



EARLY STEPS  
INFORMED CONSENT FOR THE USE OF  
PRIVATE AND PUBLIC INSURANCE



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

My signature below indicates that Florida's Early Steps Written Notice Related to Private Insurance and Medicaid and System of Payment Policies have been provided and explained to me.

My signature and check box authorize Early Steps to use my private and/or Medicaid insurance to pay for services included on my child's Individualized Family Support Plan (IFSP).

I understand that I must consent to use private and/or Medicaid insurance to pay for the initial provision of early intervention services(s) on the IFSP. Each time there is an increase in the frequency, length, duration, or intensity of the service, a new consent must be provided for private insurance.

I understand that I have the right to withdraw consent for use of private and/or Medicaid insurance at any time.

**By checking the box, I provide consent for Early Steps to bill all applicable services to:**

**Private Insurance**

**Medicaid**

I agree that if an Explanation of Benefits and payment for services on the IFSP is sent to me rather than to the provider, I will submit the payment to the Local Early Steps Office.

**I do not consent to bill to private insurance for the IFSP services listed below:**

Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE PROVIDE INFORMATION BELOW FOR BILLING PURPOSES:**

<b>Primary Insurance</b>		
Insurance Company Name:		Insurance Company Address:
Member Number:		Group Number:
Policy Holder's Name:	DOB:	Relationship to Child:

<b>Secondary Insurance</b>		
Insurance Company Name:		Insurance Company Address:
Member Number:		Group Number:
Policy Holder's Name:	DOB:	Relationship to Child:

<b>Tertiary Insurance</b>		
Insurance Company Name:		Insurance Company Address:
Member Number:		Group Number:
Policy Holder's Name:	DOB:	Relationship to Child:



## WRITTEN NOTICE RELATED TO PRIVATE INSURANCE AND MEDICAID AND SYSTEM OF PAYMENT POLICIES FOR PARENTS

A. **General:** This is written notice to parents of Florida's Early Steps financial policies that may impact the use of your private insurance or public insurance/Medicaid. The Early Steps program adheres to the following System of Payment policies:

1. The Early Steps system of payments does not include any sliding or cost participation fees.
2. Parents are not charged any out-of-pocket costs for any Individuals with Disabilities Education Act (IDEA) Part C services included on the Individualized Family Support Plan (IFSP).
3. Fees will not be charged for the services that a child is otherwise entitled to receive at no cost to the parents.
4. The inability of the parents to pay for services will not result in the delay or denial of services to the child or the child's family.
5. All Part C services on the IFSP are available to the child and family whether or not consent to use private insurance or public insurance/Medicaid is required or provided.
6. No services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.
7. Fees will not be charged to parents/families for service coordination, child find referral services, evaluations and assessments, service coordination, IFSP development, or implementation of procedural safeguards (Summary of Family Rights).
8. Although IDEA Part C early intervention services are provided at no cost to parents, the Early Steps program is required to use IDEA Part C funds as the payor of last resort and may seek reimbursement from private insurance and public insurance/Medicaid and early intervention services included in a child's IFSP.
9. Regardless of consent being provided for use of private insurance or public insurance/Medicaid, the child will still receive the Early Steps services you agreed upon in the IFSP.
10. Parents have the right to contest a fee via dispute options outlined in the Summary of Family Rights, which includes (1) participation in mediation, (2) requesting a due process hearing, or (3) filing a state complaint.

### B. **Private Insurance:**

1. Early Steps may not use the private insurance of a parent or child to pay for IDEA Part C services unless the parent provides consent to use private insurance to pay for such services. This includes the use of private insurance when it must be used before public insurance or Medicaid.
2. Consent must be obtained when Early Steps seeks to use private insurance to pay for the initial provision of an early intervention service on the ISP and, again, each time consent is required due to an increase in the frequency, length, duration, or intensity of the service on the IFSP
3. Parents will be responsible for the cost of any premiums or any other potential long-term costs, such as the loss of benefits, because of annual or lifetime health insurance coverage caps under the private insurance policy

4. Parents have the right to withdraw consent for use of private insurance at any time.
5. Early Steps will reimburse for co-payments and/or deductibles to private insurance for authorized services when necessary for the child and family to access services, as identified on the IFSP.
6. When obtaining parental consent prior to using private insurance benefits to pay for an early intervention service, Early Steps must provide Written Notice including the Early Steps System of Payments policies.
7. If private insurance is billed, the insurance company might send the Explanation of Benefits and payment to the parents rather than directly to the provider. If parents receive payment, the payment and paperwork **must** be turned over to the Local Early Steps Office.

**C. Public Insurance/Medicaid:**

1. The Early Steps program may not use the public benefits or Medicaid for a child or parent to pay for services on a child's IFSP unless written notification is provided that parental consent must be obtained before personally identifiable information is disclosed to the Medicaid agency or Managed Medical Assistance (MMA) program for billing purposes.
2. Early Steps must obtain consent prior to using a child's public benefits or Medicaid if the child or parent is not already enrolled in the public insurance/Medicaid program.
3. Early Steps must obtain consent to use a child's Medicaid or public benefits to pay for services on a child's IFSP, if use of Medicaid would:
  - i. Decrease available lifetime coverage or any other benefit that the child for the child or parent under the Medicaid program
  - ii. Result in the child's parents paying for services that would otherwise be covered by the public benefits or the Medicaid program
  - iii. Result in any increase in premiums or discontinuation of public benefits or insurance for the child or the child's parents
  - iv. Risk loss of eligibility for the child or the child's parents for home and community-based waivers based on total health related expenditures
4. There are no costs to parents for participating in the state public insurance/Medicaid program. Participation will not result in any of the costs or losses outlined in C.3.above
5. Parental consent to disclose a child's personally identifiable information (PII) to the state Medicaid agency or Managed Medical Assistance program for billing purposes is provided only one time and must be obtained before the Early Steps program discloses PII to the state Medicaid agency or Managed Medical Assistance program.
6. Parents have the right to withdraw consent to disclose PII to the state Medicaid agency or Managed Medical Assistance program at any time.
7. Early Steps may not require a parent to enroll in Medicaid or a public benefits program as a condition of receiving services from Early Steps.
8. If you and/or your child are also covered by private insurance, Medicaid requires **the** use of your private insurance as the primary **insurance**. So, Early Steps cannot bill Medicaid unless you also consent to Early Steps billing private insurance.