



RE: IEP/IFSP services reimbursement

Dear Parent(s) or Guardian(s):

This letter is intended to inform parents/guardians of their rights regarding the billing of health-related services.

Since 2001, Federal and State law requires all Minnesota Public School Districts to seek payment from Minnesota Health Care Programs (MHCP), which includes Medical Assistance (MA) and Minnesota Care (MNCare), for educational assessments and Individualized Education Program (IEP) health-related services. These services may include:

- Speech-Language and Hearing Therapy
- Occupational Therapy
- Physical Therapy
- Nursing Services
- Mental Health Services
- Personal Care Services
- Special Transportation
- Interpreter Services

**As of July 2013, the application for MHCP contains a section in which the parent/guardian provides consent to school districts to bill the Minnesota Department of Human Services for IEP health-related services that the child may receive. *With exception of Early Childhood, written consent is required for those students.*** If your child is covered by an MHCP, these services will be billed by your child's school district. There is no cost to your family and it will not affect your MA or MNCare coverage.

If you wish to discontinue billing of your child's services, please provide written notice to: Wanda Lane 804 Oak St., Brainerd MN 56401 This will not affect your child's IEP services in any way.

I have sent a consent form to confirm you understand the Districts intentions to bill per your MHCP application consent or deny billing. This can be sent back to your child's teacher, or scanned & emailed to [wanda.lane@isd181.org](mailto:wanda.lane@isd181.org), or mailed to 804 Oak St, Brainerd MN 56401

Thank you for your continued support of our special education program. If you have any questions regarding this information please call Wanda Lane at 218-454-5532.

Sincerely,

*Wanda Lane*

***WRITTEN ANNUAL NOTICE RELATING TO THIRD PARTY BILLING FOR IEP HEALTH-RELATED SERVICES***

Before billing Medical Assistance or MinnesotaCare for health-related services the first time, and each year, the district must inform you in writing that:

1. The district will share data related to your child and health-related services on your child's IEP with the Minnesota Department of Human Services to determine if your child is covered by Medical Assistance or MinnesotaCare and whether those services may be billed to Medical Assistance or MinnesotaCare.
2. Before billing Medical Assistance or MinnesotaCare for health-related services the first time, the district must obtain your consent, including specifying the personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided), the purpose of the disclosure, the agency to which the disclosure may be made (i.e. the Department of Human Services) and which specifies that you understand and agree that the school district may access your (or your child's) public benefits or insurance to pay for health-related services.
3. The district will bill Medical Assistance or MinnesotaCare for the health-related services on your child's IEP. Minn. Stat. § 125A.21, Subd. 2(c)(1).
4. The district may not require you to sign up for or enroll in Medical Assistance or MinnesotaCare or other insurance programs in order for your child to receive special education services.
5. The district may not require you to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for health services provided, but may pay the cost that you otherwise would be required to pay.
6. The district may not use your child's benefits under Medical Assistance or MinnesotaCare if that use would: decrease available lifetime coverage or any other insured benefit; result in your 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 your child is in school; increase your premiums or lead to the discontinuation of benefits or insurance; or risk your loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.
7. You have the right to receive a copy of education records the district shares with any third party when seeking reimbursement for IEP health-related services. Minn. Stat. § 125A.21, Subd. 2(c)(2).



**Consent to Share Data and Seek Payment for Individualized Family Service Plan (IFSP) /Individualized Education Program (IEP) Health-Related Services**

**Section 1: Complete if your child receives special education.**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: .\_\_ Birthdate: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_  
Is your address the same as your child's?: Is your address the same as your child's?:  
 Yes  No (If no, please provide.)  Yes  No (If no, please provide.)

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Phone Number(s) Parent 2 Phone Number(s)  
Home: \_\_\_\_\_ Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Work: \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_

**Section 2: Complete if your child has Medical Assistance (MA) or MinnesotaCare.**

School District # \_\_\_\_\_ will bill MA or MinnesotaCare for the health related services your child receives. The type, amount and frequency of services are in your child's IFSP/IEP. We need your signature to share data with the Minnesota Department of Human Services (DHS) to bill for these services. The information includes your child's name, date of birth, member number, dates of service and type of service codes. If audited by DHS or the U.S. Department of Health and Human Services (DHHS) the data shared may also include your child's IFSP/IEP, evaluation reports, documentation of service and attendance and medical orders.

I understand

- This is a release to share data with DHS and DHHS. It starts \_\_\_\_\_ and is good as long as my child is eligible for special education.
- I can change or stop this release in writing at any time.
- The type, amount and frequency of services are in my child's IFSP/IEP.
- If I ask, I can get copies of all data shared with DHS or DHHS.
- I can get a copy of this release.
- Laws that protect private data sometimes allow the data to be re-disclosed.
- If I do not give information or do not agree to share data with DHS and DHHS, my child's IFSP/IEP services will not change or stop.

Minnesota Health Care Program (MHCP) Member Number: \_\_\_\_\_

My signature allows the district to release information to:

- 1) DHS to get paid from MA or MinnesotaCare, and
- 2) DHS or DHHS if there is an audit.

Parent/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: Complete if your child also has Private Health Insurance**

For children with an IFSP: Your consent below is required when private health insurance is billed initially and whenever the IFSP is revised due to an increase (in frequency, length, duration or intensity) in the provision of services in your child's IFSP. (34 CFR §303.520(b)(1)(i)).

If your child is on MA or MinnesotaCare and your private health insurance does not cover the IFSP/IEP services your child receives, the district may bill MA or MinnesotaCare. So that we can determine if your insurance covers the services, we need information about your private health insurance coverage. The school district will use this information to determine if the private health insurance company covers the IFSP/IEP health-related services your child receives.

Name of private insurance company: \_\_\_\_\_  
 Policy Holder/Member's Name: \_\_\_\_\_  
 Group or Policy Number: \_\_\_\_\_  
 Child's Insurance ID Number: \_\_\_\_\_  
 Policy Holder's Relationship to child  Mother  Father  Other

I understand

- The district will use my private health insurance information to determine whether or not my private insurance covers the IFSP/IEP health-related services that my child receives.
- If the private insurance does not cover the IFSP/IEP health related services my child receives, the school district can bill MA or MinnesotaCare. (see Section 2).
- For children with an IFSP: My child has an IFSP and I have received a copy of the state system of payments policy, which includes: (1) Consent to Share Data and Seek Payment for IFSP Health Related Services; and (2) Written Annual Notice Related to Third Party Billing for IFSP Health Related Services. This policy will be provided to me each time my consent is required.

Parent/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4: Complete if you do not want the district to bill MA, MinnesotaCare or any insurer for your child's IFSP/IEP health related services.**

Release or Consent Denied. I choose to not let the district:

- Share information with DHS to get paid for covered IFSP/IEP health-related services.
- Ask my private health insurer if IFSP/IEP health-related services are covered. If the services are not covered, the school district can bill MA or MinnesotaCare.

I understand

- By signing below, my child's IFSP/IEP services will not change or stop; and
- I can get a copy of this form.

Parent/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_