**Written Notice and Consent for the Use of Public/Private Insurance**

**For Early Intervention (EI)**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oregon’s “Notice to Parents Regarding Public/Private Benefits and Insurance” is explained in this form. I understand this information and agree to the use or non-use of insurance as indicated below:

**Early Intervention (EI) Services**

I understand that—

My informed consent is required prior to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EI Program

billing my insurance for the initial provision of EI services and any time my child’s EI services are increased.

By giving consent to seek payment from my insurance, **information about my child’s EI services may be shared.** My consent is voluntary. I understand that if I refuse to give consent, my child will continue to receive EI services. I understand that EI services authorized on my child’s Individualized Family Service Plan (IFSP) will be provided at no cost to me.

[ ]  I give consent and agree for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to bill my public insurance

 EI Program

 Medicaid) for EI services.

[ ]  I give consent and agree for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to bill my private insurance for EI

 EI Program

 services.

[ ]  **I decline consent to bill my insurance for EI services.**

I may withdraw consent: 1) to share information about my child’s EI services with my insurance provider and 2) to bill my insurance provider at any time by notifying

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 EI Program

If I withdraw this consent it would apply to billing for services from that date forward. I understand that my child’s EI services on the IFSP will still be provided at no cost to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent or Guardian Date

|  |  |
| --- | --- |
| Insurance Company:       | Effective Date of Policy:  |
| Policy Holder:       | Group/Employer Name #:       |
| Policy Number:       | Phone: ( ) - ext: |
| Group #:       | Medicaid #:       |

**ATTACHMENT: Notice to Parents Regarding Public/Private Benefits and Insurance (2 pages)**

**Written Notice and Consent for the Use of Public/Private Insurance**

**for Early Intervention (EI)**

**Purpose of form:**

This form complies with IDEA Part C 2011 requirements for parental consent for the use of public/private insurance (303.520; 303.521).

Programs should enter program information in the heading to adapt the form for local use.

The attachment “**Notice to Parents Regarding Public/Private Benefits and Insurance**” provides information for parents to assist them in understanding the purpose and nature of their consent.

**Directions for completing form:**

* Enter the child’s full legal name including middle name;
* Enter child’s date of birth (month/day/year);
* Enter the child’s SSID number; and
* Enter the name of the child’s EI program and program contact person.

Provide the parent with information about why consent is needed and the meaning of their consent. Programs will review with parents the “**Written Notice and Consent for the Use of Public/Private Insurance for Early Intervention” and the “Notice to Parents Regarding Public/Private Benefits and Insurance.”**

* Ask parents to check box that indicates whether consent is given;
* Ask parent to sign and enter date of signature; and
* Provide a copy to the parent and place a copy in the child’s file.

**Notice to Parents Regarding Public/Private Benefits and Insurance**

**General**

Your consent must be obtained before your Early Intervention program (EI) discloses for billing purposes, your child’s personally identifiable information to public insurance or benefits programs such as Medicaid or your private insurance company.

1. Fees **may not** be charged to you for service coordination, child find referral services, evaluations and assessments, Individualized Family Service Plan (IFSP) development, and implementation of procedural safeguards (Family Rights).
2. The inability to pay for services will not result in a delay or denial of EI services.
3. Even if you do not provide consent for the use of insurance, you and/or your child will still receive EI services on the IFSP. The lack of consent to use your insurance may not be used to delay or deny any EI services.
4. You may withdraw consent to bill your public or private insurance at any time by notifying your EI program. If you withdraw this consent it would apply to billing for services from that date forward.
5. EI services authorized on the IFSP will be provided at no cost to you. Any co-payments or deductibles related to these services will be paid by your local EI Program.

**Public Insurance or Benefits, Including Medicaid**

1. If your child is not already signed up or enrolled in public insurance such as Medicaid, he/she is not required to be in order to receive EI services.
2. EI service providers must obtain your consent to use your public insurance such as Medicaid to pay for your child’s EI services and any time your child’s IFSP services are increased. Your public insurance such as Medicaid will not be used if that use would result in any of the following:
	1. Decrease in the available lifetime coverage or any other insured benefit for you or your child;
	2. Result in you paying for services that would otherwise be paid for by the public benefits or insurance program;
	3. Increase your premiums or cancel any of your public benefits or insurance; or
	4. Cause your family to no longer qualify for home and community-based waivers that are based on total health-related costs.

**Private Insurance**

1. EI service providers must obtain your consent before usingyour private insurance to pay for your child’s EI services when:

a. Your EI provider seeks to use the family's private insurance or benefits to pay for the initial provision of EI services in the IFSP; or

b. There is an increase (in frequency, length, duration, or intensity) in the provision of services in your child's IFSP; your consent must be obtained again before insurance may be used.

2. Private insurance cannot be used if its use for EI services will result in any of the following for you, your child or any members covered by your insurance policy:

a. A loss of benefits, or a count toward the loss of benefits, due to the annual or lifetime insurance coverage caps;

b. Decrease the availability or discontinuation of insurance coverage. Coverage may not be discontinued for your family members due to the use of the insurance to pay for EI services; or

c. Increased insurance premiums.

3. You must be provided a written copy of this document before providing or declining your consent for the use of a private insurance policy to pay for an early intervention service or early childhood special education service.