



## REQUEST FOR CONSENT FOR MEDICAID REIMBURSEMENT

The Department of Education is writing to ask for your assistance as we work to provide services for your child. Our schools can receive additional funding for some of the services that are provided to students, like your child, who have individualized education plans (IEPs). In order for our schools to receive this funding, we need your consent to (1) access and provide to the state and federal Medicaid programs personally identifiable information from your child's special education records about the special education evaluations, programs and services that are provided to your child and (2) access your child's Medicaid benefits to pay for these services. Please read the information below, complete the attached form and return it to your child's school.

Thank you for your assistance in ensuring that our public schools receive as much funding as possible for the critical supports that are provided to our students.

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### **Why am I being asked to sign this consent form?**

The New York City Department of Education (NYC DOE) uses Medicaid funding to help meet some of the costs of providing special education services to students. With your consent, the NYC DOE can submit claims for evaluations and services that are provided to your child. You are not required to sign up for Medicaid in order for your child to receive the services on his/her IEP.

### **What information about my child will be provided to state and federal Medicaid programs?**

The NYC DOE will provide personally identifiable information about the special education evaluations and services provided to your child. This information may include the IEP, progress notes, attendance records, evaluations and other records and information about evaluations and services provided to your child.

### **Is there any cost to me or to my family?**

There is no cost to you or your family. You will not be required to incur any expenses, premiums, costs or co-payments for the provision of these services. The services that are provided to your child in and outside of school will not be affected in any way. If your family receives Medicaid benefits, your coverage will not be canceled, the lifetime coverage in place will not decrease and services that your family receives will not be affected in any way by the accessing of Medicaid benefits. You will not be required to sign up for or enroll in Medicaid for your child to receive the services on his/her IEP. You will not risk the loss of eligibility for home and community based waivers, if any, that are based on your total health-related expenditures.

### **Can I change my mind about allowing the NYC DOE to access my child's information and submit claims to the Medicaid program? What if I do not provide my consent?**

You may change your mind about this consent at any time. To change your decision, complete a new form and send it to your child's school. The NYC DOE must still provide special education and services to your child at no cost to you even if you do not consent or you withdraw your consent at a later date.



CONSENT TO RELEASE INFORMATION  
FOR MEDICAID REIMBURSEMENT

<<Student's last name>>

# Sample

<<NYC student ID>>

Please select one choice below, sign and date the document, and return this form to your child's school.

- Yes, I understand and agree that the NYC DOE may access my child's special education records, which may include the Individualized Education Program (IEP), progress notes, attendance records, evaluations and other records and information about services and evaluations that may be provided to my child and release this personally identifiable information to State and Federal Medicaid agencies as necessary to claim Medicaid reimbursement. I agree that the NYC DOE may access my child's Medicaid benefits to pay for special education and services provided as per my child's IEP.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

# Sample

- No, I do not give permission for the NYC DOE to access my child's special education records to claim Medicaid reimbursement for special education services provided to my child.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE