## **Written Notification to Parent**

**Proposed Use of Public Insurance (Medicaid) by School District/ECSE Program**

**Ages 3 - 21**

School districts and Early Childhood Special Education (ECSE) programs may receive partial reimbursement from the Oregon’s State Medicaid Agency, the Oregon Health Authority (OHA), for the costs of Medicaid covered health services provided to Medicaid-enrolled children with disabilities. In order to access Medicaid reimbursement, your child’s school district or ECSE program needs your permission, also known as consent, to share information about your child with the OHA. The following type of information about your child may need to be shared with the OHA: name; date of birth; type of services provided, the date(s) services are provided, and by whom; attendance records, and State Student Identification Number (SSID).

This notice explains the protections that you have related to giving permission to the use of your public insurance (Medicaid). The school district/ECSE program will only ask for your informed written consent the first time it requests to access your public insurance (Medicaid), prior to obtaining your permission. After that you will receive this written notice on an annual basis.

This written notice is meant to inform you that you have certain rights and protections:

1. The school district cannot require you to sign up for the Oregon Health Plan (Medicaid) in order for your child to receive the school health services to which your child is entitled.
2. The school district cannot ask you to pay anything for your child's health-related services provided in the school setting. This means that they cannot ask you for a co-pay or deductible in order to bill the OHA for the services provided.
3. If you give the school district permission to share information with the OHA in order to bill Medicaid:
	1. This will not affect your child’s available lifetime coverage or other Medicaid benefit; nor will it in any way limit your own family’s use of Medicaid benefits outside of school.
	2. Your permission will not affect your child’s special education services or Individualized Education Program (IEP) or Section 504 rights in any way, if your child is eligible to receive them.
	3. Your permission will not lead to any changes in your child’s Medicaid rights.
	4. Your permission will not lead to any risk of losing eligibility for other Medicaid or OHA funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time. You must let the school district know ***in writing*** that your permission is withdrawn.
5. If you withdraw your permission or refuse to allow the school district to share your child’s records and information with the OHA for the purpose of seeking Medicaid reimbursement for the cost of covered health services, the school district will continue to be responsible for providing your child with the health services, at no cost to you.

**Directions to District - Use of Form**

**Authority**

This form is intended to comply with the February 14, 2013 revisions of the Individuals with Disabilities Education Act (IDEA) 2004 regulations related to the written notification to parent: proposed use child’s public insurance benefits and release of personally identifiable information to the State Medicaid agency per 34 CFR §300.154(d).

**Purpose**

Use this form to provide Initial and Annual Written Notification to the parents in their native language or other mode of communication and to implement the notification requirements in 34 CFR §300.154(d). Each notification explains the safeguards related to parental consent for the school district/ECSE program to use a child’s Medicaid benefits and to release their child’s personally identifiable information to the Oregon Health Authority (OHA) only for purposes of Medicaid billing.

**When Is this Form Used?**

1. Provide the INITIAL notification form before the school district/ECSE program requests Medicaid consent using Parent Consent to Access Public Insurance (Medicaid) and Release Personally Identifiable Information for Medicaid Billing Purposes form.
2. For children continuing enrollment in the same school district or with the same ECSE program in subsequent years, provide this form as the Annual Written Notification of the School District/ECSE program’s continuing access to a family’s public insurance/Medicaid Benefits, the release of personally identifiable information in the subsequent school years, and the explanation of the safeguards related to consent years following the Initial Notification and Initial Consent.
3. For children moving to a new school district or into a new ECSE program area, provide the Initial Written Notification before requesting a new consent form.

**Tracking Information**

* Record the date of Written Notification
* Record method of providing Written Notification to parent (in person, U.S. Mail, etc.)
* Place and maintain a copy of the notification in the student’s file

**NOTE: District should consult with its legal counsel regarding any questions related to the requirements of state or federal regulations.**