



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

OFFICE OF THE SUPERINTENDENT

August 7, 2018

Dear Parent(s)/Guardian(s):

Your assistance is requested to ensure the Hawaii State Department of Education (Department) maximizes resources available in providing special education services for all eligible students. For children eligible for medical assistance through Med-QUEST, the state's Medicaid program, the Department may be able to claim for partial federal reimbursement for many medically necessary and educationally necessary health-related services provided through your child's Individualized Education Program (IEP). These services are designed to enable a student with a disability to receive and benefit from a Free Appropriate Public Education (FAPE).

Before the Department may submit claims to Med-QUEST, the Department must obtain parental consent before sharing personally identifiable information included in your child's IEP with Med-QUEST. All information that is provided to Med-QUEST concerning your child is strictly confidential. With a signed parental consent, the following rights are strictly retained:

1. The Department shall not require the student to be enrolled in Med-QUEST to receive a Free Appropriate Public Education (FAPE);
2. Parent(s)/guardian(s) shall not incur any out-of-pocket expense, such as a deductible or co-pay amount;
3. Your consent shall not result in any requirement for a parent(s)/guardian(s) to pay for the services that would otherwise be covered by Med-QUEST because their child may also require those services outside the school day;
4. Your consent shall not decrease the available lifetime coverage or any other insured benefit(s);
5. Your consent shall not increase premiums nor lead to a discontinuation of benefits or insurance; and
6. Your consent shall not risk any loss of eligibility for home and community-based waivers that are based on total health related expenditures.

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By providing consent, you are permitting the Department to access Med-QUEST insurance to recover a portion of the costs of providing medically necessary and educationally necessary, IEP health-related services to your child. If you wish to allow the Department to claim for partial reimbursement for those services rendered to your child, please complete the attached form.

You have the right to withdraw your consent at any time. Withdrawal of your consent does not relieve the Department of its responsibility to ensure that all required services are provided at no cost to you in accordance with state and federal special education requirements.

Thank you for your participation in the Department of Education's School-Based Medicaid Claiming Program.

Should you have any questions or concerns, please contact the Health Care Contracts and Reimbursement Program at (808) 305-9750.

Sincerely,



Dr. Christina M. Kishimoto
Superintendent

CMK:me
Attachments