

Dear Parent(s) and/or Guardians:

The Dudley-Charlton Regional School District is now participating in the Expansion of the Massachusetts School-based Medicaid Reimbursement Program. This program is designed to provide partial reimbursement to school districts for services provided to students pursuant to an Individual Health Care Plan (IHCP), an Individualized Family Service Plan (IFSP), a Section 504 plan, or services that are otherwise medically necessary. Authorized services provided pursuant to an Individualized Education Program (IEP) will continue to be partially reimbursed under the expanded program.

The Federal government has ruled that cities and towns may be reimbursed through the Medicaid program for expenses incurred delivering health related services in our school district. This means that a significant amount of funds **can** come back to our district -- but we need your help. As you may know, it costs the school system a great deal of money to provide these necessary and important services.

As part of this expansion, Dudley-Charlton Schools is seeking to obtain your parental consent to share information with Medicaid regarding services provided to your student.

Please keep in mind that granting or revoking parent or guardian consent to allow the school to bill for partial Medicaid reimbursement **does not change** the amount, frequency, or duration of Medicaid services that members can receive inside or outside of school. Examples of services that the school district may seek reimbursement for include, but are not limited to:

- Nursing services
- Physical, Occupational, and Speech Therapies
- Applied Behavior Analysis (ABA) services
- Psychotherapy services

Please return the signed authorization from either your child's registration packet or from your child's first day-of-school packet. We look forward to getting this one-time parental consent for the school-based medical reimbursement program.

The Department of Elementary and Secondary Education (DESE) provides guidance on parental consent requirements on its website. The DESE website clarifies that parental consent will allow schools to bill Medicaid and does not change the Medicaid services that members can receive inside or outside of school.

Questions:

For questions about parent or guardian consent, please contact the DESE Office of Student and Family Support at (781) 338-3010 or by email at achievement@doe.mass.edu.

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT 0658

School/District Contact: LORINDA ALLEN

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
 - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's MassHealth rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name: Date of Birth: SASID # (for district to add):

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