

ACKNOWLEDGEMENTS

Data Collection & HIPAA Notice of Privacy - ESS is funded through a combination of state funds, federal grant funds, Medicaid and private insurance. Each funding source may carry requirements to collect (un)identifiable programmatic data for monitoring compliance, quality assurance, programmatic budget planning, and/or billing purposes as required by applicable laws and regulations. More details regarding the privacy of your information can be found in the MDS HIPAA "Notice of Privacy" and in the KYRs handbook provided to you at intake.

Know Your Rights (yellow) Handbook (KYR) - This is to verify that you have received a copy of the "Know Your Rights" Handbook and provided an explanation of your rights.. KYR informs you of your and your child's rights while s/he is enrolled in ESS, as defined by Part C of the Individuals with Disabilities Education Act (IDEA). I understand that I have the right to: (1) receive this and all other notices in a language that I understand best or, if needed, a translation of this information will be provided to me orally, in sign language, or in Braille as appropriate; (2) receive answers from ESS staff to additional questions you may have; and (3) file a complaint or request an impartial proceeding or mediation should I not agree with any aspect of ESS. More details regarding your and your child's rights can be found in the KYRs handbook provided to you at intake.

Private and Medicaid Insurance Notices- This is to verify that you have received a copy of the insurance notices that explain our access to Medicaid Insurance and why we seek consent to bill private insurance. Additional information can be found in the KYRs handbook.

What's ESS / How to Find Your Way - Explains the evaluation process, trans-disciplinary, Parent Coaching and your role in FCESS.

MDS Area Agency & ESS Provider Agencies - MDS is the designated regional Area Agency providing services throughout the lifespan to eligible individuals. MDS offers families a choice in the provider agency that will (1) conduct the initial evaluation to determine eligibility for ESS, (2) develop the IFSP (treatment plan) with your signed consent within 45 days from date of referral, and (3) provide ongoing support and services as identified in the IFSP.

The ESS provider agency I choose is: Rise for baby and family or MDS Birth to Three, Partnering with Families

COVID-19: services may be provided in person or by telehealth. In person services require the location, family members & providers to comply with agency and COVID-19 Universal Best Practices with physical distancing and masks. Telehealth services will be offered if physical distancing and/or masking is not possible when in person. Please be aware that this guidance may change without notice.

Reason for Choice:

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Printed Name

Guardian
Relationship to Child

Area Agency Representative Signature

Date

Child / Family History

Please include family medical Hx: DD, IEP, LD, ADD, ASD, anxiety, depression, PTSD, bipolar, DV, SUDs, seizures, genetics, etc.

Child & Allergies _____

Parent 1 _____

Parent 2 _____

Siblings _____

Grandparents _____

Others _____

Household Community Supports (Check all that apply)

MDS Services Subsidized Housing FRC: Foodstamps Childcare Subsidy Fuel Asst WIC
Counseling Cash Benefits Legal Electrical Asst

Other _____

Prenatal & Postnatal

Pregnancy _____ Weeks Complications No Yes

Birth Weight _____ # of Days in Hospital _____ Hospital X-fer _____

Alert & Responsive? Yes No Babble as Expected? Yes No Ear Infections _____

Concerns with Hearing _____ Vision _____ # of words intelligible to parent _____ To Others _____

Comments / Behaviors / response when not understood:

Child's Disposition / Personality _____

Child: Sleeps thru Night Wakes 1-2x Wakes Frequently Potty Training: Not Introduced Starting Yes

Recent & Upcoming Medical Appointments & Reason

In 1-2 Sentences, tell us what's most important to you and your child with ESS? What do you hope that ESS can help with?

Insurance - No child is denied access to ESS because they do not have insurance coverage. ESS is provided at no cost to the child and family. ESS services may be billed to the child's insurance as described below. I understand that I need to notify the ESS program immediately if there is any change to my child's insurance status with either Medicaid or private insurance. More information can be found in the Know Your Rights handbook and the Private Insurance & Medicaid Insurance Notices provided to you at intake.

NH Medicaid Insurance - If your child is covered by Medicaid as a primary or secondary insurance, the FCESS program will use this benefit to pay for services provided. If your child is covered by Medicaid as a secondary insurance, consent to access your private insurance is required prior to accessing your child's Medicaid insurance. There is no cost to you for our services.

According to Medicaid Guidance (Guidance for Access to Medicaid State Plan Therapeutic Services for Children 0- 3 enrolled in FCESS September 1, 2017), should you wish to seek outpatient therapeutic services, FCESS cannot also provide therapeutic intervention. You may still decide to accept services we provide that are referred to as "Entitled Services" through our state regulations; He-M 510. • Implementation of child find requirement (identify babies and toddlers who may have a delay or disability) • Evaluation and assessment • Service coordination (including transition assistance) • Review and implementation of IFSPs (Individualized Family Service Plans) • Implementation of procedural safeguards (following regulations as listed in the Know Your Rights! Handbook-yellow book) Therapeutic intervention services provided by speech, occupational and physical therapists, early childhood educators and early intervention specialists are not entitled services through He-M 510. These are referred to as "Bundled Services." If your family decides to access your child's therapeutic services through an outpatient provider, FCESS is not able to also provide therapeutic intervention (bundled service) to your child. In cases where both FCESS bundled services and private services are billed, the bundled services will be funded by Medicaid and the family will be responsible for the cost of the private services once the duplicative billing is discovered by Medicaid. This is your responsibility not that of the FCESS program. Duplicate billing can put your child's Medicaid benefits at risk. FCESS provides transdisciplinary services focusing on parent involvement using a coaching model. Outpatient services are based on a medical therapeutic model. Please consider which service model will be most beneficial for your child and your family

