annual IEP or IFSP meetings.

How does Education Agency Name Here use the money they receive from Medicaid? The money received is used to improve services provided to children in the education setting.

If Education Agency Name Here bills Medicaid, will Medicaid services my child receives outside of the school/program setting be affected? Services received outside the school/program setting should not be affected. Medicaid reimbursable health services received from a community provider is authorized separately from the services provided in the school/program setting. If the family feels the community services are being affected, they are encouraged to contact Education Agency Name Here. The Education Agency Name Here will follow-up with the state's Medicaid agency.

If I do not sign the consent form, will it affect the health services my child receives in the school/program setting. No. Schools/programs are required to provide all IEP or IFSP services regardless of whether or not they have parental consent to share their child's information with Medicaid for reimbursement of a health service.

Education Agency Logo and Information Here

CONSENT TO DISCLOSE EDUCATIONAL RECORDS TO OREGON'S MEDICAID AGENCY

Purpose of form:

- This form complies with IDEA 2004 requirements for parental consent to release information to the State Medicaid Agency. 34 CFR 300.154(d).
- Districts and Agencies should enter District/Agency information in the heading to adapt form for local use.
- The sample Q & A letter provides information for parents to assist them in understanding the purpose and nature of the consent. Districts and Agencies should enter District/Agency information to adapt the Q & A letter for local use.

Directions for completing form:

- Enter the student/child's full legal name including middle name.
- Enter child's date of birth (month/day/year).
- Enter the student's SSID number.
- Enter the name of the student's school and school contact person.
- Enter date of IEP or IFSP that describes services that will be provided and submitted to the state Medicaid agency for reimbursement.
- Provide the parent with information about why consent is needed and what consent includes. Schools may use the letter with frequently asked questions to explain this information.
- Ask parents to check box that indicates whether consent is given.
- Ask parent to sign and enter date of signature.
- Provide a copy to the parent/guardian and place a copy in the student's file.

For more information:

- Consent for children in foster care:
<http://www.ode.state.or.us/pubs/sped/fosterconsentchart.doc>