

# Ohio Community Schools

Ohio Consolidated School District #17

Ohio Community High School District #505

## **“Where People Care”**

### **Superintendent**

Jennifer Hamilton  
Phone 815/376-4414  
Fax 815/376-2102

103 MEMORIAL STREET  
P.O. BOX 478  
OHIO, ILLINOIS 61349-0478

### **Principal**

Jason Wilt  
Phone 815/376-2934  
Fax 815/376-2102

## **Annual Notification Regarding School District Access to Medicaid Or Other Public Benefits or Insurance Programs Or Pay For IEP Services:**

1. With a parent’s consent, the School District may access Medicaid or other public benefits or insurance programs in which the parent’s child participates, and provide the child’s personally identifiable information to Medicaid or other public benefits or insurance programs in order to provide or pay for IEP services, to the extent permitted under the other public benefits or insurance programs;
2. The School District may not require a parent to sign up for or enroll in public benefits or insurance programs in order for the parent’s child to receive IEP services;
3. The School District may not require the parent to incur out-of-pocket expenses such as the payment of a deductible or co-pay amount inferred in filing a claim for services, other than any cost that the parent would otherwise be required to pay;
4. The School District may not use a child’s benefits under a public benefits or insurance program if that use would decrease available lifetime coverage or any other insured benefit; or result in the family paying for services that would otherwise be covered by the public benefits or insurance program and that are required for the child outside of the time he-she is in school; or increase premiums or lead to the discontinuation of benefits or insurance; or risk loss of eligibility for home and community based waivers, based on aggregate health related expenditures;
5. A parent’s refusal to allow the School District to access Medicaid or other public benefits or insurance programs does not relieve the District of its responsibility to ensure that all required IEP services are provided to the child at no cost to the parent. Likewise, the withdrawal of consent or refusal to provide consent under 34 C.F.R. Part 99 and Part 300 to disclose personally identifiable information to Medicaid or other public benefits or insurance programs does not relieve the School District of its responsibility to ensure that all required services are provided at no cost to the child.
6. A parent has the right under 34 C.F.R. Part 99 and Part 300 to withdraw his/her consent to access Medicaid or other public benefits or insurance programs and/or to disclose his/her child’s personally identifiable information to Medicaid or other public benefits or insurance programs at any time.

## **“Home of the Bulldogs”**