

West Deptford Township Public Schools
Office of Special Education and Related Services

West Deptford Middle School
675 Grove Road • West Deptford • New Jersey 08066

Dr. Kim Seifring, Director

Phone (856) 848-4300, ext: 4208

Fax (856)-848-0897

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
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Psychological Counseling
- Audiology
- Nursing
- 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 Office of Special Education.

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

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

What if you have questions?

Please call the Office of Special Education with questions or concerns, or to obtain a copy of the parental consent form at **856-848-4300**, ext. **4213**.

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

West Deptford Township Public Schools
Office of Special Education and Related Services

West Deptford Middle School
675 Grove Road • West Deptford • New Jersey 08066

Dr. Kim Seifring, Director

Phone (856) 848-4300, ext: 4208

Fax (856)-848-0897

Special Education Medicaid Initiative (SEMI)

Parental Consent Form

Our school district is required to participate 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 the 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 the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medical eligibility status or unwillingness to consent for SEMI billing.

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 _____

Date of Birth ____/____/____

I give consent to bill SEMI

I do **NOT** give consent to bill SEMI

TERMS OF ACCEPTANCE AND SIGNATURE

AGREEMENT: *By signing this Electronic Signature Acknowledgement Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.*

Parent E-Signature _____

Date _____

West Deptford Public School District utilizes an online registration system, allowing families to electronically consent to the release of records as permitted by New Jersey Electronic Transactions Act, N.J.S.A. 12A:12-A. A copy of the release for the abovenamed student's record has been embedded in this letter and is shown above.

This consent can be revoked at any time by contacting your child's Case Manager or the Administrator of your child's school in writing.