

One-Time Parental Consent to Access Public Benefits and Release Personally Identifiable Information to New Mexico Medicaid Program

LEA/REC/SFEA Name: [Insert LEA/REC/SFEA name]

Child's Name (Last, First, Middle):

DOB:

Schools in New Mexico have been approved to receive partial reimbursement for the cost of certain health-related services provided by the LEA/REC/SFEA to your child. LEAs/RECs/SFEAs need to share certain types of information about your child with Medicaid to seek reimbursement. This includes details such as: their name, date of birth, types of services provided, when, and by whom, treatment code, and Medicaid ID.

With your permission, the LEA/REC/SFEA may be able to seek partial reimbursement for health-related services including, among others, hearing and/or vision screenings, audiology services, occupational or speech or physical therapy, behavioral health services, nutritional assessment and counseling, case management, nursing services, and transportation services, when the services are identified as medically necessary by a qualified health provider and referenced in an approved plan of care.

Please be advised of the following:

- The LEA/REC/SFEA **cannot** require you to sign up for Medicaid for your child to receive the health-related service(s) to which they are entitled.
- The LEA/REC/SFEA **cannot** require you to pay anything towards the cost of your child's health related service(s). This means that you cannot be charged a co-pay or deductible.
- Your permission to use your or your child's public benefit would **not** impact their outside Medicaid benefits as this is separate Medicaid funding.; **nor** would it risk loss of eligibility for home and community-based waivers based on aggregate health related expenditures.
- **Consent is voluntary.** If you give permission, you have the right to revoke consent at any time.
- If you refuse or withdraw your permission, the LEA/REC/SFEA will continue to be responsible for providing your child with required services at **no cost to you**;
 - If you revoke consent, the revocation is **not** retroactive, which means that it does not undo any verification or billing that has already taken place, but it will stop any future verification and/or billing.
- I understand that New Mexico law does **not** require parental consent for treatment for: behavioral health services to minors age 14 years or older (see NMSA 32A-6A-15) and minors under the age of 14 for initial assessment and/or early intervention services, limited to verbal therapy, not to exceed a two-week period (see NMSA 32A-6A-14).

If your child has an Individualized Education Plan (IEP), New Mexico LEAs/RECs/SFEAs may bill Medicaid for health/health-related services documented in the child's IEP. In order to bill Medicaid, parent(s)/guardian(s) must be fully informed of these IEP services, including frequency and duration. The LEA/REC/SFEA must provide written notification to the child's parent(s)/guardian(s) before accessing a parent's or child's public benefit (Medicaid) for the first time. The LEA/REC/SFEA will provide parent(s)/guardian(s) with an annual written notification thereafter. Parent(s)/guardian(s) do not need to sign a form every year, as LEAs/RECs/SFEAs only need parental consent once. **I have been fully informed of all services listed in their IEP. I give the LEA/REC/SFEA permission to release my child's information, described in the first paragraph, to their primary care provider or clinic.**

_____ I acknowledge that I have read the notice and understand it. I give permission for use of my or my child's public benefits (Medicaid) to be accessed to pay for necessary services. I give permission for the LEA/REC/SFEA to share with the New Mexico Medicaid program records and information regarding my child and their health-related services, as necessary, to request partial reimbursement and;

I give permission for my child to receive health-related services while enrolled in this LEA/REC/SFEA. I give permission for the LEA/REC/SFEA to exchange pertinent information to appropriate persons, including school nurses and counselors, for the purpose of providing healthcare, diagnosis, treatment, and counseling services, as well as for maintaining quality and safety. I understand that LEA/REC/SFEA health records are confidential and will not be shared publicly without appropriate consent or exception pursuant to FERPA or HIPAA, as applicable.

_____ * my child is not Medicaid Eligible

Parent/Guardian Name:

*Parent/Guardian Signature:

Primary Care Provider/Clinic:

Date:

*Electronic signature accepted

School Official Use Only: IEP IEP Date _____ NON-IEP

Medicaid ID/School ID: _____