



**Parental Consent for Use of Private and/or Public Insurance to Cover Early Intervention Services**

The Individuals with Disabilities Education Act (IDEA) regulations require that parents be fully informed of a public agency's proposal to access a child's or parent's health insurance benefits, and written parental consent be obtained prior to the public agency accessing those health insurance benefits. Section 160.920 and 376.1218 RSMo authorizes the use of private and/or public insurance and the implementation of a sliding fee scale for Missouri First Steps early intervention services.

I understand that:

- By giving permission for my private and/or public health insurance to be accessed, information about my child's early intervention services will be released to my private and/or public health insurance carrier.
- First Steps will pay all deductible and/or co-payments related to the early intervention services listed below.
- First Steps will bill my health insurance carrier. I will not be required to complete any additional claims paperwork in order for First Steps to bill my insurance carrier.
- Use of my private insurance to cover occupational, physical and speech therapy and assistive technology may impact lifetime aggregate maximum coverage specified in my policy or health benefit plan.
- MOHealthNet/MC+ (formerly known as Medicaid) will not pay for claims if I have private health insurance but refuse to allow its use.
- Early Intervention Services will not be denied to my child if I refuse to give consent for the use of my Private and/or Public Insurance; however, refusal to provide consent will result in a monthly participation fee at the highest allowable rate under state law (\$100.00 per month). This participation fee is applicable to all families who have been determined to have "an ability to pay," based on financial documentation I provided, but is not applicable to MO HealthNet/MC+ enrolled families.
- Access to my private and/or public health insurance coverage is voluntary and in effect until: I revoke or change this consent *in writing*, which I may do at any time by contacting my service coordinator; or, until the end date listed below.

**Private and/or Public Insurance Consent:** I have reviewed and understand the information above and hereby provide consent for the First Steps Early Intervention System to access my private insurance \_\_\_\_\_ and/or public insurance \_\_\_\_\_

(Company Name)

(MOHealthNet/MC+#)

for occupational, physical and speech therapy, and assistive technology services if listed as early intervention services on my child's Individualized Family Service Plan (IFSP), as follows:

An estimated \_\_\_\_\_ hours will be billed for \_\_\_\_\_ services from \_\_\_\_\_ and ending \_\_\_\_\_.  
(#of hours) (type of service) (date) (date)

An estimated \_\_\_\_\_ hours will be billed for \_\_\_\_\_ services from \_\_\_\_\_ and ending \_\_\_\_\_.  
(#of hours) (type of service) (date) (date)

An estimated \_\_\_\_\_ hours will be billed for \_\_\_\_\_ services from \_\_\_\_\_ and ending \_\_\_\_\_.  
(#of hours) (type of service) (date) (date)

An estimated \_\_\_\_\_ item(s) of assistive technology will be billed from \_\_\_\_\_ and ending \_\_\_\_\_.  
(date) (date)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I do not have Private or Public Insurance:

\_\_\_\_\_  
Date: \_\_\_\_\_  
Parent/Legal Guardian Signature

A copy of the Parent's Rights Statement is enclosed.  
If you need assistance in understanding the provisions of the Parent's Rights Statement, you may contact the Part C Special Education Compliance Section, Department of Elementary and Secondary Education at (573) 751-0699 or via e-mail at [webrepliespeco@dese.mo.gov](mailto:webrepliespeco@dese.mo.gov).

11/08