

**LEA ASSURANCES AND APPLICATION FOR CERTIFICATION  
SPECIAL EDUCATION-MEDICAID INITIATIVE (SEMI): REIMBURSEMENT SYSTEM  
MEDICAID ELIGIBLE PUPILS, AGES 3 TO 21: FISCAL YEARS 2008-2009**

**A. Assurances:**

The applicant hereby assures the SEA that for each pupil included in the Special Education-Medicaid Initiative:

1. There is an individualized education program (IEP) in place for each pupil who received related services.
2. The LEA has established a goal of providing a free appropriate public education (FAPE) for all pupils with disabilities.
3. All policies, procedures and programs for children with disabilities in the LEA are consistent with 34 Code of Federal Regulations (CFR) Parts 99 and 300 and 74-80 Education Department General Administrative Regulations (EDGAR).
4. The LEA has developed policies and implemented procedures consistent with New Jersey Administrative Code (N.J.A.C.) 6A:32, Pupil Records; and 6A:14-1.2, 1.3, and 2.3, Special Education.
5. There are written reports, signed and dated by certified/licensed practitioners, as appropriate, for all special education evaluation/reevaluation services provided to pupils.
6. All professional services (e.g., psychological counseling, physical therapy) which are billed and required in a pupil's IEP are delivered by appropriately certified school practitioners who meet Medicaid requirements.
7. There is documentation of the services (specifically: date of service; type of service; signature of certified practitioner) provided to each special education pupil.
8. The provision of service(s) is in accordance with the pupil's IEP.
9. There is documentation for transportation that has been provided to pupils to enable them to receive services associated with special education.
10. The LEA will develop written procedures and internal controls pertaining to the maintenance and provision of required documentation to support all claims to Medicaid and; the LEAs will identify a district contact person who will have responsibility for the project.
11. The LEA billing information for Medicaid will be limited to services allowed in the Initiative and will be submitted in a timely manner, according to requirements established by the state.
12. The LEA intends to be proactive in obtaining informed, written parental consent (a) for sharing personally identifiable pupil information (e.g., name, address, date-of-birth, social security number); service data (e.g.; physical therapy) classification and placement, with the departments of Education, Human Services, and Treasury and their agents (e.g.; rate development or billing agents), as necessary; and (b) for submitting billing information to the State for special education services delivered to each of the LEA's Medicaid-eligible pupils for whom consent has been received.
13. Annually, as part of the district's independent audit, the Medicaid billing information and supporting documentation are to be reviewed and the independent auditors are to be permitted access to necessary pupil records and to district financial statements relating to the Initiative.

**B. Certification:**

I certify the information contained in this application is correct and complete and that the applicant agency has authorized me, as its representative, to give the above assurances and to file this application.

\_\_\_\_\_  
Type Name of Chief School Administrator

\_\_\_\_\_  
Signature of Chief School Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Name

\_\_\_\_\_  
County