Carlstadt Public School
550 Washington Street ◇ Carlstadt, NJ 07072
Phone: 201-672-3000 ◇ www.carlstadt.org

9/3/2025

Dear Parent/Caregiver/Guardian,

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 our school such as speech therapy, occupational therapy or physical therapy.

Here are three things you should know about **SEMI:**

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

If you choose to 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).

Please note that the **SEMI** program is an important source of funding for the school. We appreciate our assistance in this program and hope that you will consider the importance of signing the parent consent form and submitting it to Carlstadt Public School.

Please feel free to contact this office if you have any questions.

Sincerely,

Diana Gutierrez
Director of Special Services
Carlstadt Public School
201-672-3000 x3111

Carlstadt Public School
550 Washington Street ◇ Carlstadt, NJ 07072
Phone: 201-672-3000 ◇ www.carlstadt.org

Special Education Medicaid Initiative (SEMI) Parental Consent form
CARLSTADT PUBLIC SCHOOL

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 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.

Carlstadt Public School
550 Washington Street ◇ Carlstadt, NJ 07072
Phone: 201-672-3000 ◇ www.carlstadt.org