

FREEHOLD REGIONAL HIGH SCHOOL DISTRICT

Dr. Jessica Howland
Director of Special Services
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The Special Education Medicaid Initiative (SEMI) program is a school based Federal Medicaid Title XIX reimbursement program. The purpose of the SEMI program is to recover a portion of costs for certain Medicaid covered services or activities provided to Medicaid-eligible students enrolled in participating New Jersey local education agencies.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR 99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR 300.622 require a one-time consent form to be retained on file before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child, including evaluations and services as specified in their Individualized Education Program (IEP), occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation, may be disclosed to Medicaid and the Department of Treasury for the purpose of receiving Medicaid reimbursement by the school district. **This consent can be revoked at any time by contacting the administrator at your child's school.**

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's public records for insurance to pay for special education or related services under Part 300 (services under the IDEA).

I understand that billing for these services by the district **does not** impact my ability to access personal benefits and services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, and loss of eligibility or impact on lifetime benefits.

Special Education Medicaid Initiative (SEMI) Parental Consent Form

Child's Name: _____
(First) (Mid. Initial) (Last)

Child's Date of Birth: _____
(Mo/Day/Yr)

I give consent to participate in SEMI: Yes ___ No ___

Signature: _____ Date: _____
(Parent / Guardian) (Month/Day/Year)

Please return this form to:
Dr. Jessica Howland, Director of Special Services
Freehold Regional High School District-Administrative Offices
11 Pine Street, Englishtown, NJ 07726
(732)792-7300 ext. 8590 (Phone)
(732)786-0594 (Fax)



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

PO. BOX 712

TRENTON, NJ 08625-0712

CHRIS CHRISTIE

Governor

KIM GUADAGNO

Lt. Governor

JENNIFER VELEZ
Commissioner

VALERIE HARR
Director

August 25, 2014

Dear Parent/Caregiver:

The purpose of this letter is to let you know about the **Special Education Medicaid Initiative (SEMI)** program. Your child may be receiving special education services in school such as speech therapy, occupational therapy or physical therapy under SEMI.

Here are three things you should know about SEMI:

1. Your school district may be eligible to receive federal money through the SEMI program which helps to pay for special education services.
2. A school district may receive SEMI money only if a consent form is signed by the parent.
3. Signing the consent form will have no effect on your child's Medicaid health coverage for services outside of school.

If you do not sign the consent form, it will not affect the services your child receives in school since the district is required to provide a free and appropriate public education, including all services listed in your child's Individualized Education Plan (IEP).

The SEMI program is an important source of funding for the school districts. We appreciate your assistance in this program and hope that you will consider the importance of signing the parent consent form and submitting it to your district.

Please feel free to contact your district's special education department if you have any questions.

Sincerely,

Valerie Harr
Director

Sample Medicaid Annual Notification Regarding Parental Consent

Background: The State of New Jersey has participated in a Federal program, Special Education Medicaid Initiative (SEMI), since 1994. The program assists school districts by providing partial reimbursement for medically-related services listed on a student's Individualized Educational Program (IEP).

The SEMI program is under the auspices of the New Jersey Department of the Treasury through its collaboration with the New Jersey Department of Education and New Jersey Division of Medicaid Assistance and Health Services.

In 2013, the regulations regarding Medicaid parental consent for school-based services changed. Now the regulations require that, prior to accessing a child's public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification and obtain a one-time parental consent.

Is there a cost to you?

No. IEP services are provided to students while at school at no cost to the parent/guardian.

Will SEMI claiming impact your family's Medicaid benefits?

The SEMI program does not impact a family's Medicaid services, funds, or coverage limits. New Jersey operates the school-based services program differently than the family's Medicaid program. The SEMI program does not affect your family's Medicaid benefits in any way.

What type of services does the School-Based Services program cover?

- Evaluations
- Psychological Counseling
- Speech Therapy
- Audiology
- Occupational Therapy
- Nursing
- Physical Therapy
- Specialized Transportation

What type of information about your child will be shared?

In order to submit claims for SEMI reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

Who will see this information?

Information about your child's special education program may be shared with the New Jersey Division of Medicaid Assistance and Health Services and its affiliates, including the Department of the Treasury and the Department of Education for the purpose of verifying Medicaid eligibility and submitting claims.

What if you change your mind?

You have the right to withdraw consent to allow for Medicaid billing at any time by contacting the school in which your child is enrolled.

Will your consent or refusal to consent affect your child's services?

No. Your school district is still required to provide services to your child pursuant to his or her IEP, regardless of your Medicaid eligibility status or your willingness to consent for SEMI billing.

What if you have questions?

Please call your school district's Special Education department with questions or concerns, or to obtain a copy of the parental consent form.

Method of Delivery: (check one) Mailed to parent(s) Emailed to parent(s) IEP meeting Hand Delivered