

**LOCAL EDUCATION AGENCY CERTIFICATION  
SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI) COST REIMBURSEMENT PROGRAM  
MEDICAID-ELIGIBLE STUDENTS, AGES 3 TO 21**

The Local Education Agency (LEA) identified below, by its undersigned representatives, hereby certifies the following with respect to its participation in the SEMI Program:

1. There is an Individualized Education Program (IEP) for each special education student who receives health-related services in the SEMI Program.
2. Each health-related service that is provided to a SEMI Program student is in accordance with the student's IEP.
3. Each health-related service in an IEP (e.g., physical therapy) that is submitted for possible reimbursement is delivered by an appropriately credentialed practitioner who meets Medicaid requirements or, where allowable, by a provider under the direction of a Medicaid qualified practitioner, and there is appropriate documentation (e.g., date of service; type of service; signature of certified practitioner).
4. For each health-related evaluation and reevaluation service provided to a SEMI Program student that is submitted for possible reimbursement, there is written documentation, signed and dated by certified/licensed practitioners as appropriate.
5. For each transportation service that is provided to a SEMI Program student to enable the student to receive health-related services, there is appropriate documentation.
6. The LEA has written procedures and internal controls in place to ensure the maintenance and availability of required documentation to support all reimbursement claims to Medicaid.
7. The LEA has identified a contact person who will have responsibility for the project.
8. The LEA will bill Medicaid only for those services allowed in the SEMI Program, and will submit claims in a timely manner, according to requirements established by the State.
9. The LEA will act diligently to obtain informed, written parental consent for sharing personally identifiable student information, service data, and classification and placement, with the State and its authorized agents (including rate development and billing agents), and to submit billing information to the State for health-related services delivered to each SEMI Program student for whom consent has been received.
10. All LEA policies, procedures, and programs for students with disabilities are consistent with federal requirements in 34 Code of Federal Regulations (CFR) Parts 99 and 300 and 74-80 Education Department General Administrative Regulations (EDGAR), and with state requirements in New Jersey Administrative Code N.J.A.C. 6A:32, Student Records, and N.J.A.C. 6A:14, Special Education.
11. The LEA will provide the State and its authorized agents with access to the above-referenced documentation for audit purposes.

**I certify the information contained in this application is correct and complete and that the applicant LEA has authorized me, as its representative, to provide the foregoing certifications.**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Director of Special Education

\_\_\_\_\_  
Signature of Director of Special Education

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
County