



## Quick Study for Obtaining Release/Consent for Third Party Billing

A. If a child/student is covered by Medicaid Assistance (MA) or MinnesotaCare (MNC) and has no private health coverage or has private health coverage but the district is only billing for personal care and/or special transportation:

- Complete the evaluation process to determine if the child/student is eligible for special education.
- Write the IEP including any related or support services the child/student needs to benefit from his or her special instruction.
- Determine if any assessments done during the evaluation process and any services described on the IEP are services covered by MA or MNC.
- If assessments and/or services are covered IEP health related services, give the parent/legal representative initial notice via the *Notice of Procedural Safeguards*.
- \*Obtain one time release of information to share private data with the MN Department of Human Services.
- If district will bill for personal care and/or nursing services, obtain an annual release of information to obtain medical orders.
- Provide annual notice to parent/legal representative via the *Notice of Procedural Safeguards*.
- Keep signed release in education record according to district retention policy schedule or at least five years.

**\*Note:** Changes in 34 CFR §300.154 indicate a district must obtain parental consent each time that access to public benefits is sought. Interpretation and intent of this is not clear. MN districts may continue with the process as describe above, or they may choose to comply with the revisions in 34 CFR §300.154 in a manner that is not unreasonable for parents or district staff.

B. If a child/student is covered by only a private health plan or by both a public and private health plan:

- Complete the evaluation process to determine if the child/student is eligible for special education.
- Write the IEP including any related or support services the child/student needs to benefit from his or her special instruction.
- Determine if any assessments done during the evaluation process and any services described on the IEP are services covered by MA/MnCare or the private plan.
- If assessments and/or services are covered by MA/MnCare or the private plan, give the parent/legal representative enough information about third party billing to make an informed decision.
- Obtain an annual release of information consent to ask/bill form.
- If district will bill for personal care and/or nursing services, obtain an annual release of information to obtain medical orders.
- Repeat process every year.
- Keep signed release/consent forms in education record according to district retention policy schedule or at least five year.

## Using Combined Form

### **Section #1**

Identifying information to be completed by all parents/legal representatives who's child is eligible for special education and receives health related services

### **Section #2**

Completed by parents/legal representatives whose child is a recipient of Medical Assistance (MA) or MinnesotaCare (MNC) and does not have any other health insurance and for children who are covered by both MA/MNC and have private health insurance but the district will only bill for personal care and/or special transportation.

Completing this section will give the district the ability to share information with the Department of Human Services (DHS) so the district can fill out the required information on the claim form and be paid by MA or MNC. There is also a section to be completed if the district needs to share information with the child's physician or clinic to obtain medical orders. The Medical Release section does not need to be filled in unless the IEP includes personal care or nursing services.

### **Section #3**

Completed by parents/legal representatives whose child is covered by a private health plan and the parent/legal guardian wants to allow the district to find out if the private plan will or will not pay the district for the covered IEP health related services. If the private plan tells the district they will pay the district for the services, the district will take no further action. This is because the parent/legal representative did not give approval to bill the plan and if the plan will pay for the IEP health related service, the district may not be paid by MA or MNC. If the plan denies coverage for the IEP health related service, then the district, if all other factors are in place, can bill MA/MNC.

This section is also completed by parents/legal representatives who agree to allow the district to bill the child's private health plan for IEP health related services. However, please know that even if the parent agrees to billing the private plan, it does not mean the private plan will pay the district.

### **Section #4**

Completed by parents/legal representatives who do not agree to share information with or bill a public and/or private plan.

### **Section #5**

Completed when a parent or legal representative wants the district to stop sharing information with a public or private plan or stop billing/asking a private plan.