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| PURPOSE: This form provides parents with information about the school district’s request to verify a student’s Medicaid eligibility, seek reimbursement for eligible school-based health services by accessing the parent’s or child’s public benefits and provides parents with notice of their rights and protections under WAC 392-172A-07005. This notice is provided: 1) annually; 2) the first time a school district seeks to verify Medicaid eligibility and submit school based Medicaid reimbursable claims; and, 3) any time a school district determines that it needs to obtain an updated consent. This notice is provided to parents or guardians, and adult students. |

Notification for the Disclosure of Student Information to the Washington State Health Care Authority and Parent Rights and protections

The (Insert DISTRICT NAME) participates in the Washington State Health Care Authority’s (HCA) program that makes federal Medicaid funds available to school districts to help cover the costs of providing necessary, school-based health services. By participating in this program, the school district can seek federal Medicaid reimbursement for the costs of the health services the school district provides to children who are eligible for Medicaid, and who receive those services that are identified in their individualized education programs (IEP). In order to seek the federal Medicaid funds to assist in reimbursing the district for school-based services, the school district must disclose information from your child’s education records to the HCA to verify Medicaid eligibility, and to seek reimbursement for those services the school district provides.

**Notification OF YOUR PARENT RIGHTS AND PROTECTIONS**

To ensure that your child has access to a free appropriate public education, the school district:

* must obtain your written consent prior to disclosing your child’s name, birthdate and information in your child’s education record about reimbursable health-care services to the HCA;
* may not require you to sign up for or enroll in any public benefits or insurance programs;
* may not require you to pay any out-of-pocket expenses such as a deductible or co-payment for the costs of the health services the school district provides to your child; and,
* may not use your child’s Medicaid or other public benefits if that use would:
* decrease available lifetime coverage or any other insured benefit;
* result in you or your family paying for services that would otherwise be covered by Medicaid or other public insurance program and that are required for your child outside of the time that your child is in school;
* increase your insurance premiums or lead to the discontinuation of any public benefits or insurance; or,
* cause you to risk the loss of your eligibility for home and community-based waivers, based on aggregate health-related costs.

***Giving your consent does not cost you anything***. It will allow the school district to seek federal Medicaid reimbursement to provide necessary services to your child. If you have already given your consent, or you are giving the district a new consent for services, you may revoke your consent at any time. The school district will continue to provide the services in an IEP to your child at no cost to you, as the parent, whether or not you give your consent.

If the district is requesting an updated consent from you, or has asked you to provide initial consent to verify Medicaid eligibility and seek reimbursement from Medicaid for necessary school based services, a consent form is attached to this notification.

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