



**PARENTAL NOTIFICATION AND CONSENT TO ACCESS PUBLIC INSURANCE  
AND TO RELEASE PERSONALLY IDENTIFIABLE INFORMATION**

STUDENT NAME	DATE OF BIRTH	SCHOOL
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**REASON FOR CONSENT**

With your consent, Missouri Schools for the Severely Disabled (MSSD) is allowed to disclose to MO HealthNet (Medicaid) Division records or information about the services that may be provided to a particular child for the purpose of billing for applicable services provided through an Individualized Education Program (IEP) under the Individuals with Disabilities Education Act (IDEA) by accessing you or your child's public insurance.

The MO HealthNet (Medicaid) Division School-Based Services Program in Missouri

- provides partial reimbursement to school districts for services that include: Occupational Therapy, Physical Therapy, Speech/Language Therapy, Behavioral Health Services, Audiology/Hearing Services, Private Duty Nursing, Personal Care Services and Transportation.
- does not affect a family's MO HealthNet (Medicaid) insurance benefits.
- helps MSSD to offset some of the costs of services provided through an IEP.
- is voluntary and requires a parent or guardian to provide written consent for MSSD to release information about their child and seek reimbursement from MO HealthNet (Medicaid) Division to help pay for services provided through an IEP.

If your child receives any of the services listed above and qualifies for/has MO HealthNet (Medicaid) coverage, parent/legal guardian permission is requested to release information to enable MSSD to access MO HealthNet (Medicaid) Division public insurance for reimbursement of school-based services.

**CONSENT**

**By signing below, you agree to the following:**

I understand and give MSSD permission to access my or my child's public insurance benefits. I understand my child's educational records and information about the services my child receives through the IEP will be released in order for MO HealthNet (Medicaid) Division to help pay for IEP services.

- I understand this may include sharing information with the MO HealthNet (Medicaid) Division, their contracted billing agent and/or a physician to obtain necessary documentation (e.g., physician scripts, referrals) to receive reimbursement for services provided through an IEP.
- I understand information to be released may include, but not limited to, the child's name, birthdate, Medicaid ID or other identification, disability, IEP and evaluations, type of service(s), times and dates services were delivered, and progress notes.
- I understand MSSD may not require me as a parent to sign up for or enroll in public benefits or insurance programs in order for my child to receive a free appropriate public education under Part B of the Individuals with Disabilities Act,
- I understand MSSD may not require me as a parent 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 provided pursuant to this part, but may pay the cost that the parents otherwise would be required to pay.
- I understand MSSD may not use a child's benefit under a public benefits or insurance program 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 and that are required for the child outside of the time the child is in school; increase premiums or lead to the discontinuation of benefits or insurance; or risk loss of eligibility for home and community-based waivers based on aggregate health-related expenditures.
- I understand that this consent will remain in effect at all times MSSD is responsible for providing IEP services to my child, unless revoked by me, and that I may revoke my consent at any time by notifying MSSD in writing.
- I understand that refusal to provide consent or revoking my consent to disclose personally identifiable information to MO HealthNet (Medicaid) Division does not relieve MSSD of its responsibility to ensure that all required IEP services are provided to my child at no cost to me as the parent.

PARENT/LEGAL GUARDIAN NAME	PARENT/LEGAL GUARDIAN SIGNATURE	DATE
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