



BIRTH TO 3 PROGRAM

CHIPPEWA COUNTY



PARENT HANDBOOK

A Guide to Birth to 3 Program Services for You and Your Child



Mission Statement

The Birth to 3 Program is committed to children under the age of 3 with developmental delays and disabilities and their families. We value the family's primary relationship with their child and work in partnership with the family. We work to enhance the child's development and support the family's knowledge, skills, and abilities as they interact with, and raise their child.

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Welcome to Birth to 3!

Every family wants their child to grow and learn to their fullest potential. Having concerns about your child's development may be a new experience for you as a family and this can seem overwhelming. There will be new people to meet, new words and terms to understand, but you are not alone. It's important to remember that there are supports in place to help this be a positive experience for your child and family.

The Individuals with Disabilities Education Act (IDEA) is a federal education law that helps to reinforce the importance of early development and learning in young children. Part C of IDEA ensures that early intervention services and supports are available for infants and toddlers, birth to age three, with disabilities and their families. In Wisconsin, the Part C system of IDEA is called the Birth to 3 Program. The Birth to 3 Program is a system of coordinated supports for families to help you meet the developmental needs of your child. The lead agency for the Birth to 3 Program is the Department of Health Services.

Why is Early Intervention Important?

The first 3 years of life lay an important foundation for the health and development of all children. Starting intervention services early improves a child's ability to develop and learn. It may also prevent or decrease the need for special help later. It is the goal of early intervention in Wisconsin to open a window of opportunity for families to help their children with special needs develop to their full potential.

What is the Purpose of the Parent Handbook?

The purpose of this handbook is to help you understand the role and philosophy of the Wisconsin Birth to 3 Program and the key steps you may take while in the program. This handbook will give you general information about your child and family rights under the Birth to 3 Program and to provide copies of important program policies.

The phrase "children with special needs" is used in this handbook to refer to children who have developmental delays or who have an established condition that has a high probability of resulting in a developmental delay. The words "parents" and "families" are used to mean anyone who is in charge of the care and well-being of a child.

What are the Goals of Early Intervention?

Early Intervention services intend to support parents in their efforts to enhance the development of young children with special needs. Each family is different, just as no two children are the same. Therefore, your goals for participating in Early Intervention will be determined by your needs, interests, and personal circumstances. The Birth to 3 Program will be your partner in working toward goals/outcomes you set for your child and family.

What are the Guiding Principles of the Birth to 3 Program?

Guiding principles outline what we believe to be important. They provide the framework for our decision-making. The Governor's appointed Interagency Coordinating Council adopted the following guidelines in December 1988 and they continue to be relevant to this day.

- Children's optimal development depends on them being viewed first as children and second as children with a problem or disability.
- Children's greatest resource is their family.
- Parents are partners in any activity that serves their children.
- Just as children are best supported within the context of family, the family is best supported within the context of the community.
- Professionals are most effective when they can work as a team member with parents and others.
- Collaboration is the best way to provide comprehensive services.
- Early intervention enhances the development of children

What other resources may be helpful for my family?

River Source Family Center

River Source offers supports and programs designed to strengthen families with young children. They believe that caregivers are the first and most important teachers in their child's life and that all parents and caregivers can use support and connection opportunities. ALL families are welcome.

Some programs provided by River Source are:

- Play and Learn groups
- "Baby and Me" classes
- New parent support
- Parent Education
- Resource Networks

All programs are free to any family with children from birth to age five in Chippewa County. For more information about participating in any program, call (715) 720-1841.



Early Head Start



This home-based program that serves pregnant women, infants, toddlers, & their families. Home-based services utilize the home environment to help parents create rich learning opportunities that build on everyday routines & support their child's development. Families receive weekly home visits consisting of a parent/child activity, parent time, and planning time for future home visits. Families are offered 2 socializations per month. Socializations provide special opportunities for families & staff members to support child development & learning. Socializations build on the goals that are addressed during home visits, as well as attend to the needs of both children & parents. Eligibility: Early Head Start is for children from 0 to 5 years old, on September 1. Head Start considers household income, child's age, and family size for eligibility. 90% of enrollment is reserved for families at or below the federal poverty level guidelines, or those eligible to receive public assistance. 10% of enrollment is reserved for children with special needs.

Call or email for more information: 715-723-1211 or Email: hscentral@cesa11.k12.wi.us

Katie Beckett

The Katie Beckett Program is a special eligibility process that allows certain children who are residents of Wisconsin with long-term disabilities or complex medical needs, living at home with their families, to obtain a Wisconsin Medicaid card. Children who are not eligible for other Medicaid programs because the income or assets of their parents are too high, may be eligible for Medicaid through the Katie Beckett Program.



Family Support Program & Children's Long-Term Support Waiver(s):



The Family Support Program & CLTS waiver(s) provides individual services and supports to families that include a child with severe disabilities. The Program recognizes that meeting the needs of children who have severe disabilities may place hardships on a family's emotional, physical and financial resources. The Program & Waiver offer:

- Information and help in finding services and maximizing community resources;
- Limited funding to buy needed services and goods that can't be bought through other sources;
- Help in linking families with other families to strengthen natural supports.

