

## **SEMI Parental Consent Information for Parents**

### **PARENTAL CONSENT FOR REIMBURSEMENT OF HEALTH RELATED SERVICES UNDER THE SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI)**

- The school district provides health evaluations and related health services to students **at no cost to parents.**
- The school district participates in the SEMI program whereby the state makes payment available to the school district for health evaluations and related health services provided to students.
- To receive the payments, the school district must share with the state information about the health services provided to each student.
- Each student's parent must give consent to allow the school district to share his/her child's health information with the state.
- The state must keep each student's information **confidential** and may use it only for the purpose of determining payments to the school district.
- As the parent of a school district student, the school district requests your consent to allow the school district to share information about your child with the state so that the state can make payments to the school district for the health evaluations and related health services provided to your child.
- Whether or not you consent, the school district must continue to provide health evaluations and related health services to your child **at no cost to you, the parent.**
- **By law**, you have the following additional protections when you give your consent to allow the school district to seek payment from the state –
  - you **cannot** be required to sign up for or enroll in any public benefits or insurance programs,
  - you **cannot** be required to pay any out-of-pocket expenses for the costs of the health services the school district provides to your child, and
  - payments the state makes to the school district for services provided to your child **will not**
    - decrease any insurance benefits you may have,
    - increase your insurance premiums or lead to the discontinuation of any public benefits or insurance you may have,
    - require you or your family to pay for health services that are otherwise covered by the state, or
    - result in the loss of your ability to participate any community-based health programs sponsored by the state.
- **Giving your consent will cost you, the parent, nothing.** Additionally, you may revoke your consent by notifying the school district and, if you do, the school district will continue to provide health evaluations and related services to your child **at no cost to you, the parent.**