

EPPING SCHOOL DISTRICT

School Administrative Unit 14
213 Main Street
Epping, NH 03042



Phone (603) 679-8003
Fax (603) 679-1237
Website www.sau14.org

9/11/17

WRITTEN NOTIFICATION REGARDING USE OF PUBLIC BENEFITS OR INSURANCE

Dear Parent or Guardian,

You are receiving this written notification to give you information about your rights and protections under the federal special education law, the Individuals with Disabilities Education Act (IDEA), regarding the use of your or your child's public benefit or insurance. In New Hampshire "public benefit or insurance" is Medicaid, which is provided through the State's Medicaid to Schools program, including Medicaid programs provided through a managed care organization. Through the Medicaid to Schools Program, NH school districts statewide receive millions of dollars each year that would otherwise have to come from State or local funding sources.

IDEA funds pay a portion of your child's special education and related services. Funds from a public benefits or insurance program, which in NH is Medicaid, also may be used by your school district to help pay for special education and related services based on your child's IEP, but only if you choose to provide your consent. Your school district cannot access your child's Medicaid benefits if it would result in a cost to you, such as a decrease in your benefits or an increase in your premiums.

The school district is responsible for ensuring that your child receives all of the services in his/her IEP, regardless of whether you give consent for the school district to use your or your child's public insurance or benefits. If you do not give consent, or withdraw your consent after you have given it, your child's services will not be affected; all of the services in your child's IEP will continue to be provided. You are also not required to apply for or enroll in Medicaid for your child to receive special education services.

WHEN WRITTEN NOTIFICATION MUST BE PROVIDED

Before your school district can ask you to provide your consent to access your child's Medicaid for the first time, it must provide you with this notification of the rights and protections available to you under IDEA. IDEA requires that you be provided with this notice before the school district seeks to use your child's

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Medicaid for the first time, before it obtains your consent to use those benefits for the first time; and annually thereafter.

This written notification must be written, in a language understandable to the general public and in your native language or in another mode of communication you use, unless it is clearly not feasible to do so.

PARENTAL CONSENT

Before your school district can use your or your child's public benefits or insurance for the first time to pay for special education and related services under IDEA, they must obtain your signed and dated written consent. Your school district will provide you with a consent form for you to sign and date. Your school district is only required to obtain your consent *one* time.

The consent requirement has two parts:

1.) Consent for disclosure of your child's personally identifiable information to the state agency responsible for administering Medicaid.

To access your child's Medicaid, certain personally identifiable information will be disclosed for billing purposes by the school district to the State Medicaid agency or Medicaid billing agent. Under federal law, your written consent is required before the school district can disclose personally identifiable information (such as your child's name, address, student number, IEP, or evaluation results) from your child's education records to a party other than your school district, with some exceptions. Your initial consent, for the use of your child's Medicaid, allows your school district to disclose the personally identifiable information, required for Medicaid reimbursement, to the State Medicaid agency or Medicaid billing agent.

2.) A statement to access your child's Medicaid:

Your consent to allow the school district to use your child's Medicaid will not cost you anything, and it will not have a negative impact on any other medically necessary services your child may receive through the Medicaid system. There are specific protections regarding the use of Medicaid:

- ❖ The school district must obtain written parental consent before it can use your child's Medicaid for the first time.

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- ❖ Your school district cannot access (use) your child's Medicaid if that use would:
 - Decrease available lifetime coverage or any other Medicaid benefit;
 - Result in the family paying for medically necessary services (whether provided in school or other setting) that would otherwise be covered by the child's Medicaid.
 - Increase premiums (where applicable) or lead to the discontinuation of benefits or insurance; or
 - Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

WITHDRAWAL OF CONSENT

If you provided your consent for your school district to disclose your child's personally identifiable information to the State agency that is responsible for administering your child's Medicaid, you have the right under federal law to withdraw that consent at any time.

If you do not want your school district to continue to bill your or your child's public benefits or insurance program for special education and related services under IDEA, you would need to withdraw your consent that allows the school district to access your child's Medicaid benefits. By withdrawing your consent you are terminating the school district's authority to access the child's State public benefits or insurance program. This withdrawal of consent is effective upon the school district's receipt of your signed withdrawal.

Please contact me if you have any questions or concerns regarding this letter.

On behalf of the Epping School District we thank you for your support,

Sincerely,

Catherine Zylinski
Director of Student Services

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Complete the section below and return to Catherine Zylinski, Director of Student Services, SAU14, 213 Main Street, Epping, NH 03042 -

ONLY if parent/guardian is withdrawing consent to access to the child's Medicaid

WITHDRAWAL OF CONSENT

Student Name: _____

Date of Birth _____/_____/_____

Medicaid ID Number _____

As the parent/guardian of the above student, I withdraw my consent to allow the school district to access the child's Medicaid. I understand that this means that the school district will no longer be able to use my child's Medicaid to help pay for my child's special education and related services. This withdrawal of consent is effective upon the school district's receipt of the parent/guardian's signed *Withdrawal of Consent* form.

Parent's Signature / Today's Date

Original to student's file-----copy to parent/guardian

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