**Bucks County Intermediate Unit #22**

**Neshaminy School Distict**

**Medical Assistance Program Billing Notice**

I understand that the School District or Intermediate Unit may charge the School-Based Access Program (“SBAP”)-or any program that replaces or supplements the SBAP-the cost of certain special education and related services described in my child’s IEP. To make these charges to the SBAP, the school will release to the administrator of that program the name, age, and address of my child, verification of Medicaid eligibility for my child, a copy of my child’s IEP, a description of the services provided and the times and dates during which such services were provided to my child, and the identity of the provider of such services. *I understand that such information will not be disclosed, and such charges will not be made, unless I consent to the disclosure.*I acknowledge that I have provided written consent to disclose such information.

***I understand that my consent is ongoing from year-to-year unless and until I withdraw it.*** I can withdraw my consent in writing, or orally if I am unable to write, at any time. My refusal to consent or my withdrawal of consent will not relieve the school of the obligation to provide, at no cost to me or my family, any service or program to which my child is entitled under the Individuals with Disabilities Education Act (“IDEA”) or that is necessary to enable my child to receive a free appropriate public education as described in my child’s IEP.

I understand that the School District or Intermediate Unit cannot-

* Require me or my family to sign up for or enroll in any public benefits or insurance program, such as Medicaid, as a condition of receiving a free appropriate public education for my child;
* Require me or my family to incur any expense for the provision of a free appropriate public education to my child, including co-payments and deductibles, unless it agrees to pay such expenses on my or my family’s behalf;
* Cause a decrease in available lifetime coverage or any other insured benefit;
* Cause me or my family to pay for services that would otherwise be covered by a public benefits or insurance program and that are required for my child outside the time that he or she is in school;
* Risk the loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.