



Enter Local tiny-k Program specific info here

<i>Family Name</i>

<i>Address</i>

<i>City, State, Zip</i>

<i>Child's Name</i>

<i>DOB</i>

<i>Medicaid/KanCare ID #</i>

Reason for Notice

Kansas Infant Toddler Services, through the local tiny-k programs, will access and bill Medicaid/KanCare to pay for your early intervention services.

We are also required to obtain a "Physician's Prescription" for some or all of the health-related services that are provided to your child and, therefore, are additionally seeking consent to share information on the provision of early intervention services with your child's physician.

Protections:

Kansas Infant-Toddler Services, through the local tiny-k programs, is required by the Individuals with Disabilities Education Act (IDEA) to inform parents of the following protections regarding the use of Medicaid/KanCare for early intervention services:

- Parent signature, or failure to sign this form, will not affect whether such services are provided to a child.
- The Early Childhood Intervention (ECI, or local tiny-k program) is required to provide certain health-related services to any child who has an IFSP at no cost to a child's parent(s).
- No costs, such as co-payments or deductibles for the child, are required to be paid by the parent.
- Billing of private insurance or TRICARE is not required prior to billing Medicaid/KanCare.
- Parents are not required to sign up or enroll in a public benefits or public insurance program, like Medicaid/KanCare, as a condition for their child or family to receive early intervention services.
- Parents must be informed that there may be a decrease in available lifetime coverage or any other insurance benefit for the child or parent. If parental consent is not given, the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
- Parents must be informed that use of their public insurance coverage may result in the parents paying for services that would otherwise have been paid for by the public benefits or insurance program. If parental consent is not given, the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
- Parents must be informed that billing their public insurance may affect the premiums or cancelation of public benefits or insurance. Co-payments are reimbursable through the local tiny-k program, as early intervention services are provided at no cost to the family. Parents are responsible for payment of insurance premiums. If parental consent is not given, the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.
- Parents must be informed that using their public insurance coverage may result in the loss of eligibility for the child or parent(s) for home and community-based waivers based on total health-related costs. If parental consent is not given, the local tiny-k program must still make available those Part C services on the IFSP for which the parent has provided consent.

Physician's Information:

Physician's Name: _____

Contact Information: _____

Parent(s)/Guardian Acknowledgment

I acknowledge being provided a copy of the Child and Family Rights and the Kansas ITS Complaints Process – Kansas Infant Toddler Services. As discussed in this information, you have the right to contact the Kansas Department of Health and Environment at 785.296.6135 or 1.800.332.6262 and make an informal complaint, formal written complaint, request mediation and/or an impartial due process hearing should you disagree with the above proposed or refused action(s). For more information, you may also consult the Kansas Infant Toddler Services website at <http://www.ksits.org/families.htm>. I have been notified that the local tiny-k program will be billing Medicaid/KanCare/TRICARE for early intervention services.

I understand that all early intervention services will be provided to my child, without delay, without regard to coverage status during the time frame of the IFSP. Services to be provided are documented in the child’s IFSP. I understand the protections listed above. I also understand need for a Physician’s Prescription and hereby give permission for the ECI, if applicable, to share portions of the child’s Individualized Family Service Plan (IFSP) with a qualified health care professional in order to obtain such “Physician’s Prescriptions”.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date