

## Consent to Bill Medi-Cal & Commercial Health Insurance for the CYBHI Fee Schedule

### Consent to Release or Exchange Information For Health-Related Services

**What is the Fee Schedule?** Through the Children and Youth Behavioral Health Initiative (CYBHI) and Department of Health Care Services (DHCS) educational agencies, such as Village Charter School (VCS) and their partnering agencies Keystone Therapy and Training Services (Keystone), are able to participate in the CYBHI Fee Schedule program which allows them to submit claims for reimbursement to Medi-Cal, disability insurance and commercial health plans for covered mental and behavioral health services for eligible students.

**Benefits and Goals:** The aim of the CYBHI Fee Schedule Program is to improve access to school-linked mental and behavioral health programs without imposing out-of-pocket costs to students and their families. If you consent to VCS and their partnering agency, Keystone, billing for services provided to your student, you will not be charged a co-pay or deductible. Consent to allowing us to bill your student's insurance plan will not result in a denial or limitation of services provided outside of school. Your health health insurance benefits will remain unaffected, even though the Fee Schedule reimburses schools for certain behavioral health services.

**Claim Submission and Confidentiality:** To secure reimbursement for services, we need your permission to share your student's educational records, health insurance details, and treatment information with Carelon, The DHCS's Third Party Administrator for the CYBHI Fee Schedule Program. This includes demographic details, date of birth, health insurance plan, services provided to your student, and other necessary information for behavioral health service claims. VCS and Keystone will adhere to confidentiality and privacy regulations mandated by the Health Insurance Portability Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) to safeguard your child's health and education information.

**Other Information to Know:** You have the right to obtain a copy of this authorization and a new authorization will be required annually. Your consent is voluntary and can be revoked at any time in writing. Revocation is not retroactive and will not negate any billing that occurred after consent was given and before it was revoked. Please contact VCS Director, Rebecca Ivanoff at [rlivanoff5@gmail.com](mailto:rlivanoff5@gmail.com) or (707) 524-2848 with questions, concerns or to revoke consent.

**By signing below, I acknowledge the information provided above and I authorize VCS and Keystone to release limited student information (ie student name, date of birth, health insurance information and service documentation) through a third party billing company for the limited purpose of billing Medi-Cal, Medicaid, disability insurance or commercial health plan to access Medi-Cal, disability or commercial health insurance benefits for relevant applicable services.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

**Please complete the Insurance Information Below:**

Insurance Carrier/ Health Plan Provider: \_\_\_\_\_

Insurance ID/ member ID Number: \_\_\_\_\_ Group Number (if Applicable) \_\_\_\_\_