



Dear Parent/Guardian,

New Discoveries Montessori Academy is pleased to provide special education services to your child. We are committed to high-quality special education services. You can help us get additional funds to help provide these services. State law requires all Minnesota schools and charter schools to attempt to collect reimbursement for IEP health-related services for children who are eligible for Medical Assistance (MA) and MinnesotaCare (MC). Examples of IEP health-related services include but are not limited to, speech/language/hearing services, occupational therapy, physical therapy, nursing, mental health services (social work services), personal care services, assistive technology devices, and special transportation. The District must obtain your consent to seek reimbursement for health-related services from insurers and similar third parties.

The purpose of this communication is:

- To provide notification

Notification

- New Discoveries Montessori Academy will seek reimbursement from insurers and similar third parties (MA/MC) for school-based health-related services that your child receives.
- The District will provide you with annual notification of our intent to seek reimbursement for health-related services via the Minnesota *Procedural Safeguards and Parental Rights* brochure.
- **There is NO cost to your family and this will NOT affect your insurance coverage** (including MA/MC coverage, TEFRA, waived programs, service limits or thresholds).
- The District may not require you to sign up for MA/MC.
- You have the right to receive a copy of the education records the District shares with any third party.
- You may revoke your consent, in writing by contacting Bess Bauman at bess.bauman@newdiscoveries.org, at any time without affecting your child's services. Revocation is not retroactive.

Additional Information:

- For children ages 3 and older, consent may be obtained through either this consent form, or (when applicable) the Minnesota Health Care Program (MHCP) enrollment/re-enrollment form for medical assistance or MinnesotaCare, provided the following:
 - a. You have completed the MHCP enrollment/re-enrollment form for MA or MC;
 - b. The District has provided you with an annual written notice and;
 - c. One year has passed since both a) and b) have occurred.
- New Discoveries Montessori Academy will not bill your private insurance. If you have a combination of MA/MC and private insurance we will obtain a denial from your insurance company before billing MA/MC.

When we seek your signature for consent for reimbursement of health-related services and release of records, you will a **yellow consent form**. If you have any questions, please contact Bess Bauman. We appreciate your support and cooperation. Thank you for the privilege of working with your child.

Bess Bauman, Special Education Coordinator
320.234.6362 x2019
bess.bauman@newdiscoveries.org

WRITTEN ANNUAL NOTICE OF REIMBURSEMENT FOR HEALTH-RELATED SERVICES

Minnesota school districts may seek reimbursement from insurers and similar third parties for school based health-related services. Health related services may include assessments and services for nursing, speech/language/hearing, occupational therapy, physical therapy, personal care assistance, assistive technology devices, interpreter services, special transportation, and/or mental health. This consent for reimbursement will apply to health-related services received by students either with or without an IEP.

Before billing Medical Assistance (MA) or MinnesotaCare (MC) for health related services the first time, and each year, the District must inform you in writing that:

1. The District will bill MA or MC for health-related services for students with an IEP/IFSP. Minn. Stat. § 125A.21 , Subd. 2(c)(1).
2. The District must obtain your consent, including specifying the personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided), the purpose of the disclosure, the agency to which the disclosure may be made (i.e. the Department of Human Services) and which specifies that you understand and agree that the school district may access you (or your child's) public benefits or insurance to pay for health-related services. You have the right to receive a copy of education records the District shares with any third party when seeking reimbursement for health-related services. Minn. Stat. § 125A.21 , Subd. 2(c)(2).
3. For children aged 3 and older with an Individual Education Plan (IEP) the Minnesota Department of Education has indicated that consent for reimbursement may be obtained through the school district consent form, or the Minnesota Health Care Programs (MHCP) enrollment/re-enrollment form for MA/MC (05/02/2013, MDE memo).
4. The District will share data related to your child and health-related services with the Minnesota Department of Human Services to determine if your child is covered by MA or MC and whether those services may be billed to MA or MC.
5. The District may not require you to sign up for or enroll in MA or MC or other insurance programs in order for your child to receive health related services.
6. There will be NO cost to your family and this will NOT affect you MA/MC coverage, including TEFRA, waived programs, service limits or thresholds. The District may not require you to incur an out-of-pocket expense as the payment of a deductible or co-pay amount incurred in filing a claim for health services provided, but may pay the cost that you otherwise would be required to pay. The District may not use your child's benefits under MA or MC if that use would: decrease available lifetime coverage or any other insured benefit; result in your 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 your child is in school; increase your premiums or lead to the discontinuation of benefits or insurance; or risk your loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.
7. You have the right to stop your consent for disclosure of your child's education records to a third party, including the Department of Human Services, at any time. If you stop consent, the District may no longer share your child's education records to seek reimbursement for health-related services. You may revoke your consent, in writing via bess.bauman@newdiscoveries.org, at any time without affecting your child's services. Revocation is not retroactive. Minn. Stat. § 125A.21 , Subd. 2(c)(3).