

City of Rochester School Department

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TO: All Parents and Guardians
FROM: Gretchen Roussin, Medicaid Coordinator
RE: Medicaid to Schools Program

In 1990, New Hampshire passed legislation to allow School Districts to access Medicaid funds to provide for children's health related services delivered in educational settings. This federal funding support is very important to your child's school in order to help offset the expense of providing these essential services. If your child is covered by Medicaid Health Insurance, the Federal Medicaid Program will pay 50% of the cost of providing the health-related services prescribed per your child's Written Plan (Individual Education Plan, Section 504, Care Plan, and or Special Plan).

Please complete the section below (*whether or not your child is covered by Medicaid*), and return it to the school that your child attends; they will forward it to my attention at the Office of the Superintendent. The Medicaid number that you provide will be held in the strictest of confidence and will only be used to bill for services that your child receives.

If you give the school district permission to share information with and request reimbursement from the New Hampshire Medicaid to Schools Program:

- This will not affect your child's available lifetime coverage or other NH Medicaid benefit; nor will it in any way limit your own family's use of NH Medicaid benefits outside of school.
- Your permission will not affect your child's health related "Plan" services or rights in any way, if your child is eligible to receive them.
- Your permission will not lead to any risk of losing eligibility for other Medicaid funded programs.

I have read this notice and understand that this will help our community seek partial reimbursement of NH Medicaid to Schools services.

_____ My child is covered by MEDICAID Health Insurance or Healthy Kids.

_____ My child *is not covered* by MEDICAID Health Insurance or Healthy Kids.

Student Medicaid Number: _____ **Date of Birth** ___/___/___

Student Name: _____
Please print: First Name MI Last Name

Parent/Guardian Signature: _____ **Date:** _____
First Name MI Last Name