

## NOTIFICATION LETTER

### GIVEN PRIOR TO ONE TIME CONSENT AND ONCE ANNUALLY

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Dear Parent/Legal Guardian,

We are pleased to inform you that the Medicaid Program now allows Ohio School Districts, including **Campbell City Schools**, to receive Medicaid funding for eligible services provided to students with disabilities. The eligible services covered in school districts include: occupational and physical therapy, speech/language therapy, audiology, nursing, school psychology, and counselor and social work services. This program is known as the Ohio Medicaid School Program (OMSP) and the **Campbell City** is a designated healthcare provider under this program.

If your child is covered by Medicaid health insurance through *Ohio Healthy Start, the Medicaid Assistance Program, Healthy Families, or the WIC Program*, this letter applies to your family. **However, no action is required on your part, and your Medicaid insurance benefits are NOT reduced or affected by this program (per Ohio Administrative Code 5101:3-34-01.2).**

Under Federal Education law, we must inform you of two things:

1. In order to be paid for the services we provide to your child, we must send the Ohio Medicaid Agency the following information:
  - Your child's name, Medicaid number, and Birth date
  - Service code (numerical code that identifies the service(s) provided)
  - Service time spent with your child (number of minutes)
2. We need your permission to send this information to the Ohio Medicaid agency. However, no action is needed by you now because when you signed the 'One-Time Parent Consent' form at the school district you gave permission to any Medicaid Healthcare provider to send information to the Medicaid Agency regarding services your child received.

Please be assured that your child's **Medicaid benefits and limits are NOT reduced or affected in any way by the Ohio School Medicaid Program**. Your consent for the District Name to obtain payment for the Medicaid services provided to your child is voluntary and can be discontinued at any time. If you do withdraw consent, the district is still obligated to provide your child with the services authorized by his/her Individualized Education Program (IEP).

If you do not want the district to bill the Medicaid program for your child's services, or if you have any questions about the information in this letter, please contact your school district. They will be pleased to assist you in any way. We very much appreciate your support as we continue to provide your child with the services he/she needs.

Best Regards,

Jane Buckingham  
Special Education Director  
**Campbell City Schools**