

## Procedure FAQs - September 12, 2014

- Q. If extended family members such as grandparents are living within the home, can they be counted in “family size”? Or is it just those dependents that can be claimed on a parent’s taxes?**
- A. Yes. Our definition of family on the Family Cost Participation form is: “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.” By definition that would include grandparents, siblings, aunts and uncles etc...
- Q. We have a family who needs to report that their family income level will be lower than last year but mom doesn’t know by how much. Mom is no longer working full time because she has a child who was born with many medical issues. She is now working very part time- picking up shifts here and there. Since the hours will be inconsistent mom is not sure how much she will make. What does she report?**
- A: The best way to handle inconsistent job hours is to ask parents to look at several months of paychecks and find a weekly average. While there may not be set hours we can at least attempt to look at average hours over a few typical months of work. The parent can update the form whenever they feel there has been a change.
- Q: Can a family deduct their health insurance premiums? They pay over \$1000 each month.**
- A: No. Currently we do not allow this deduction.
- Q. Does the parent have to get a letter of dismissal from their former employee? The father in the home was fired and does not feel comfortable calling them up and asking for this.**
- A. No. In these most awkward of situations we do not require any notification from an employer. This is also true for a mother on maternity leave. We take the family’s word that they are not currently working. Plus, the staff are probably seeing them at home!
- Q. Can a family use their HSA account to pay their family fee?**
- A. They should check with their HSA for the answer on this. Some families do report that their HSAs allow for this but each may have a different allowance.

**Q. Can a family count their student loans as educational expenses?**

A. No.

**Q. When an autism-specific program is going to complete an autism assessment on a child does a release of information need to be signed to share MCHAT in order to schedule an ADOS?**

A. No. A release of information is not required to share information with another Birth to Three program that will be working with a family. In this case a family will need to sign a permission to evaluate form 1-4. The program will explain to the family that the autism-specific program will be reviewing current information such as recent evaluations and the MCHAT as part of the assessment process.

**Q. Does a release need to be signed to share the entire file if the family chooses to transfer?**

A. No. A release is not required when the family is choosing to transfer to another program. The sending program should review the information that is in the file and inform the parent it will be sent to the new program. If the parent has any concerns with sharing existing information the sending program should follow record procedures to redact or amend the document.

**Q: How often and when does the form 1-3 and 1-3a: Insurance Information Form and Informed Consent to Bill Health Insurance Plans Exempt from State Insurance Mandates need to be completed?**

A: Form 1-3 needs to be completed when an IFSP review results in an increase in services for families with a non-conforming insurance plan. If you are unsure about the plan, form 1-3 should be completed just in case. We learned about this requirement in the final update to the federal application in June of this year and the procedure was not updated. We will update the procedure with this information.

From Birth to Three Policies submitted with the Federal Application

1. In accordance with §303.520(b)(1)(iii), all parents will receive a copy of the State's system of payments policies prior to initial use of a child's or parent's private insurance. Parents whose private insurance does not conform to Connecticut laws 38a-516a and 38a-490a will

receive a copy of the system of payments initially and each time consent is required under §303.420(a)(3) due to an increase in the provision of services in the child's IFSP. The Connecticut system of payments includes:

2. For families whose private insurance is not subject to state insurance mandates, Connecticut does not use the private insurance of such parent of an infant or toddler with a disability to pay for Part C services unless the parent provides parental consent, consistent with §§303.7 and 303.420(a)(4), to use private insurance to pay for Part C services for his or her child. Parental consent is obtained—
  - a. When the lead agency or Birth to Three program seeks to use the parent's private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and
  - b. Each time consent for services is required under §303.420(a)(3) due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP.)

**Q: Can we get paid for a one time consult if it not on the IFSP?**

A: Yes. The IFSP Handbook states on page 30 that Consultation is when a visit is made to the child and family for the purpose of giving advice to the family, primary interventionist, or team. When the team knows a consultation is needed it should be listed on the IFSP, if the need arises later for someone to consult it can still occur without being on the IFSP. In this case it should be indicated in a visit contact note and in the child's attendance in the data system. If there will be future visits as a result of the consult, then the IFSP should be updated to reflect the new service.