



NAME OF STUDENT

ID#

MEDICAID#

CAMPUS

DATE OF BIRTH

Medicaid Consent Form

This form is requesting permission to release student information so the District may apply for Medicaid reimbursement under the School Health and Related Services (SHARS) program for designated services listed in the student's Individual Education Program (IEP). Schools are required by the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA) to obtain parental consent before disclosing information about a student. This includes providing information to the public agency including but not limited to name, date of birth, Social Security number, Medicaid number, date of service, service type and service duration.

****Services received at school do not affect or compromise the type or amount of Medicaid services received outside of school.****

1. I understand that the use of Medicaid insurance for special education services provided at school
 - A. will not result in my family paying for other services required for my student outside of school that would otherwise be covered by the Medicaid program or otherwise diminish my family's insured benefits under the Medicaid program;
 - B. will not result in an out-of-pocket expense such as payment of a deductible or co-pay amount.
2. I also understand that my student's entitlement to a Free and Appropriate Public Education (FAPE) is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services on my student's IEP will be provided to my student at no cost to me.
3. I also understand that TX Medicaid Instituted TPL (Third Party Liability) policy requirement using the "pay and recover" method. Using the pay and recover TPL (Third Party Liability) process for SHARS means that Medicaid pays the school district for services before third party reimbursement is sought. If the third party insurance denies a claim for an acceptable reason, no further action is taken. Lifetime benefits of private insurance could be affected depending on the policy or agreement parents or guardians have with the Insurance Company.
4. SHARS providers are required to notify parents or guardians of their rights to a "freedom of choice of providers" (42 CFR §431.51) under Texas Medicaid. Most SHARS providers currently provide this notification during the initial Admission, Review, and Dismissal (ARD) process. If a parent requests that someone other than the employees or currently contracted staff of the SHARS provider (school district) provide a required service listed in the student's IEP, the SHARS provider must make a good faith effort to comply with the parent's request. The SHARS provider can negotiate with the requested provider to provide the services under contract. The requested provider must meet, comply with, and provide all of the employment criteria and documentation that the SHARS provider normally requires of its employees and currently contracted staff. The SHARS provider can negotiate the contracted fee with the requested provider and is not required to pay the same fee that the requested provider might receive from Medicaid for similar services.
5. I also give my consent voluntarily and understand that I may withdraw my consent at any time.

(Consistent with 34 CFR §300.154(d)(2)(v); 34 CFR §300.503(c); 34 CFR §300.154(d)(2)(I)(iii); §300.154(d)(2)(iv)(A)-(B); §300.154(d)(2)(iv); 34 CFR part 99 & 300)



Grand Prairie ISD
2602 S Belt Line Rd
Grand Prairie, TX 75052

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Please check the appropriate box by each statement, sign your name and date, and return this form to the school as soon as possible.

- ☐ Yes ☐ No I have been provided this information in language understandable to the general public and/or in my native language or other mode of communication that I use, unless it is clearly not feasible to do so. If other than English, specify: _____
- ☐ Yes ☐ No I give my consent for the district to apply for reimbursement of special education related services provided.

Name of Parent, Guardian, Surrogate Parent or Adult Student

Signature

Date

Name of Interpreter, if used

Signature

Date

Please return this form to:

Staff Name

Position

School