NOVATO UNIFIED SCHOOL DISTRICT

Funding Opportunity for School-Based Mental Health Services

Dear Parent/Guardian:

Novato Unified School District (NUSD) is excited to announce our participation in the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program, in partnership with the Marin County Office of Education. This program helps fund essential mental health services for our students.

The CYBHI Fee Schedule Program requires health insurance companies to reimburse schools for wellness and mental health services provided to students, at no cost to you. However, **we can only access this funding opportunity with your written consent.**

Your written consent to bill your child's health insurance will have no impact on your coverage or costs. Specifically, you will not face a copay, deductible, change in premium, or denial of the same service provided outside of school. For more detailed information about these insurance protections, please visit the CYBHI website.

We understand you will likely have questions or concerns about sharing your child's health insurance policy and membership numbers with us. Please know, all information remains confidential and is protected under federal privacy laws, including the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

NUSD mental health services are vital to the well-being of our students. We hope you will support NUSD to maintain these services by learning more about this funding opportunity and completing the "consent to bill" form.

If you have questions or would like additional information regarding the CYBHI Fee Schedule Program, please contact Student Services at 415-493-4250.

Fee Schedule Program for School-Based Services
Frequently Asked Questions (FAQs)

1. What services are billed under the school-based billing programs?

NUSD participates in the CYBHI Fee Schedule. This program allows NUSD to recover funding for mental health services provided to students. This funding helps support and enhance the delivery of these essential services for all students at NUSD.

2. Will NUSD ever bill me for the school-based services that my child receives?

No. You will never receive a bill from NUSD, regardless of your child's insurance coverage.

3. Does my consent to this program impact my child's insurance benefits in any way?

If you provide Medi-Cal benefits information: Your consent will not reduce or negatively impact your child's Medi-Cal benefits.

If you provide private insurance information: NUSD will only seek reimbursement from your insurer for behavior or mental health services your student receives at school. Under California law, costs for these services must be paid by the insurer, not passed onto families (no out-of-pocket expenses like copayments or deductibles), and will not affect your child's health coverage, as required by state law. For more information, you can refer to the California Department of Health Care Services (DHCS)' parent flier by clicking **here**.

4. What information is shared, with whom, and what guarantees exist to ensure confidentiality of my child's records?

The district will only share the essential information necessary to seek reimbursement, including your child's name, date of birth, service or intervention received, date of service, and the provider's name, related to these services.

NUSD's billing vendor, Paradigm Healthcare Services, is bound by contractual agreements with strict provisions to keep student records confidential, secure, and HIPAA compliant. NUSD complies with the Federal Educational Rights and Privacy Act (FERPA) and state laws to protect your child's information.

5. Will NUSD stop providing services for my child if I do not provide my consent?

No. Even without your consent for billing, your child will continue to receive services at school.

6. What if I change my mind after I have already provided you with my consent?

You have the right to withdraw your consent at any time, however, withdrawal is not retroactive. To make changes, visit the front desk at your child's school. For more information on the requirements for parent consent, you can refer to the Family Educational Rights and Privacy Act (FERPA) at 34 CFR Part 99.

7. What does my consent do?

By providing your consent, you allow NUSD to obtain reimbursement from Medi-Cal or private insurers to help cover these services at no cost to you. You will never be charged for services your student may receive. Your consent allows Paradigm Healthcare Services, LLC., our billing partner, to securely share necessary records with Medi-Cal or other health insurance companies. All information is handled confidentially and protected under federal privacy laws, including FERPA and HIPAA. Whether or not you provide consent, your student will continue to receive the services they need.

8. Why do you need my child's health insurance information?

Having student health insurance information allows us to seek reimbursement from health insurers for eligible school-based mental health services your student may receive. We need insurance information to be able to efficiently bill the insurers to help NUSD continue to provide much needed mental health and wellness programs for our students.

Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program
Consent to Bill Medi-Cal & Commercial Health Insurance
Consent to Release or Exchange Information for Health-Related Services

NOVATO UNIFIED SCHOOL DISTRICT

STUDENT INFO—PLEASE COMPLETE

STUDENT'S LEGAL NAME: _____ (First) _____ (Last)

STUDENT DOB: _____ MM/DD/YYYY

STUDENT ID: _____ If known

PRIMARY INSURER: _____ Enter full name of Health Plan (e.g., "Kaiser Permanente Medi-Cal")

PRIMARY POLICY HOLDER: _____ (First) _____ (Last)

POLICY/MEMBER ID: _____ If covered by Medi-Cal, use BIC Number

GROUP NUMBER: _____ If known

IF YOU ARE NOT INSURED ☐ I would like more information. Please release my name, address, and telephone number to an authorized insurance enrollment worker.

CONSENT—PLEASE COMPLETE

Please review the information below and indicate your consent.

- **Only the appropriate health records** from my child's educational records will be released by NUSD and Paradigm Healthcare Services, LLC., to bill Medi-Cal or the CYBHI Fee Schedule program.
- The records will be **securely shared** with Medi-Cal and DHCS third-party administrators (TPAs) for reimbursement, and all information will be kept **confidential** i**n accordance with FERPA and HIPAA privacy laws**.

- I understand that **I will never be charged for these services**.
- I understand that **my consent is voluntary and can be revoked at any time**.

☐ I **consent** to the release of my student's records, and access to their benefits, for billing purposes.

☐ I **do not** consent to the release of my student's records, and access to their benefits, for billing purposes

Signature: _____ **Date:** _____

Full Name: _____ **Relationship to Student:** _____