

**WEST ORANGE PUBLIC SCHOOLS**  
DEPARTMENT OF STUDENT SUPPORT SERVICES

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179 Eagle Rock Avenue • West Orange • New Jersey • 07052  
Telephone: 973-669-5400 Ext. 20539 / Fax: 973-669-8601

Ms. KRISTIN GOGERTY, DIRECTOR

Ms. KAREN DEAS, SUPERVISOR, PRESCHOOL, K – 5

MRS. DAWN RIBEIRO, SUPERVISOR, 6-12

**Special Education Medicaid Initiative (SEMI) Parental Consent form**

Our School district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

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 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 my child’s 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 the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

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 or my public benefits or 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 these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Child’s Name: \_\_\_\_\_  
First                      Mid. Initial                      Last

Child’s Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School Child Attends: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give consent to bill for SEMI:     Yes                   No

This consent can be revoked at any time by contacting the administrator at your child’s school.

**Please return the form to:**  
 Department of Student Support Services  
 Kristin Gogerty, Director  
 179 Eagle Rock Avenue, West Orange, NJ 07052

Method of Delivery: (check one)     Mailed to parent(s)     Emailed to parent(s)     IEP meeting     Hand Delivered  
 Medicaid/GeneralForms/MedicaidConsent10-13

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