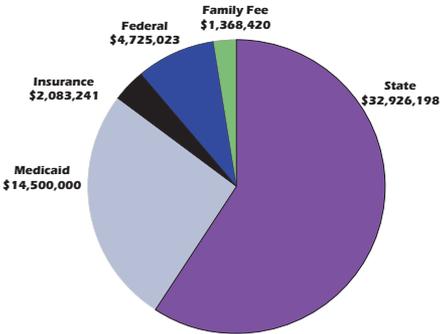




**Connecticut
Birth to Three:
System of Payments
Policy for Families**

Birth to Three Budget

Part C of the Individuals with Disabilities Education Act (IDEA) requires states to identify how their early intervention services are funded,



including the use of state and private resources and federal funds (which must be considered the payer of last resort). In Connecticut state and federal funds cover approximately 80% of the cost of Birth to Three services. The remaining 20% of costs is covered by billing family's private or public medical insurance and parents paying a monthly fee based on their annual income and family size. Here is how this looks on a pie chart.

The cost of services in early intervention are typically greater than the funds collected from these sources. However, if the total income from health insurance and reimbursements and parent fees exceeds the cost to the State, the excess will be refunded to the family up to 100% of the parent fees paid.

Here is more specific information on billing insurance and family fees.

Billing Private or Public (Medicaid) Insurance General Policies:

1. You will not be required to sign up for or enroll in Medicaid or private insurance programs in order to receive services.
2. You can withdraw consent to bill insurance at any time.
3. No personally identifiable information for the purpose of billing commercial insurance or Medicaid will be released without your consent.
4. If your insurance plan is covered under state insurance laws, the billing for services will not decrease the available annual limits for the child or family.
5. If your insurance plan is not covered under state insurance laws and your plan decides to provide coverage, the plan may apply such payments against the maximum annual or lifetime limits of the policy unless this is prevented by federal legislation.
6. Enrollment in Birth to Three will not adversely affect the availability of health insurance to you, your child or to other members of your family.
7. The Birth to Three System will not pay for your public or private insurance premiums, you are responsible for these costs. Billing

insurance for services will not result in any increase in premiums or discontinuation of Medicaid or insurance benefits for the child or the child's family.

8. You will not be required to pay an insurance company's deductibles or co-pays as a result of using public benefits or private insurance to pay for services. The State will cover the co-payments and deductibles for plans including high deductible plans.
9. The total reimbursement from your insurance and monthly fees will not exceed the state's cost for service.
10. If you or your child are dually enrolled with private insurance and Medicaid, Connecticut will bill private insurance first and then Medicaid for any balance remaining on the claim.
11. If you do not provide consent to bill insurance this may not be used to delay or deny any services to your child.
12. If you do not share information regarding your private insurance you will be billed a monthly fee in addition to the parent cost participation fee.

PROCESS FOR BILLING OF HEALTH INSURANCE COMPANY:

There are three insurance forms you may be asked to sign. You will be asked to complete and sign Birth to Three Form 1-3. This authorizes the use of your private insurance and provides the necessary information to be used for the billing. You will be asked if you know whether your insurance plan is self-funded or from a company that does not have to conform to the Connecticut statutes. For parents whose insurance is covered by Connecticut state laws, the permission to bill form (Birth to Three Form 1-3) will be completed before your insurance is billed for any services.

Examples of companies that may not have to follow Connecticut Birth to Three insurance law:

- Plans written by companies that do not sell health insurance in Connecticut
- Plans that are self-funded by an employer, also called ERISA plans (e.g. State of Connecticut, some large school districts)
- You work for a large corporation with over 1,000 employees

The best way to find out if your plan follows Connecticut's insurance laws is to call your insurance company. If your plan does not have to follow the Connecticut Birth to Three insurance law, then they may not pay. This will not affect your child's receiving services. If they do pay, they may apply payments for Connecticut Birth to Three services against the

maximum annual caps of the policy. When an insurance plan does not follow the Connecticut law you will be asked to complete Form 1-3a along with Form 1-3. This authorizes payment while acknowledging that it may affect your child's annual limits for services. If you have a Health Savings Account, (HSA) you will be asked to fill out Form 1-3HSA. Some HSAs have automatic options that will pay the deductible portion of the claim which is not in line with the Birth to Three policy. We do not collect deductibles from families. Form 1-3HSA indicates that you understand the funds in your HSA will be used and your deductible has already been met. This may mean you will have to call your insurance company to be sure.

THREE POSSIBLE COMMERCIAL INSURANCE PAYMENT PROBLEMS ARE:

#1: You receive one or more Explanation of Benefits (EOB) forms from your insurer indicating a balance owed to Birth to Three. What do you do? Don't worry. The insurance balance is absorbed by the Birth to Three System.

#2: You receive an insurance reimbursement check for Birth to Three services. What do you do? Some insurance plans will only issue checks directly to members. When this happens you must return the payment to your Birth to Three program. Eventually the insurance company will notify Birth to Three that they have sent you the check. When this payment is not returned, you will be charged for this amount and all direct early intervention services will be suspended until the payment is reimbursed.

#3 You have a flexible spending account through your employer. What do you do? If your employer has an automatic withdrawal option it is recommended that it not be activated while your child is enrolled in Birth to Three, since Birth to Three covers all co-pays and deductibles and they are not the parent's responsibility.

Family Cost Participation: How Much Will I Have to Pay for These Services?

If your family's annual income is \$45,000 or more you will be responsible for a monthly fee. This monthly fee is in addition to any money your insurance, state and federal monies may pay for your Birth to Three services. State and federal funds cover the bulk of early intervention services, (approximately 80%). Health insurance and the family fee cover the remaining 20%.

