#7. ANNUAL NOTIFICATION OF SCHOOL DISTRICT PARTICIPATION IN MEDICAID

School District: West Branch Local School District
School Year: 2026-2027

Dear Parent/Guardian,

This letter serves as the **Annual Notification** that the West Branch Local **School District** participates in the **School Based Medicaid Program**. This program allows school districts to receive federal Medicaid reimbursement for providing certain health related services to students who are Medicaid eligible. This notification is required by federal law and must be provided **every year**, even if you have already signed the **One-time Parental Consent** form. You do **not** need to sign anything today.

Why You Are Receiving This Annual Notification

Federal regulations require school districts to provide parents with yearly written notice explaining their rights before and after Medicaid is billed for school-based services. Even if you have already given **One-time Consent**, districts must continue to send you this annual notice. You do *not* need to sign the consent again.

What Participation in Medicaid Means

If your child is eligible for Medicaid, the district may request reimbursement for medically necessary services delivered at school, such as:

- Speech therapy
- Audiology Services
- Occupational therapy
- Physical therapy
- Nursing services
- Counseling and behavioral health services
- Other health related services covered by Medicaid

Only the **minimum necessary information** required to access Medicaid reimbursement is shared, including:

- Student name
- Date of birth
- Medicaid ID
- Type/date/provider of service

Your Rights and Protections Under Federal Law

No Cost to You
Allowing the district to access Medicaid **will not**: • Result in co-pays or deductibles • Reduce lifetime coverage • Increase premiums • Limit services available to your child outside school If any cost were to occur, the school district would be responsible for it—not you.
Your Child's Services Are Not Affected
Your child will receive all required services **at no cost to you**, whether you allow the school to bill Medicaid. Refusing or withdrawing consent **cannot** affect your child's access to IEP or related services.
You May Withdraw Consent at Any Time
If you previously gave one-time consent, you may revoke it at any time. When you revoke consent, the district must stop billing Medicaid.
No Impact on Medicaid Eligibility
Your consent **does not** affect: • Your child's future eligibility • Your family's benefits • Enrollment in Medicaid

Action Needed:
None. This notification does not require a response.

This letter is for notification only. You do **not** need to return or sign anything unless the district requests updated consent because no consent is currently on file.

If your child is new to the district or has never had a Medicaid consent form completed, you may be asked to complete the **One-time Parent Consent** form separately.

Questions?
If you have questions about Medicaid services, billing, or your rights, please contact:

District Medicaid Contact: Adam De Monte, Director of Special Services
Phone: (330) 938-4490
Email: adam.demonte@wbwarriors.org

Thank you for your partnership in supporting student health and well-being.