

There are 3 types of Parental Consent LEAs must get for the School-Based Medicaid Program. This guide provides in depth information on each type. Additionally, LDOE has furnished forms, translated into several languages, that LEAs can use.

Types of Required Parental Consent

1. Consent to Bill Medicaid

Frequency: One-time written consent and then annual notification each year after. Annual notification may be done in a letter sent home or by inclusion in the school handbook. LDOE has provided language for both options.

Guiding Law: IDEA

History: In 2004, the re-authorization of IDEA clarified that LEAs must have parental consent to bill Medicaid. For a time, there was confusion around the required frequency of that consent. In 2013, USDOE [clarified](#) the parental consent requirements – allowing for a single written consent, followed by annual notification (rather than annual written consent). There has been pushback on the need for this consent because consent to bill Medicaid is included in the original Medicaid application. USDOE is considering removing this requirement, but as of now, it still stands. Additionally, there has been confusion about whether this requirement applies to all students or just special education students because the requirement is listed as a part of IDEA. While it is a reasonable understanding that this provision only applies to IDEA students, the requirement to get consent to release personally identifiable information (PII) (addressed below) is applicable to all students. To keep schools from having to provide two different types of annual consents (one for special education students and one for regular education students), the LDOE has created a single form to get both consents.

2. Consent to Release Personally Identifiable Information (PII) to LDH

Frequency: One-time written consent and then annual notification each year after. Annual notification may be done in a letter sent home or by inclusion in the school handbook. LDOE has provided language for both options.

Guiding Law: FERPA

History: In 1974, the passage of FERPA gave parents certain rights over the protected personal information (PII) of their children. In 1997, USDOE clarified that the information needed to bill Medicaid was considered PII and protected under FERPA. In a 2005 letter, USDOE [reiterated](#) that they unequivocally view Medicaid billing information as PII protected under FERPA. In 2013, USDOE [clarified](#) the Medicaid parental consent requirements (both for consent to bill and consent to release PII) – allowing for a single written consent, followed by annual notification (rather than annual written consent). Unlike IDEA, FERPA applies to all students – and therefore this parental consent is required for any student for whom the LEA is billing Medicaid.

3. Consent to Provide Services

The consent to provide services issue is a complex one. Each LEA should work closely with the providers they have, their school board and legal counsel to determine the policy for consent to provide services. A few important notes:

- Louisiana [allows minors to consent](#) to their own medical care without telling their parents. This includes care for pregnancy and childbirth, and sexually transmitted infections. The statute does not set a lower limit on the age of minor who may consent, and there is no case law that sets a minimum age of consent. Physicians are protected from liability for relying on the consent of a minor.
 - However, many districts may still choose to get parental consent prior to providing services. This is a decision your board and legal counsel should make, with the input of the providers working at your LEA.

- You may choose to handle consents differently for different services. For example, some providers require consent for physical health services, but allow students 16 or older to consent to their own mental health treatment.
- Some licensure types require a Professional Practice Statement to either be given to the client at the time of service or posted in the office:
 - LPCs require their [Statement of Practice](#) to be provided to the client. Schools may choose to provide this as a stand-alone form, or include it in their handbook (either the full text or a weblink to the full text).
 - Social Workers require that their [Professional Practice Statement](#) be given to clients and/or displayed in the practice location.
- Be sure to ask each of your provider types about the type of consent they require to provide services. If they are not sure of their requirements, they should reach out to their [licensure board](#).

Ultimately, each LEA must decide on a Consent for Services policy that makes sense for their students, families and practitioners.

4. LDH Required Consent Language

LDH requires the following language be included in parental consent. If you use the LDOE provided forms, this language is already included:

“If your child is eligible to receive services to meet his/her needs, the services may be provided by the school system and/or you may take your child to another provider that accepts Medicaid.”

Links to Parental Consent Forms (in multiple languages)

	English	Spanish	Vietnamese	Arabic
Initial Consent (IC)	IC - E	IC - S	IC - V	IC - A
Annual Notice – letter (ANL)	ANL - E	ANL - S	ANL - V	ANL - A
Annual Notice – handbook (ANH)	ANH - E	ANH - S	ANH - V	ANH - A
Parent FAQ (FAQ)	FAQ - E	FAQ - S	FAQ - V	FAQ - A

Guiding Questions for Developing LEA Specific Parental Consent Policies

Each LEA will need to develop their own policies for collecting, storing and using the variety of parental consents that are required. Depending on how your LEA operates, this may need to be done in conjunction with your school board. When developing your policies and procedures, here are some guiding questions to consider:

1. How will you determine which students get an initial written parental consent form?
 - a. For districts with a large Medicaid population – consider sending it to every student rather than trying to identify those enrolled in Medicaid.
 - b. Will you send it out at the beginning of the year? Will it become a part of your new student enrollment packet/process?
2. How will you track and store the initial written consent?
 - a. Each student only needs to get the written consent signed one time. However, LEAs must have a strong tracking and storage system in place to make sure all students have their consents turned in.
 - b. Many LEAs may store the form in SER for students with IEPs – but what will you do for students without IEPs?

- c. Does your SIS allow you to mark that you have received it in some way that would allow you to run a report?
 - d. Does your SIS or billing system allow you to upload the document to a student file?
 - e. Does your LEA have the capability to get electronic forms signed? This form is allowed to be electronically signed.
 - f. How (and who) will you follow-up with students who have not returned their form?
 - g. Where will you keep the hard copies of the form? You may be required to provide them for an audit or if parents request to see proof they signed them.
3. How will you ensure that you are not billing on any student that you have not received written permission for?
 - a. Will you have a database of cleared names?
 - b. Will you coordinate with your third-party vendor to create a list?
 - c. Note – the easiest approach here is likely to create a list of students who **have not** returned permission.
4. How will you provide the annual notice?
 - a. Will you send it home in a letter?
 - b. Will you include it in your student handbook?
5. What type of consent to provide services do you need?
 - a. Consider all the different types of providers your LEA uses.
 - b. Can you combine all the necessary consents into one form?
6. How will you get this consent signed?
 - a. Will you wait and only get it signed prior to providing services?
 - b. If you are billing for nursing services and screenings – you may want to consider getting consent signed for everyone.
 - c. Will you do one time consent or will your school board require annual consent?
 - d. Do you want to combine the consent to provide services with the consent to bill/release PII?