



Hunterdon Central Regional High School

"Performance Excellence for Everyone"

Didi Deitcher

Director of Special Services

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Dear Parent or Guardian,

Hunterdon Central Regional High School participates in the Special Education Medicaid Initiative (SEMI). We are required by the State of NJ to apply for federal funds on behalf of all students in our special education programs.

As part of participating in the SEMI Program, we are required to provide you with an Annual Notification. In order to access this initiative, every family must provide consent to the district. This consent allows the district to apply for Medicaid reimbursement for services provided to your child, such as reevaluation meetings, speech therapy, physical therapy, occupational therapy, nursing care, etc. Participation in the SEMI Program will not in any way affect the services your child currently receives.

Your support in this initiative is greatly appreciated.

Please feel free to contact me or your case manager if you have any questions about this program.

Sincerely,

A handwritten signature in black ink, appearing to read 'Didi Deitcher', with a long horizontal flourish extending to the right.

Didi Deitcher

Director of Special Services

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
- 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 record 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

Muestra de Notificación Anual de Medicaid sobre el Consentimiento de los Padres

Antecedentes: El Estado de Nueva Jersey participa en el programa federal Iniciativa de Medicaid para Educación Especial (SEMI, por sus siglas en inglés), desde 1994. El programa ayuda a los distritos escolares con el reembolso parcial de servicios médicos relacionados con el Programa de Educación Individualizada (IEP, por sus siglas en inglés).

El programa SEMI funciona con el auspicio del Departamento del Tesoro de New Jersey en colaboración con el Departamento de Educación de New Jersey y la División de Asistencia Médica y Servicios de Salud (DMAHS, por sus siglas en inglés) de New Jersey.

En 2013, se reformularon las normas relativas al consentimiento de los padres requerido por Medicaid para los servicios brindados en las escuelas. Actualmente, la normativa exige que antes de acceder a los beneficios o seguros públicos de un niño por primera vez y, posteriormente, cada año, los distritos escolares deben enviar a los padres o tutores una notificación por escrito y obtener la autorización de los padres por única vez.

¿Hay un costo para usted?

No. Los servicios del IEP se proporcionan a los estudiantes en la escuela sin costo alguno para los padres o tutores.

¿De qué manera SEMI podría afectar los beneficios que mi familia recibe de Medicaid?

El programa SEMI no afecta los servicios, fondos o límites de cobertura de Medicaid para las familias. El programa de servicios brindados en las escuelas de New Jersey funciona de manera diferente que el programa de Medicaid para las familias. El programa SEMI no afecta los beneficios de Medicaid para su familia de ninguna manera.

¿Qué tipo de servicios cubre el programa brindado en la escuela?

• Evaluaciones • Terapia del lenguaje • Terapia ocupacional • Terapia física • Consejería psicológica • Audiología • Enfermería • Transporte especializado

¿Qué tipo de Información sobre su hijo(a) podría ser divulgada?

Para someter solicitudes de reembolso al SEMI, se podría requerir brindar los siguientes datos sobre su hijo(a): primer nombre, segundo nombre, apellidos, dirección, fecha de nacimiento, número de carnet de estudiante, número de identificación de Medicaid, tipo de discapacidad, fechas y tipo de servicios prestados.

¿Quién podría tener acceso a esa información?

La información sobre el programa de educación especial que recibe su hijo(a) puede ser compartida con la División de Asistencia Médica y Servicios de Salud de New Jersey y sus agencias afiliadas, incluyendo el Departamento del Tesoro y el Departamento de Educación, con el propósito de verificar la elegibilidad por parte de Medicaid y la presentación de reclamos.

¿Qué pasa si usted cambia de opinión sobre el consentimiento otorgado?

Usted tiene el derecho de retirar su consentimiento que permite la facturación a Medicaid en cualquier momento, poniéndose en contacto con la escuela en la que está matriculado(a) su hijo(a).

¿Podrían ser afectados los servicios que recibe su hijo(a) cuando usted otorga o deniega su consentimiento? No. Su distrito escolar debe seguir proporcionando los servicios necesarios a su hijo(a) de conformidad con su IEP, independientemente de su estatus de elegibilidad con Medicaid o su decisión de dar su consentimiento para la facturación al SEMI.

¿Qué pasa si usted tiene preguntas?

Por favor, llame al Departamento de Educación Especial de su distrito escolar si tiene preguntas o inquietudes o si necesita obtener una copia del formulario de consentimiento de los padres. :

Special Education Medicaid Initiative (SEMI) Parental Consent form

Honterdon Central Regional High School District

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 public 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 Medicaid eligibility status or willingness 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: _____

Child's Date of Birth: ____/____/____

Parent/Guardian: _____

Date: ____/____/____

I give consent to bill for SEMI: Yes
 No

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

