

BIRTH TO 3 PROGRAM SYSTEM OF PAYMENTS

Consent to Access Insurance and Authorization to Release Information

Directions: Use of this form is voluntary. This form is used to meet the requirements of sharing potential costs to allowing access to insurance (public or private). This form is to be given to families each time consent to access insurance (public or private) is requested.

Background

The Wisconsin Birth to 3 Program provides services for children who are under age three and have a developmental delay or disability. Birth to 3 Program services are supported by funding sources which are accessed in the following order with federal funding as the payor of last resort (34 CFR 303.510): private insurance, Medicaid, parental cost share, local, state and federal tax dollars.

Informed Consent/No-Cost Protections

The Department of Health Services (DHS) is required to provide families with the following information about no-cost protections:

- Medicaid and private health insurance are important sources of funding for the Birth to 3 Program. All Birth to 3 Program services will be provided to a child and family, without delay, without regard to public or private health insurance coverage status during the time frame of the IFSP. Enrollment in public benefits (Medicaid) is not required in order to receive Birth to 3 Program services.
- Prior to accessing health insurance as a funding source for Birth to 3 Program services, written consent is required if that use would potentially:
 - Result in paying for services that would otherwise be covered by Medicaid.
 - Increase premiums or out of pocket expenses such deductibles and co-pays.
 - Decrease available lifetime coverage.
 - Risk loss of Medicaid eligibility for home or community-based waivers based on aggregate health-related expenditures.
- Parents are responsible for covering the cost of health insurance premiums. Deductibles or co-pays related to Birth to 3 Program services are paid for by the Birth to 3 Program through the family's Parental Cost Share, if applicable.
- For billing purposes, written consent is required before the Birth to 3 Program will share a child's personally identifiable information with the private insurance company and/or Department of Health Services Medicaid program responsible for administering the benefits coverage.

Any time services are added or increased on an Individualized Family Service Plan (IFSP), e.g. in the frequency, intensity, duration or length, a new authorization form must be signed.

Consent remains in effect until withdrawn in writing to the Birth to 3 Program. Consent to bill insurance or disclose personally identifiable information may be withdrawn at any time.

Accessing Health Insurance

Birth to 3 Program services most commonly billed to private insurance or Medicaid include: occupational, physical and speech therapy, and transportation. This includes evaluations and assessments. The actual amount billed will depend on the type and amount of services received and the services covered under the insurance plan.

Additional forms may be required to obtain specific information about the insurance company/Medicaid plan and to authorize the insurance company and/or Medicaid to pay the appropriate benefits to the Birth to 3 Program providers. If there are questions about the Birth to 3 Program accessing private insurance and/or Medicaid, contact the Birth to 3 Program service coordinator.

If a family has questions regarding the impact on their specific insurance plan, it is recommended to consult with the insurance agency or employer.

Parental Cost Share System

The Wisconsin Birth to 3 Program Parental Cost Share System is a process to determine a parent's share in the cost of the early intervention services for their child. All families are assessed to determine if they have an annual parental cost share. The Parental Cost Share System uses a sliding fee scale based upon a family's gross income and family size to determine their 'ability to pay.' Funding received through the Parental Cost Share System is applied towards remaining expenses for provision of Birth to 3 Program services, after accessing health insurance funds.

ASSIGNMENT OF PARENTAL COST SHARE	
Annual Income After Disability Deduction	Annual Parental Cost Share
At or below 250% of the Federal Poverty Guideline (FPG)	None
Over 250% of the FPG and at or below 300% of the FPG	\$300
Over 300% and at or below 350% of the FPG	\$420
Over 350% of the FPG and at or below 400% of the FPG	\$600
Over 400% of the FPG and at or below 500% of the FPG	\$900
Over 500% of the FPG and at or below 600% of the FPG	\$1200
Over 600% of the FPG and at or below 700% of the FPG	\$1500
Over 700% of the FPG	\$1800

Note:

The Federal Poverty Guidelines are adjusted yearly and are published annually in the Federal Register. The Department will distribute the applicable Federal Poverty Guidelines information that is effective each year. To receive the current Federal Poverty Guidelines, contact the Birth to 3 Program Coordinator at the Department of Health Services, P.O. Box 7851, Madison, WI 53707, or call 608-267-3270, or fax 608-261-8884.

A family's 'ability to pay' through the Wisconsin Parental Cost Share System is based upon the federal poverty guidelines. The service coordinator applies the Wisconsin Parental Cost Share System charts developed each year from the federal poverty guidelines to determine a family's 'ability to pay' or 'inability to pay.' In the charts, a set amount for each child in the family with a delay or disability is applied to the family's gross income. An 'inability to pay,' as determined by the Parental Cost Share System, will not result in a delay or denial of services. Refusal to provide income or family size information may result in a family being responsible for the maximum annual cost share amount. A copy of the "Wisconsin Parental Cost Share Charts" is available from the Birth to 3 Program service coordinator.

A family's annual parental cost share amount is established at the initial IFSP meeting and annually thereafter. When determining a family's annual parental cost share, the Birth to 3 Program assures the following:

- Costs associated with evaluation and assessment, determination of eligibility, IFSP development, and service coordination are not included.
- The parental cost share amount does not exceed the actual cost of services provided to the child and family after factoring in other funding sources such as private and public insurance.
- An additional fee cannot be imposed if a parent denies access to insurance.

The parental cost share can be changed whenever there are major changes for a family such as more or less income, or the addition of a child. A family may request a modification to their annual cost share amount by contacting the county Birth to 3 Program. The annual Parental Cost Share or any fee imposed may be contested by the family through the processes of mediation, due process hearings and IDEA complaints. For more information on these processes, refer to the Department of Health Services website at the following link: <https://www.dhs.wisconsin.gov/birthto3/family/rights.htm>

Medical Reimbursement Accounts

Inform your Service Coordinator if your family participates in a pre-tax account or plan to reimburse medical expenses not covered by your insurance company. Service Coordinators may help in understanding how the pre-tax account or plan interfaces with any health insurance denials for Birth to 3 Program services.

Accounts or plans to inform the Service Coordinator about include, but are not limited to:

- Health Savings Account (HSA);
- Health Reimbursement Account (HRA);
- Cost share fund;
- Cafeteria plan; and
- Section 125 plan.

Consent and Authorization

By my signature below, I acknowledge the following:

- I have received and understand the Parent and Child Rights and have received a copy of Wisconsin’s System of Payments.
- I give my consent for the Birth to 3 Program or its agent to submit claims to my private or public health insurance for covered services and I authorize my insurance company to make these payments to the Birth to 3 Program or its agent.
- I hereby authorize the county Birth to 3 Program or its agent to disclose my child’s early intervention records which includes Personally Identifiable Information (PII) to my health insurance company, or any agencies, intermediaries, review agencies or companies that may potentially be responsible for payment for the costs of services or equipment.
- I understand all Birth to 3 Program services will be provided to my child, without delay, without regard to public or private health insurance coverage status during the time frame of the IFSP.
- I understand if the level of services increases during the duration of the IFSP, a new authorization form must be signed.

SIGNATURE – Parent or Legal Guardian

Date Signed

NAME – Child

County Name