

Consent to Use Insurance Resources Form INSTRUCTIONS



Updated: July 1, 2020

Who is responsible: Service Coordinators

Purpose and Use

The purpose of the form is to safeguard the family's right to provide consent to use private health insurance to cover the cost of services under Part C of the Individuals with Disabilities Education Act (IDEA/Part C), and to document the health insurance resources available to meet the payor of last resort requirements for IDEA/Part C Service Funds.

The Service Coordinator uses this form when:

- The initial and each annual Individualized Family Service Plan (IFSP) is completed.
- There is a change in payment sources for service(s).
- There is a change in the Service Coordinator.

All sections must be completed based on the family's health insurance resources. The table below indicates which sections should be completed given the available combinations of coverage:

Type(s) of Coverage	SC completes:
If the family has only private insurance	Section 1, 3 – 4, 6
If the family has only Medicaid	Sections 1 – 2, 6
If the family has both private insurance and Medicaid	Sections 1 – 4, 6
If the family has neither private insurance nor Medicaid	Section 1, 5 – 6

It is the responsibility of the Service Coordinator to inform all EIS providers of the parent's coverage and consent prior to initiation of services, and to keep EIS providers informed of any changes in coverage or consents as they occur.

Section 1: Child and Parent Information

Enter child's legal first and last name, date of birth, and BRIDGES ID number.

Enter parent's name, date the form is completed, and the date the form must be reviewed (not more than 364 days from initial completion).

Section 2: Medicaid Coverage

If the child is not a Medicaid member, check 'No' and go to Section 3.

If the child is covered by Medicaid, check 'yes' and provide the child's Medicaid number and the name of the managed care plan if applicable.

The parent will sign Section 2 only if the child is a Medicaid member.

Section 3: Private Health Insurance Coverage

If the family does not have private health insurance, check ‘no’ and proceed to Section 5.

If the family has private health insurance coverage, check ‘Yes’ and review each acknowledgement and consent. The parent must initial ‘Yes’ or ‘No’ for each acknowledgement and consent.

If the parent has private insurance **and** Medicaid, they must give consent for Medicaid to bill their private insurance for services on the Individualized Family Service Plan and initial ‘Yes’ to **all** acknowledgements and consents in Section 3.

The parent will sign and date Section 3 only if the child is covered by the private health insurance policy.

Section 4: Private Insurance Information and Consent Exceptions

The Service Coordinator must complete all the requested information regarding primary insurance and any secondary health insurance if applicable, regardless of whether or not the parent has provided consent to use private insurance.

If the parent has provided consent to use private insurance and there are services the parent does not want billed, list the service(s) in this section and ask the parent to initial the exceptions.

Section 5: No Insurance Coverage

Section 5 is completed **only if the family has neither private health insurance nor Medicaid**. The Service Coordinator will review the statement in Section 5 with the family prior to asking for the parent’s signature.

Section 6: Signature of Service Coordinator

The Service Coordinator will sign and date the form and enter the name of their service coordination agency.

Following completion and signature of the form, the Service Coordinator will:

- Document the payor source in BRIDGES on the Financial Supports and Planned Services screens. If the private health insurance information provided by the parent conflicts with any information already in BRIDGES, the Service Coordinator must complete the [Health Insurance Information Referral Form](#).
- Copy or scan and send the completed consent to the family and each EIS provider on the IFSP team.
- File the hardcopy of the form in the child’s record.