



# TWINSBURG CITY SCHOOL DISTRICT

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Dear Parent/Guardian,

This Annual Medicaid Notice outlines the Twinsburg City School District's privacy and consent requirements for its Medicaid Program. The Individuals with Disabilities Education Improvement Action (IDEA) requires school districts that operate a Medicaid program to notify parents/guardians annually about the program. Through its Medicaid Program, Twinsburg is entitled to obtain reimbursement for medically necessary services provided to their students with disabilities when such services meet the requirements of Ohio's School-Based Medicaid program, and are provided in accordance with the students' Individualized Education Program (IEP).

This notice is being sent to parents/guardians of all students with disabilities, regardless of whether the students and/or parents/guardians are eligible for Medicaid. Prior to disclosure of student personally identifiable information to the Medicaid Agency and the Medicaid billing agent, school districts must obtain written consent from parents/guardians.

Twinsburg's Medicaid Program does **not** impact your child's IEP or the delivery of services in any way.

Twinsburg's Medicaid Program will **not** increase your cost or affect you or your child's Medicaid benefits. Twinsburg does **not** require parents/guardians to enroll in Medicaid or any other insurance or benefits program, or incur any out-of-pocket expenses such as a deductible or co-pay, to receive special education. Twinsburg will **not** use your child's Medicaid benefits for reimbursement for special education if doing so would: (a) decrease your child's available lifetime coverage or any other benefit; (b) result in your family paying for services outside of school that would otherwise be covered by Medicaid; (c) increase premiums or lead to the discontinuation of benefits; or (d) risk loss of eligibility for home and/or community-based waivers.

**You have the right to withdraw consent to the disclosure of your child's personally identifiable information to the Medicaid Agency (Ohio Department of Job and Family Services) and the District's Medicaid billing agent (MSB) at any time.** The withdrawal of consent or refusal to provide consent to disclose personally identifiable information does **not** affect your child's special education services in any way and will not result in any cost to you.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, whose date of birth is \_\_\_\_\_, acknowledge that I have been notified about the Twinsburg City School District's Medicaid Program. I understand that, regardless of whether my child is eligible for Medicaid, Twinsburg's Medicaid Program will not impact my child's personal benefits or the delivery of services on my child's IEP. I understand that Twinsburg may use my child's information, including name, date of birth, and educational and health records, for the purpose of Medicaid billing and for potentially submitting a claim should my child be eligible. I also understand that at any time, I may notify Twinsburg that I no longer want it to utilize my child's information for the purpose of the Medicaid Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return this completed form to the Pupil Services Office (10084 Ravenna Road) January 28, 2016 regardless of whether you or your child is covered by Medicaid. This form is being sent to the parents/guardians of all students on IEPs.**

*... where the schools and the communities are one. "*