Private Insurance (PI) - Accessing private insurance funds increases the ESS system's capacity to serve eligible children and their families. With your consent, we will seek reimbursement from your PI company for the services we provide your child. We recommend that you contact your PI company with any concerns or questions you may have regarding the impact of our services on your insurance coverage such as a decrease in available annual or lifetime coverage or any other benefit and premiums.. ESS will NOT charge you deductibles, co-insurance, or co-pays. More information can be found in the Private Insurance Notice provided to you and in the KYR handbook.

Child does not have PI Yes, I consent to the billing of my child's PI No, I do not consent to the billing of my child's PI

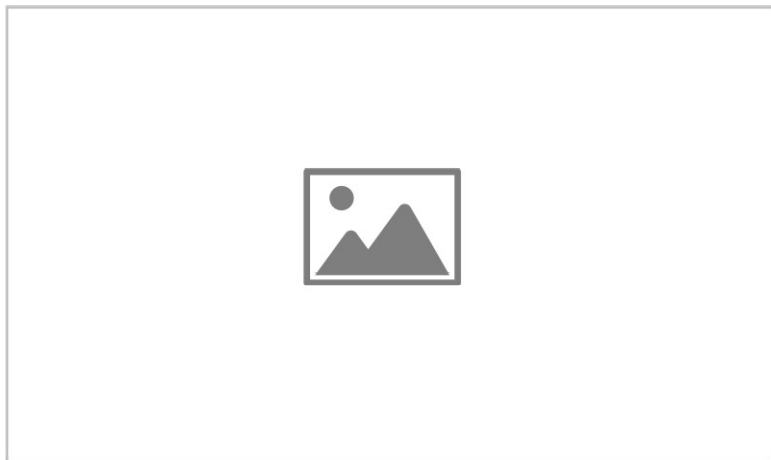
PI _____ Policy Holder _____

Medicaid ID _____ Medicaid MCO _____

Is your private insurance: HMO PPO Do you have a Health Savings (or similar) Account No Yes Not Sure

Insurance Status: Medicaid Private Insurance Medicaid & Private Insurance No Insurance

Insurance Name & Contact (insert image of PI card - front and back): _____





Area Agency Family Centered Early Supports & Services Application

Child's Name _____ DOB _____ Biological Gender: Male Gender ID: Male

Medicaid ID _____ MCO _____ PI _____

Child's Address _____

KEEP PRIMARY CAREGIVER(S) CONTACT INFORMATION CONFIDENTIAL? YES NO

Custody or Parenting Plan Choose _____ Guardianship Choose _____ DCYF Choose _____ Restraining Choose _____

Sibling(s) Names & Ages _____

Do they reside in the same household Yes No - visit schedule _____

Other/Pets: _____

Bio Parent 1 Name _____ DOB _____ Education _____

Address _____

Email _____ Cell _____ Other _____

FT Parent Employer _____ Work Hours _____

Bio Parent 2 Name _____ DOB _____ Education: _____

Address _____

Email _____ Cell _____ Other _____

FT Parent Employer _____ Work Hours _____

Primary Care Physician _____ Phone _____ Facility Name: DHK MRP Other _____

Birth Hospital _____

Other Medical Facilities: DHK/CMC MRP/MCH DHMC BCH Other _____

Childcare Provider _____ Address/Phone _____

Days / Hours of Attendance _____ Type: Center Family Other _____

Prior ESS/Early Intervention Services: ???

Home Language: If Home Language IS NOT English or ASL, does the family need a language interpreter? Yes No
 English Spanish French ASL Other

Race / Ethnicity (Check all that apply): Black or African American Hispanic / Latino
 American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander Asian White Multi (check all that apply)

SAU: _____



Area Agency Referral for Family Centered Early Supports & Services (ESS)



Date of Referral _____ Date of Intake _____ Date of Referral Closure: _____

New Referral Re-Referral Date of Previous Referral _____ Regional X-fer Region # _____

Anticipated Referral Date of d/c, x/fer & address _____

Child's Name _____ DUCK _____ DOB _____ Male Female

Medicaid ID _____ MCO _____ Private Insurance _____

Address _____

Parent/Guardian _____

Address _____

Phone _____ Email _____

Referral Source _____

Basis of Referral _____

Parent Acceptable Contact Methods: All _____ Phone _____ Email _____ Texting _____

Contact Log: _____ (E)mailed: What's ESS, How to Find Your Way, KYRs, Insurance Notices (PI & MI), HIPAA & provider brochures

Date of 45 Days _____ Met Not Met Reason _____

Exceptional Family Circumstances Beyond Program Control Within Program Control