

FORM EI-05: CONSENT TO USE INSURANCE FOR EARLY INTERVENTION SERVICES

GUIDANCE RESOURCE

Overview

The SOP rule (OAC 5123:2-10-03) must be explained to all families (and Form EI-05 completed) regardless of how many units of service the family is anticipated to need or who the early intervention provider is. This process needs to be completed (and documented) *within the first 45 days after referral* and prior to completing the IFSP, as well as within 45 days of each annual review (OAC 5123:2-10-03 D(1)). It is the role of the Early Intervention service coordinator (EISC) to explain the SOP rule to parents, respond to questions, complete Form EI-05 with the parent, and answer any questions they may have about their insurance coverage for early intervention services. The images and text that follow further explain how the EI-05 form should be completed.

Child Information

This section must be completed on every child's form.

- **Today's date:** Month, day, year of form's completion date
- **Child's Name:** Child's full name, including middle name, if known (no nicknames)
- **Child's DOB:** Month, day, and year of child's birth
- **EIDS Number:** Child's unique ID (ETID) generated by the Early Intervention Data System (EIDS)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Today's date	Child's name	Child's DOB	ETID number

Use of Private Insurance

All families complete this section, which refers to *private* insurance (not Medicaid). If the family does not have private insurance, the parent should check "I do not have private insurance" and sign and date this section. If the family does have insurance, "Yes" or "No" should be checked to indicate whether consent to bill private insurance has been given. If "Yes" is selected, all the fields in the table must be filled out.

- Policy number
- Begin date
- End date
- Health insurance company name
- Name of insured (the person who carries the insurance, not the child)
- Parent signature and date

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If the family consents to bill a secondary private insurance provider, as well, complete this information for the secondary policy.

Use of Private Insurance		
<p>My service coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance to pay for Early Intervention services, such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 55 units of Early Intervention services in an IFSP year if I am determined able to pay. The state will pay co-pays and deductibles for all units of Early Intervention services if I am determined unable to pay.</p>		
<p>I give my consent to bill my private insurance for Early Intervention (EI) services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not have private insurance</p>		
Primary insurance policy number	Begin date	End date
Health insurance company name	Name of insured	
Secondary insurance policy number	Begin date	End date
Health insurance company name	Name of insured	
Parent signature(s)		Date

Use of Public Insurance

All families complete this section, which refers to *public* insurance, also called Medicaid. If the child has an Ohio Medicaid card, "Yes" or "No" should be checked to indicate whether consent to share personally identifiable information with Ohio Medicaid has been given to bill Medicaid for EI services. If "Yes" is selected, all the fields in this section must be filled out.

- Medicaid recipient/billing number
- Parent signature
- Date

If the child does not have public insurance, the parent should check "My child does not have Medicaid insurance" and sign and date this section.

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Use of Public Insurance

My service coordinator has explained the Early Intervention system of payments rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services.

I give my consent to share my child's personally-identifiable information (information used to identify my child) to the Early Intervention service provider on the IFSP and state Medicaid agency for billing purposes

Yes No My child does not have Medicaid insurance

Medicaid recipient/billing number

Parent signature(s)

Date

Case Notes

All activities around coordination of funding also must be documented in case notes, such as explaining the SOP rule to parents, providing the brochure, and explaining parent rights.

Questions

SOP forms and resources are available online at <https://ohioearlyintervention.org/system-of-payments>. If you have questions about filling out the EI-05 form or the SOP rule more generally, contact the EI Resource Coordinator at polr@childrenandyouth.ohio.gov.