

MANTECA UNIFIED SCHOOL DISTRICT

Every student works to achieve grade level standards, feels safe and is supported to realize individual success.

ACCESS TO PUBLIC BENEFITS AND INSURANCE

Written Notification of Parental Rights Regarding Use of Public Benefits or Insurance

This notice is provided to you as parents, legal guardians, surrogate parents or court appointed responsible adult, because your child is receiving medically necessary services while attending school and the school district can seek Federal Financial Participation for reimbursement of the services provided. It is mandatory for school districts to provide prior written notice of your rights and protections when it seeks to use your child's public benefits (i.e., Medi-Cal) or insurance to pay for medically necessary services. This Notice will be given to you before the school district seeks to use your child's public benefits or insurance for the first time, and annually thereafter.

With your written consent, the school district may submit claims to your child's public benefits or insurance program such as the California Medi-Cal program or to your private insurance.

The school district cannot require you to sign-up for or enroll in a public benefits or insurance program to receive the Financial Federal reimbursement. The school district cannot require for you to pay out-of-pocket expenses such as the payment of a deductible or co-pay. The school district cannot use your child's benefits under a public benefits or insurance program if to do so would (1) decrease available life time coverage or any other insured benefit; (2) cause you to pay for services that would otherwise be covered because your child also requires those services outside of school day; (3) increase premiums or lead to the discontinuation of your public benefits or insurance; and (4) cause you to risk loss of eligibility for home and community based waivers based on your total health-related expenditures. (34 CRF Section 300.154(d)(1)(2)(i)-(v) and(e).)

You Have the Right To:

- Voluntarily provide the school district with written consent to disclose educational records containing your child's personally identifiable information.
- Withdraw your consent to the disclosure of your child's personally identifiable information to Medi-Cal, other public benefits or insurance programs, or private insurance at any time in accordance with your rights under the Family Educational Rights and Privacy Act (FERPA; Title 20 of the United States Code, Section 1232 9(g) and Title 34 Code of Federal Regulations Part 99).
- Refuse to provide consent to the disclosure of your child's personally identifiable information to Medi-Cal, other public benefits or insurance programs, or private insurance for billing purposes.
- If you withdraw your consent or refuse to provide consent for the school district to use Medi-Cal other public benefits or insurance programs, or private insurance to pay for eligible medically necessary services, the school district must continue to ensure that all required medically necessary services are provided at no cost to you.