Children and Youth with Special Health Care Needs

Promoting quality care for children and youth with special health care needs in Wisconsin. Program Goal: To assure that children and youth with special health care needs are:

- identified early
- receive high quality coordinated care
- their families receive the supports they need

The Children and Youth with Special Health Care Needs Program collaborates with national, state, and community-based partners to link children to appropriate services, close service gaps, reduce duplication, and develop policies to better serve families.

Western Regional Office: 1-800-400-3678



Well Badger Resource Center



Well Badger is an information and referral service that assists Wisconsin families with locating a variety of health and social services for children and families, including early intervention services, financial assistance, support groups, child care/respite, home health care, educational and therapy providers, medical resources, evaluation, advocacy, transportation, assistive technology devices and services. You can visit the website or call 1-800 642-7837 for assistance.

Supplemental Security Income in Wisconsin

Supplemental Security Income (SSI) is a monthly cash benefit paid by the federal Social Security Administration (SSA) and state Department of Health Services (DHS) to people in financial need who are blind or disabled and residents of Wisconsin.

Eau Claire office: 1-866-815-2924 National Toll-Free: 1-800-772-1213



WI Women, Children, and Infants (WIC)



The purpose of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to promote and maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants and children. WIC provides supplemental nutritious foods, nutrition and breastfeeding information, and referral to other health and nutrition services. WIC promotes and supports breastfeeding. Chippewa County: (715) 726-7903

The Birth to 3 Program Step-by-Step

This is an overview of the steps your family may take while in the Birth to 3 Program

First Steps: Getting Started

1. Referral

- Anyone having concerns about your child may refer him or her to the Birth to 3 Program.
- Referrals may be made by telephone, fax, in writing, or in person to the local Birth to 3.
- When the referral is received, an Early Intervention Service Coordinator will be assigned to assist your family.

2. Initial Contacts

- During your initial contacts with a service coordinator and other Birth to 3 staff, you will be asked about your child, his or her development, and medical history.*

*These first meetings will help us learn your concerns and priorities as a family, your child's current strengths, and areas needing improvement, as well as successes and challenges you may encounter during daily routines.

Next Steps: Services

3. Evaluations and Assessments

- In order to determine if your child will benefit from Birth to 3 Program services, evaluations and assessments need to be completed.
- The information gathered will show us your child's strengths and any areas of development that might benefit from early intervention support.

4. Individualized Family Service Plan (IFSP)

- Once your child is determined eligible for the Birth to 3 Program, a service coordinator will guide the development of an IFSP.
- Development of the initial IFSP must occur within forty-five (45) days of the referral.

5. Delivery of Services

- Your child will receive the services as outlined in the IFSP.
- Services listed in the IFSP should begin no later than 30 days after the IFSP is developed and signed by the family.

6. IFSP Reviews

- As the needs of your child and family change, supports and services may also need to change.
- The IFSP will be reviewed at least every six months to make sure it still fits your priorities and your child's and family's needs.
- You can request an update or review of your IFSP at any time.

Future Steps: Leaving the Program

7. Transition

Children transition out of the Birth to 3 Program when they are no longer eligible for the program, when they move, or when they turn three years of age. Transition plans are outlined in the IFSP.

Parents may choose to proceed at their own pace, stop eligibility determination, or withdraw from the program at any time.

First Steps: Getting Started in the Birth to 3 Program

What happens after my child is referred to the Birth to 3 Program?

When your child is referred to the Birth to 3 Program, a Service Coordinator will be assigned to your family. Your Service Coordinator will start by giving you information about the program, explaining your child's and family's rights, including the right to Individualized Family Service Plan development within forty-five (45) calendar days from referral to the Birth to 3 Program, if your child is eligible for services.

Your Service Coordinator will talk with you about your concerns and priorities for your child. In addition, she will ask you about the resources and supports that you currently have available to your family.

During initial contact with your Service Coordinator, you will be asked about your child and his or her development, daily routines, and medical history.

What is a Service Coordinator?

Your Service Coordinator is your main contact in the Birth to 3 Program. Federal and state laws require that children and families served by the Birth to 3 Program have a Service Coordinator.

Your Service Coordinator can help you:

- Understand your rights under the Birth to 3 Program.
- Decide about your child's needs, your choices for supports and services, and explaining ways of getting those services.
- Find supports & services as outlined in your family's Individualized Family Service Plan (IFSP) and assure the provision and quality of those services.
- Find answers to questions you have about your child.
- Talk with other specialists involved with your child and family.
- Decide what supports and information you want, how much you want, and how you want to receive them.
- Plan when things need to get done and decide who should do them.
- Plan for changes in services by talking about options, visiting new programs, and making plans to prepare everyone for the change. This includes planning for services when your child reaches age 3.
- Settle any disagreements with your early intervention team about things, such as eligibility for services and types of services.

