Infant & Toddler Connection of Virginia

Family Cost Share Scenarios
July 2012
Regional Meetings

For each scenario, determine the form(s) that needs to be completed and what would be marked on that form. The correct answers follow on the last page.

Scenario 1: As the initial IFSP approaches Mr. and Mrs. Clark realize that they can't find their copy of last year's tax return. They suspect that it's in one of the boxes they haven't yet unpacked from their recent move. They have neither Medicaid nor private insurance, though they're hoping to get private insurance through Mr. Clark's new job. They would like to go ahead and start services, and they will let their service coordinator know as soon as they find the tax return.

Three weeks after the IFSP meeting, they find the tax return and notify their service coordinator.

Scenario 2: The Morgan family has just entered the local system and is getting ready for their initial IFSP. They have private insurance that they would like to use to help pay for their early intervention services. They have also provided income information to access the sliding fee scale and their monthly cap is $50. They do not have a health care flexible spending account, and they do not want the local system checking to see if they have Medicaid coverage.

Six months later, at the periodic IFSP review, the IFSP team determines that OT will increase from once a month to twice a month.

Scenario 3: The Morgan family from Scenario 2 is at another IFSP review and the IFSP team determines that the child needs developmental services once a month in addition to the OT twice a month. The family signs consent to continue the OT and start the developmental services but wants to think about consent for continued use of their private insurance.

Scenario 4: Mr. and Mrs. Perkins have private insurance coverage for their family and their daughter (the one who will be receiving EI services) is covered by Medicaid. They have decided they do not want their private insurance billed. They are fine with releasing the necessary information to DMAS in order for the provider to bill Medicaid.

Four months later, at an IFSP review, the IFSP team decides to add speech-language pathology once a month as a new service on the IFSP.

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Answers:

Scenario 1:

Form: Temporary FCS Agreement
Sections: Section A, 2^{nd} checkbox

Three weeks after…

Form: FCS Agreement Form
Sections:

- Use of Medical Insurance – Check Uninsured
- Checking for Medicaid Coverage – Check first box
- Charges – Check Discounted Fees, Monthly Cap, fill in $0.
- Flexible Spending Account – Check the box
- Sign

Scenario 2:

Form: FCS Agreement Form
Sections:

- Use of Medical Insurance – Check Health (Medical) Insurance and first box under that
- Checking for Medicaid Coverage – Check second box
- Charges – Check Discounted Fees, Monthly Cap, fill in $50.
- Flexible Spending Account – Check the box
- Sign

Six months later…

Form: IFSP form, page 9
Sections: "If services have increased…" section. If family consents to continued use of insurance, check the first box. If family declines continued use of their insurance, check the second box and complete a new Family Cost Share Agreement form.

Scenario 3:

Form: IFSP form, page 9
Sections: Family signs consent for services in the Parent Consent section of this page. They leave the "If services increased …" section blank for now. Service coordinator must document this situation in a contact note. Services continue/begin, but billing for private insurance must stop until the parent provides consent for continued use of that insurance. Explain that you cannot continue to bill their private insurance without their consent and that the family will be responsible for paying for any services provided in the interim (between signing consent for services on page 9 and signing consent/decline for use of private insurance) in accordance with the Charges section of their current Family Cost Share Agreement form. Once family decides about use of private insurance,

complete the "If services increased …" section of page 9 (and a new FCS Agreement if they decline continued use of their private insurance).
Note: To minimize the chances of this scenario happening … Prior to an IFSP review, review the family's current *Family Cost Share Agreement* terms to know whether the family is currently using their private insurance to pay for their child's early intervention services and to be prepared to answer questions the family may have about continuing to use their private insurance if services increase as a result of the IFSP review. It may be helpful to have a copy of the family's current *Agreement* form at the meeting in case the family wishes to review the current terms of their Agreement prior to making a decision about continued consent. Discussing this issue with families ahead of the IFSP Review meeting (especially if the purpose of the meeting is to discuss potentially increasing services) and taking the steps identified here will improve the chances that the family is prepared to make a decision at the IFSP Review about consent for continued use of their private insurance.

Scenario 4:

Form: FCS Agreement Form; Notification to DMAS: Family Declining to Bill Private Insurance; Information Release and Assignment of Benefits (or agency equivalent)
Sections of FCS Agreement Form:

- Use of Medical Insurance –
  - Check Health (Medical) Insurance and second box under that
  - Check Medicaid/FAMIS
- Charges – Check Medicaid/FAMIS/No Income.
- Flexible Spending Account – Check the box
- Sign

Four months later…

Form: None … although family has private insurance and services are increasing, the family has not consented to use of that insurance so there's no need to get consent now.