

### CONFIDENTIAL

# Fairfax County Public Schools Individualized Education Program

# DRAFT UNTIL IEP IS SIGNED

## **Prior Notice and Consent**

Student Name	11	<b>)</b> #	Date of meeting
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Fairfax County Public Schools (FCPS) proposes to impled ecision will allow the student to receive a free and appreview of current records, current assessments, and the sconsidered, if any, and the reason for their rejection, are that are relevant to this proposal are outlined on the <i>Info</i> were notified of the meeting to develop this IEP, you we assistance in understanding this information, please call	ropriate public education in to student's performance as doc written on the attached <i>Prior</i> primation Related to Present Learner provided a copy of the pro-	ment decision as whe least restrictive umented in the Proper Written Notice (Acevel of Education poedural safeguard	environment. This decision is based upon a essent Level of Performance. Other options <i>IEP 220</i> ). Additionally, other factors, if any, <i>al Performance</i> form of this IEP. When you
Initials here indicate that the parent(s) has read the related to the proposal, if any, before giving pern			
Parent and/or Student Initials indicate receipt of th	e following:		
• Age of Majority Brochure (to be given at the I	EP meeting on or immediatel	y preceding stude	nt's 17 <sup>th</sup> birthday)
Student's Initials			
Parent's Initials			
• Diploma Options and Requirements Informat	ion and Extended School Ye	ar Information	
Parent's Initials			
Student's (age 18 or older) Initials			
I AGREE with the contents of this IEP. I have received <i>Individuals with Disabilities Education Act</i> . I have had a			
I DO NOT AGREE with the contents of this IEP. I have			
Requirements Under the Individuals with Disabilities Ed	tucation Act. I have had an o	pportunity to part	icipate in the development of this IEP.
Parent Signature (c	or student age 18 or older)		Date

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.



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Parent Consent for Billing Medicaid or FAMIS for Covered Services

If your child is now or later becomes eligible for Medicaid or Family Access to Medical Insurance Security (FAMIS), is evaluated for, receives, or is considered for, covered services written in an individualized education program (IEP), the federal government can help the school division pay for these covered services. The IEP team may also consider evaluations that were requested as part of the initial eligibility or reevaluation processes, or subsequent evaluations that were requested by the IEP team. Parental consent is necessary before the school division can seek reimbursement from Medicaid or FAMIS. Billing occurs at no cost to you, private insurance will not be billed, and your Medicaid/FAMIS benefits will not be affected. Your consent is entirely voluntary. If you do not give consent, it will not affect the delivery of your child's services. If you have questions or concerns, please contact the FCPS Medicaid Program Manager at 571-423-4098. Or visit the Information Guide for Obtaining Parental Consent for Billing Medicaid or FAMIS for Covered Services Outlined in the IEP or IEP Addendum at: <a href="https://www.fcps.edu/academics/special-education/forms">https://www.fcps.edu/academics/special-education/forms</a>.

<u>Procedural Safeguard</u>: I understand my right to deny consent for Fairfax County Public Schools (FCPS) to release information regarding my child's IEP services, for the purpose of seeking reimbursement through Medicaid/FAMIS. I understand that an assignment of a diagnosis code is required as part of the service delivery reimbursement, i.e., expressive language, fine motor, or a specific mental health condition. I understand that billing occurs at no cost to me. I understand that if I choose not to provide consent that this decision will not affect the delivery of these services to my child. I understand that my permission is voluntary and may be revoked at any time. I also understand that I have the right to request a copy of the records disclosed.

I CONSENT for FCPS to release information about my child's placement(s) and/or participation in services or evaluations to participating

agents in order to process claims for reimbursement of Medicaid/FAMIS covered services or evaluations are services or evaluations.	
Parent Signature (or student age 18 or older)	Date
I DO NOT CONSENT for FCPS to release information about my child's placement(s) and/or partic	cipation in services or evaluations in order for
FCPS to receive reimbursement for Medicaid/FAMIS covered services or evaluations outlined in th	e IEP.
Parent Signature (or student age 18 or older)	Date

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.

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