

**NORWOOD PUBLIC SCHOOLS  
SCHOOL HEALTH SERVICES**

**IMPORTANT INFORMATION ABOUT THE MASSACHUSETTS SCHOOL-BASED  
MEDICAID PROGRAM**

Dear Parent/Guardian,

As of July 1, 2019 school districts may bill Mass Health for health care services that students receive at school. Included services are vision, hearing, dental, postural, growth and SBIRT screenings, behavioral and mental health counseling, speech and direct nursing care of students with complex medical needs. This billing in no way affects your child's Mass Health coverage outside of school or any homecare services your child receives.

The School-Based Medicaid Program offers schools an opportunity to receive federal money to offset the costs for providing the above Medicaid-covered services in the school setting. The reimbursement is to the Town of Norwood and therefore will benefit both the Town and school finances.

Please take a moment, complete the form below and return it to your child's school nurse. Should you have questions, require additional information or translation of the parent consent form please don't hesitate to contact me.

Sincerely,  
Jill Driscoll, MEd, BSN, RN, NCSN  
Nurse Leader, Norwood Public Schools  
(781) 440-5843  
jdriscoll@norwood.k12.ma.us

\_\_\_\_\_ My child has Mass Health insurance and I have completed the attached/enclosed parent consent form

\_\_\_\_\_ My child has Mass Health insurance and I choose not to consent to the School-Based Medicaid Program

\_\_\_\_\_ My child has private health insurance

\_\_\_\_\_ My child has no health insurance and I will call my school nurse for help in obtaining Mass Health. My child's school nurse is Tammy Kirsch and I can reach her at (781) 440-5963

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

*School District Name and Code:* Norwood Public Schools **District/LEA Code** 02200000

*School/District Contact:* Jill Driscoll, Nurse Leader Norwood Public Schools

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: \_\_\_\_\_

<b>Child's Name:</b>	<b>Date of Birth:</b>	<b>SASID # (for district to add):</b>
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Add more children