

Completing the Medicaid Consent Editor in Infinite Campus (IC)

Complete the Medicaid Consent editor prior to locking an IEP when it is an initial IEP, the parent/guardian is changing their consent choice during an IEP meeting **or** at the first IEP meeting following a return to CCSD.

1.	Select the Medicaid Consent editor from the Plan Outline	Education Plan Student Demographics Parent/Guardian Information Meeting Participants Procedural Safeguards Present Levels (PLAAFP) Strengths, Concerns, Interests, and Preferences Special Factors Goals and Objectives Method for Reporting Progress Specially Designed Instruction Supplementary Aids and Services Related Services Statewide and/or District-wide Assessments CRT Alternate Assessment Extended School Year Services Placement IEP Implementation
2.	Select Print in Plan to ensure the Medicaid Consent prints. It will print as a separate, unnumbered page.	Medicaid Consent
	Select the box reflecting the parent/guardians choice	 Print in Plan Yes. As the parent/guardian of the student named above, I give my consent to the District to disclose information from my child's education records to DHCFP only as necessary to allow the District to seek Medicaid funds to help cover the costs of the school-based health services provided to my child.
	Enter the parent/guardian's name and the date signed.	I understand that my consent will remain in effect until I withdraw it, and that I may withdraw my consent at any time by notifying the District. If I withdraw my consent, the District will continue to provide school-based health services to my child at no cost to me, the parent/guardian.
	Select 'Save' or 'Save and Continue'.	I understand that if I do not give my consent, the District will continue to provide necessary school-based health services to my child at no cost to me, the parent/guardian.
	Upload the signed Consent form.	(Name of parent/guardian) Signature:
		Date:

*The Medicaid Consent form in Spanish can be downloaded from the SEMS website (*sems.ccsd.net > Special Ed Forms*). Complete the Medicaid Consent editor indicating the parent's consent choice. Scan and staple the signed Medicaid Consent form in Spanish to the IEP.