



Steelton-Highspire School District

*250 Reynders Avenue
Steelton, PA 17113
Telephone (717) 704-3801
FAX (717) 704-3808*

Travis M. Waters
Superintendent

Dear Parent/Guardian:

The Steelton-Highspire School District is pleased to provide your child with specific special education services (e.g., speech therapy, occupational therapy, physical therapy, and others) associated with his or her Individual Education Plan (IEP). Federal dollars can be obtained through the Medical Assistance Program (MA) to help us meet the increasing cost of providing these services to our students. The Capital Area Intermediate Unit (CAIU) assists Steelton-Highspire School District in obtaining the federal dollars.

We ask that you please sign the **PA Medical Assistance Billing Parental Notice and the PA Medical Assistance Billing Parental Consent** forms authorizing the Steelton-Highspire School District and the CAIU to release and share information with the Pennsylvania Department of Education, the Pennsylvania Department of Public Welfare and the physician/nurse practitioner in order to bill Medical Assistance for Medicaid covered services included in your child's IEP. A copy is enclosed for your records.

Please note that the school claims for MA payment of health-related services (same as the special education services listed above) will not affect your child receiving health services from your family physician or health facility.

If you have any questions, please contact Cindi Walker at the CAIU (732-8400 ext. 8514).

Thank you for authorizing the Steelton-Highspire School District and the CAIU to seek reimbursement for the related services offered to your child.

Sincerely,

Keri Poston
Director of Special Education

Enclosures



Steelton-Highspire School District

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Superintendent*

PA Medical Assistance Billing Parental Consent

I understand that:

1. Local Educational Agencies (LEAs) are eligible to receive federal reimbursement through the School-Based Access Program for certain medically necessary services provided to students with disabilities ages 3-21 in accordance with the students' IEP.
2. LEAs use of this reimbursement program does NOT in any way affect or impact other medically necessary, covered services that are provided to your child out of school. Medical Assistance will continue to pay for these services. Any reimbursement that the SDs or IUs receives from the School-Based Access program is used to help cover the cost of special education services.
3. Before the LEA can apply for reimbursement for services, a one-time written parental consent is required by The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) under Part 300 (Assistance to the States for the Education of Children with Disabilities) and the Family Educational Rights and Privacy Act (FERPA).
4. By giving consent, I am authorizing the LEA to share my child's information such as records or information about the services that may be provided to my child with the PA Department of Education, the PA Department of Public Welfare, and a physician or nurse practitioner in order to bill Medical Assistance for services my child receives as part of his/her IEP. The only purpose of this disclosure is to bill for services provided.
5. I have the right to withdraw my consent at any time. Withdrawing my consent or not giving consent, will not affect the services that my child is receiving in school. It is still the responsibility of the LEA to provide my child's required services as written in his/her Individual education Plan at no cost to me.
6. Upon request, I may receive copies of my child's records that are disclosed as a result of this authorization.

_____ I have read the Notice and I give consent for the LEA to share by child's education and health-related information and bill Medical Assistance.

Parent/Guardian Signature _____

Student's Full Name _____

Date of Birth _____ Date _____

Name of _____
School _____

Please return the signed Consent Form to: Cindi Walker, Capital Area Intermediate Unit, 55
Miller Street, Enola, PA 17025-1640 as soon as possible.



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Superintendent

PA Medical Assistance Billing Parental Notice

Dear Parent/Guardian:

This notice is being given to you so that you are fully informed of your rights including your consent before a public agency can access your child's public benefits or insurance to pay for services under the Individuals with Disabilities Education Act (IDEA).

Local Educational Agencies (LEAs) are eligible to receive federal reimbursement through the School-Based Access Program for certain medically necessary services provided to students with disabilities ages 3-21 in accordance with the students' IEP. Examples of services covered include speech therapy, occupational therapy and physical therapy, and others. The LEAs use of this reimbursement program does NOT in any way affect or impact other medically necessary, covered services that are provided to your child out of school. Medical Assistance will continue to pay for these services. Any reimbursement that the LEAs receive from the School-Based Access program is used to help cover the cost of special education services.

Before the LEAs can apply for reimbursement for services, a one-time written parental consent is required by The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) under Part 300 (Assistance to the States for the Education of Children with Disabilities) and the Family Educational Rights and Privacy Act (FERPA). By signing the parental consent document, you are authorizing the LEA to share your child's information such as records or information about the services that may be provided to your child with the PA Department of Education, the PA Department of Public Welfare, and a physician or nurse practitioner in order to bill Medical Assistance for services your child receives as part of his/her IEP. The only purpose of this disclosure is to bill for services provided.

You have the right to withdraw your consent at any time. Withdrawing your consent or not giving consent, will not affect the services that your child is receiving in school. It is still the responsibility of the LEA to provide all of your child's required services at no cost to you.

Giving consent for reimbursement will also be at no cost to you.

If you have questions about Medical Assistance Billing, please contact Cindi Walker, 732-8400 x8514 or cwalker@caiu.org.

I understand that the following:

- I can either give permission or refuse to give permission for the LEA to release information about my child in order to receive reimbursement for services.
(over)
- Consent is given only one time but I may withdraw it for future services at any time.
- My refusal to give consent will not change the services my child receives under his/her IEP.
- Whether I consent or refuse, I will not have to pay for these services.

- Upon request, I may receive copies of my child's records that are disclosed as a result of this authorization.

_____ I have read this Notice and I understand the LEA's obligations and my parental rights.

Parent/Guardian Signature _____

Student's Full Name _____

Date of Birth _____ Date _____

Name of School _____

Please return the signed Consent Form to: Cindi Walker, Capital Area Intermediate Unit, 55 Miller Street, Enola, PA 17025-1640 as soon as possible.