|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Medicaid Services  F-00316 (03/2017) | | | | | |
| **child Enrollment status regarding birth to 3 program** | | | | | |
| Name – Child | | | Date Form Completed | | |
| **Date decision marked below was made:** | | | | | |
| The child listed above was referred to the       County Birth to 3 Program. The result is:  1. The Birth to 3 Program was unable to connect with the family regarding the referral, despite several attempts. It was determined that the family is not interested in pursuing the Birth to 3 Program referral at this time.  2. The Birth to 3 Program talked with the child’s family and/or screened the child. It was determined that this child will not receive an evaluation through the Birth to 3 Program.  3. The Birth to 3 Program team completed evaluations, and the team determined the child is not eligible for the Birth to 3 Program at this time.  4. The Birth to 3 Program team determined the child was eligible for the Birth to 3 Program; the family chose not to pursue services through the Birth to 3 Program at this time.  5. The Birth to 3 Program team determined the child was eligible for the Birth to 3 Program, and an Individual Family Service Plan (IFSP) was developed. The family chose not to participate in the following Birth to 3 Program services offered:  based upon:  **Attach a copy of the written prior notice regarding the discussion of the services(s).**  See IFSP  6. The Birth to 3 Program has been providing the following services(s):  The family chose to end said service(s) based upon:  **Attach a copy of the written prior notice regarding the discussion of the services(s).**  See IFSP | | | | | |
|  |  |  | |  |  |
|  | **SIGNATURE** – Birth to 3 Program Service Coordinator |  | | Date Signed |  |
|  |  |  | |  |  |
|  | **SIGNATURE** – Parent / Legal Guardian |  | | Date Signed |  |

**GUIDANCE ON USE OF “CHILD ENROLLMENT STATUS REGARDING BIRTH TO 3 PROGRAM” FORM**

This form is to be used to document the fact and reason that a child will NOT be receiving one or more services from the Birth to 3 Program due to family choice or enrollment status. One reason is documented for each service not provided by the Birth to 3 Program.

Following is the definition/use for each reason:

1. Birth to 3 Program unable to connect with family regarding a referral

This reason is to be used when good faith effort was conducted to connect with a family newly referred to the Birth to 3 Program—

* + The family may not have responded to contact attempts
  + The family declined talking about the Birth to 3 Program and how it could meet their child’s needs

1. Family choosing not to pursue an evaluation

This reason is to be used when a family is explained the Birth to 3 Program—

* + Chooses not to pursue an evaluation; or
  + A screening of the child’s overall development was conducted, and no concerns about development were identified

1. Child not eligible for the Birth to 3 Program

This reason is to be used when the child was evaluated to determine eligibility for the Birth to 3 Program and was found to not meet eligibility criteria

1. Family choosing to not pursue services for an eligible child

This reason is to be used when the child was determined eligible for the Birth to 3 Program through the evaluation process—

* + The family did not want to pursue services/develop an IFSP
  + The family developed an IFSP but declined all services/participation in the Birth to 3 Program after the IFSP was written

1. Family choosing to not consent to service(s)

This reason is to be used when a family chooses to receive some services from the Birth to 3 Program but not others—

* + Due to not consenting to the service(s) at all
  + Due to wanting the service(s) from an outside provider

1. Family choosing to end a service(s) being provided through the Birth to 3 Program

This reason is to be used when a family had been receiving a service through the Birth to 3 Program and now takes back their consent—

* + Due to not wanting the service(s) at all
  + Due to wanting the service(s) from an outside provider

This form is used by the Birth to 3 Program to document, upon a family’s request, the family’s decision to decline service(s) from the Birth to 3 Program. This form is completed by the Birth to 3 Program only after a referral to the Birth to 3 Program has been received.

The form is completed at the request of the parent/legal guardian. It is completed at either the point when the decision to decline Birth to 3 Program service(s) is expressed by the family and documented or when a parent requests documentation about a previous decision they made to decline Birth to 3 Program service(s). This form cannot be completed when a therapy provider requests it due to confidentiality.

The Birth to 3 Program is to complete the “Child Enrollment Status Regarding Birth to 3 Program” form and mail it, along with a copy of the Written Prior Notice related to the decision documented on the form, to the family with a cover letter, explaining the purpose of the form and clarifying that the family may share the form with whomever they wish.

Information on when families are declining services will be informational to each county Birth to 3 Program. Please track how often each result of a referral (1-6) has been reported. This information will be requested by the Department of Health Services (DHS). DHS has developed an excel spreadsheet for use by county Birth to 3 Programs to record these decisions made by parents, if the county Birth to 3 Program wishes to use it.