

**CONSENT TO BILL CALIFORNIA MEDI-CAL &
CONSENT TO RELEASE OR EXCHANGE INFORMATION
FOR HEALTH-RELATED SPECIAL EDUCATION AND RELATED SERVICES**

Through the Medi-Cal Local Educational Agency Billing Option (LEA) this LEA may submit claims to California Medi-Cal for covered services provided to Medi-Cal eligible children enrolled in special education programs. The Medi-Cal LEA program is a way for school districts and/or Counties Education Offices (COEs) to receive federal funds to help pay for health-related special education and related services.

You need to know that:

- You may refuse to sign this consent form.
- Information about your child and family is strictly confidential.
- Your rights are preserved under Title 34 Code of Federal Regulations 300.154; Family Education Rights Privacy Act of 1974, Title 20 of the United States Code, Section 1232 (g), Title 34 Code of Federal Regulations, Section 99.
- This consent is good for one year unless you withdraw your consent before that time. It can be renewed annually at the IEP meeting.

Your consent is voluntary and can be revoked at any time. If you do revoke consent, the revocation is not retroactive (i.e., it does not negate any billing that occurred after consent was given and before it was revoked). Your consent **will not** result in denial or limitation of community-based services provided outside the school. If you refuse to consent for the school district and/or COE to access California Medi-Cal to pay for health-related special education and/or related services, this School District and/or COE still must ensure that all required special education and related services are provided at no cost to you.

Furthermore, as a public agency, an LEA may access parents' public benefits or insurance to pay for related services required under Part B of the IDEA, for a free appropriate public education (FAPE). For related services required to provide FAPE to an eligible student, the LEA:

- **May not** require parents to sign up for or enroll in public benefits or
 - Insurance programs (Medi-Cal) in order for their child to receive FAPE under
 - Part B of the IDEA (34 CFR 300.154 [d][2][i]).
- **May not** require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services and reimbursement through Medi-Cal (34 CFR 300.154[d][2][ii])
- **May not** use a student's benefits under Medi-Cal if that use would:
 - Decrease available lifetime coverage or any other insured benefit.
 - Result in the family paying for services that would otherwise be covered by the public benefits or insurance program (Medi-Cal) and are required for the child outside of the time the child is in school.
 - Increase premiums or lead to the discontinuation of public benefits or insurance (Medi-Cal).
 - Risk loss of eligibility for home and community-based waivers, based on aggregate health related expenditures (34 CFR 300.154[d][2][iii][A-D]).

Parental Consent:

I authorize the _____ (LEA) to disclose to Medi-Cal Billing Systems, Inc. (MBS, Inc.) the following information:

My child's name _____ .
Date of Birth _____, Gender _____,
as well as their IEP designated service(s), the type(s) and number of services provided, their service date(s), and name of provider(s).

This information may be disclosed for the sole purpose of processing claims to the Medi-Cal program for reimbursement for these services.

Guardian/Adult Student Signature

Date