



Portland Public Schools
501 N Dixon Street
Portland, OR 97227

Written Notification to Parent Proposed Use of Public Insurance (Medicaid) by Portland Public Schools

Portland Public Schools may receive partial reimbursement from the Oregon's State Medicaid Agency, the Oregon Health Authority (OHA), for the costs of Medicaid-covered health services provided to Medicaid-enrolled children for eligible health related services provided at school. In order to access Medicaid reimbursement, Portland Public Schools needs your permission, also known as consent, to share information about your child with the OHA. The following type of information about your child may need to be shared with the OHA: name; date of birth; type of services provided, the date(s) services are provided, and by whom; attendance records, and State Student Identification Number (SSID).

This notice explains the protections that you have related to giving permission to the use of your public insurance (Medicaid). Portland Public Schools will only ask for your informed written consent the first time it requests to access your public insurance (Medicaid), prior to obtaining your permission. After that you will receive this written notice on an annual basis.

This written notice is meant to inform you that you have certain rights and protections:

1. Portland Public Schools cannot require you to sign up for the Oregon Health Plan (Medicaid) in order for your child to receive the school health services to which your child is entitled.
2. Portland Public Schools cannot ask you to pay anything for your child's health-related services provided in the school setting. This means that the School District cannot ask you for a co-pay or deductible in order to bill the OHA for the services provided.
3. If you give Portland Public Schools permission to share information with the OHA in order to bill Medicaid:
 - a. This will not affect your child's available lifetime coverage or other Medicaid benefit; nor will it in any way limit your own family's use of Medicaid benefits outside of school.
 - b. Your permission will not affect your child's special education services or Individualized Education Program (IEP) or Section 504 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 Medicaid rights.
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or OHA funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time. You must let Portland Public Schools know **in writing** that your permission is withdrawn.
5. If you withdraw your permission, or if you refuse to allow Portland Public Schools to share your child's records and information with the OHA for the purpose of seeking Medicaid reimbursement for the cost of covered health services, Portland Public Schools will continue to be responsible for providing your child with the health services, at no cost to you.