After your child has been determined eligible for Birth to Three you will be given the Family Cost Participation form. You will then be billed at the highest income level per month based on your family's size (see the chart below). You must complete the form before your first service visit.

REPORTING YOUR FAMILY'S ANNUAL INCOME: The Birth to Three Family Cost Participation Form will walk you through identifying your current family income. This includes indicating that there has been a change since your most recent state tax return. For example job loss, maternity leave, reduction in hours or overtime may decrease what was reported last year.

REQUESTING AN ADJUSTMENT: Section 8 of the Family Cost Participation Form will allow you to request an adjustment to your income level if you feel your annual income is not a true reflection of your family's ability to pay. Childcare cost (up to \$20,000 annually per child), support for family members outside the household and education costs including student loans for you, your child and any older children you support (up to \$12,000 annually per person) are just a few examples of expenses that may be used to adjust your monthly fee.

Take your time and carefully go through the form. Talk with your service coordinator, someone at their office assigned to assist families with the Family Cost Participation form or the Family Liaison at 860-500-4402 for assistance. Gather documentation for each item as requested and a copy of page one of your most recent federal income tax return. Please return it to your service coordinator or to their office staff designated by your Birth to Three program to assist families with this form. The family fee will remain at the unadjusted rate until all required documentation is complete. A decision on your income adjustment will be made by a Birth to Three representative and will apply to future payments only not retroactively. Your service coordinator or their billing office designee will inform you of the decision.

If you disagree with the decision or the amount of the adjustment, or you wish to contest the fee you may do the following:

- Participate in mediation
- Request a due process hearing. You must personally appear at this hearing or the appeal will be canceled.
- File a written complaint
- Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny your procedural rights under Part C of IDEA including the right to pursue in a timely manner the options described above.

TABLE 2
FAMILY SIZE

FAMILY ADJUSTED GROSS INCOME	3 or less	4	5	6 or more	<small>If you did not consent to share information with your insurance carrier, add this amount</small>
Less than \$45,000 or Medicaid eligible	\$0	\$0	\$0	\$0	\$0
\$ 45,000 – \$ 55,000	\$24	\$16	\$8	\$8	\$0
\$ 55,001 – \$ 65,000	\$32	\$24	\$16	\$8	\$8
\$ 65,001 – \$ 75,000	\$40	\$32	\$24	\$16	\$8
\$ 75,001 – \$ 85,000	\$56	\$48	\$40	\$32	\$16
\$ 85,001 – \$ 95,000	\$104	\$96	\$88	\$80	\$32
\$ 95,001 – \$105,000	\$120	\$112	\$104	\$96	\$75
\$105,001 – \$125,000	\$152	\$144	\$136	\$128	\$75
\$125,001 – \$150,000	\$192	\$184	\$176	\$168	\$75
\$150,001 – \$175,000	\$232	\$224	\$216	\$208	\$75
\$175,001 and over	\$272	\$264	\$256	\$248	\$75
I do not wish to disclose my income	\$272	\$264	\$256	\$248	\$75

The table above tells you the amount you will need to pay if your annual family income is over \$45,000 a year. Find your annual family income and then follow that line across the page to find your family size. Your “family” is defined as a group of two or more persons related by birth or adoption, or adults who share legal responsibility for dependent children living in that household.

Services Provided at No Cost: If you decline to fill out the form, then according to federal law there are services that must be offered families at no cost. You cannot be charged for:

- referral to the Birth to Three System
- the evaluation and assessment of your child to determine eligibility and needs
- the development and review of your child’s plan (IFSP)
- the availability of a process to settle disagreements
- service coordination (including transition planning)

FREQUENTLY ASKED QUESTIONS ABOUT BILLING

Q I already pay state and federal taxes, so why do I have to pay the State again for early intervention services?

A Payments for early intervention are not a tax, but a fee for receiving services. This is similar to other fees that the State collects for items such as licenses, permits, registrations or inspections.

Q My doctor accepts my health insurance payment as payment in full. Why isn't the health insurance reimbursement enough of a contribution? Isn't this "double-dipping?"

A No. The costs of service in early intervention are typically greater than the funds collected from these two sources (please see the graph on page one). If the total income from health insurance reimbursements and parent fees exceeds the cost to the State, the excess will be refunded to the family up to 100% of the parent fees paid.

Q Are my monthly early intervention payments tax deductible?

A They may be, but individual circumstances vary widely and the IRS tax code is subject to change. Please consult with your tax preparation professional to determine whether your child's particular services might qualify as medical expenses for income tax purposes.

Q What if something happens to change our income (such as job loss or extended maternity leave) or there is a change in our family size?

A Please talk to your service coordinator whenever there is a change in income, family situation or your family size. You will need to fill out a new Family Cost Participation Form to adjust your income. This will determine whether your family fee will change to reflect your new situation. Please note: our billing system does not allow retroactive changes to fees.

Q I was told the evaluation for my child is at no cost. Why are you billing my insurance company?

A The evaluation is provided at no cost to the family but if the family gives permission to seek reimbursement from their insurance, the State requires that programs bill for the evaluation as part of early intervention services.

Q Where does my money and insurance payments go? My insurance EOB's make it seem like the people coming into my home are getting lots and lots of payments.

A The amount that Birth to Three programs are paid each month for a child includes costs for staff time and travel as well as the time with the child that is covered by an insurance payment. Often this real cost is more than the insurance payment and parent fee combined. If after the child exits Birth to Three the amount that was paid by insurance and parent fee adds up to more than the payments to the program and any assistive technology devices purchased for the child, then the parent will be reimbursed the excess amount.



Customer Service Center

844-293-0023

Hours of operation: Monday-Friday 8:00 AM-5:00 PM