

Salem City School District

205 Walnut Street
Salem, New Jersey 08079
Telephone 856.935.3800 Fax 856.935.6977

Dr. Amiot Patrick Michel
Superintendent

Herbert Schectman
Business Administrator

Pamela Bates Thomas
Director of Special Services

Medicaid Annual Notification Regarding Parental Consent

August 2020

Dear Parents/Guardians,

This is a mandated notification regarding Special Education Medicaid Initiative (SEMI). This will be provided to you prior to the District asking for your signature on the parental consent form. Thank you for your anticipated cooperation.

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 your child'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

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

**PLEASE DISREGARD SENDING THE SIGNED COPY BACK IF YOU ALREADY COMPLETED THIS.
WE HAVE TO ADVISE PARENTS ON AN ANNUAL BASIS. THANK YOU.**