How will I know if my child could benefit from enrollment in the Birth to 3 Program?

In order to determine whether your child is eligible for, and would benefit from, Birth to 3 supports and services, evaluations and assessments need to be completed. The information gathered will show us your child's current strengths as well as areas that may present challenges for your child and family. In addition to helping determine eligibility, the initial evaluation and assessment process helps to gather important information needed to plan and implement appropriate supports and services for your child and family.

If you are not sure if you have concerns about your child's development at the time of referral, Birth to 3 staff will talk with you about your child's development and about your child's successes or challenges during daily routines. This discussion can help guide your decision about proceeding with an initial evaluation to determine eligibility. Birth to 3 staff may also complete a developmental screening to provide you with a clearer picture of your child's development.

What will happen during my child's initial evaluation?

The initial Birth to 3 Program evaluation is individualized for each child and family. A developmental specialist, according to your child's needs, completes the evaluation. The number and types of specialists involved in the evaluation depend on your child's unique characteristics, needs, and your family's concerns. However, at least two people from different specialty areas must be a part of the evaluation team. The team will also review, with your consent, available information about your child such as medical records or previous evaluations. Your child's development will be assessed in several ways, including observation, parent interview, and evaluations from qualified developmental professionals. Your Service Coordinator will help schedule the initial evaluation and will answer any questions you may have. Evaluations can be done in a variety of places and ways. It will most likely involve talking with you about your child, learning about your child by watching him or her play, and working with your child. Because you know your child best, you will play an important role in the evaluation process. Your Service Coordinator is responsible for making sure that your preferences and concerns guide the evaluation process.

It is important to tell your Service Coordinator or other Birth to 3 staff about your child. For example, tell the staff if your child is shy around new people, has a favorite activity, or is not feeling well. The staff will use this information to make your child feel more comfortable or reschedule for another time. During the evaluation, the staff will only see your child for a short period of time. Your child may not do something that he or she usually does. If this happens, tell the staff what your child does with you or others that is different from what he or she did during the evaluation.

Evaluations are not tests that a child passes or fails. They are a way of letting you know what your child does well and where he or she may need support. Information from evaluations can help you choose the best types of supports and services for your child and family.

The Initial Birth to 3 Program Evaluation/Assessment will consider:

- Your family's concerns, resources, priorities, and routines
- Your family's perceptions of your child's abilities and needs related to participation in everyday routines and activities
- Your child's medical history and current health status
- Your child's cognitive development (thinking and learning skills)
- Your child's physical development (moving, seeing, and hearing abilities)
- Your child's communication development (understanding and using sounds, gestures, and words)
- Your child's social-emotional development (responding to and developing relationships with other people)
- Your child's adaptive development (learning to take care of oneself, like feeding and dressing)

How will I know if my child is eligible?

After the evaluations are complete and any existing and relevant records are reviewed, an eligibility determination meeting is held. You have the right to invite other people to participate in this meeting to discuss whether your child meets the eligibility criteria for the Birth to 3 Program. If you choose, this meeting can occur immediately after initial evaluations are completed. You can also choose to have this meeting at the same time that you begin the development of the plan to map out the activities and supports you want if your child is eligible. If your child is not eligible, or if you choose not to enroll in the Birth to 3 Program, other resources may be offered and discussed during this time. Sometimes eligibility determination may need to be delayed if the information provided or obtained is not adequate for determining eligibility.

Who is eligible for the Birth to 3 Program?

Your child and family may receive Birth to 3 Program supports and services if your child is younger than age 3 and your child meets criteria for one of the three eligibility categories described below.

Category I - Developmental Delay

The Wisconsin Birth to 3 Program considers a child to have a developmental delay if he or she shows a delay of 25%, or 1.3 Standard Deviations below the mean in one or more of the following areas:

- **Cognitive Development**-thinking and learning skills
- **Physical Development**-moving, seeing, hearing and health
- **Communication Development**-understanding and using sounds, gestures, and words
- **Social-Emotional Development**-responding to and developing relationships with people
- **Adaptive Development**-taking care of oneself when doing things like feeding or dressing

Category II -Diagnosed Conditions

A child is considered to have a diagnosed condition if the child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Examples include but are not limited to: certain genetic disorders, neurological disorders, severe prematurity, vision impairment, hearing loss or autism.

Category III -Atypical Development

If a child has typical evaluation scores and is not diagnosed with a medical condition, but your report and informed professional observation indicate that there is still something about the child's development that is atypical and in need of support.

Next Steps: Birth to 3 Program Services and Supports

Starting a new program or service can be confusing at first, until you understand how it works and what you should expect. Once you know that your child is eligible for early intervention services and you have decided to participate in the Birth to 3 Program, the next step is to develop a plan with your Service Coordinator to address your child's and family's needs. This planning process will result in a written document called an Individualized Family Service Plan, or IFSP.

What is an Individualized Family Service Plan (IFSP)?

The IFSP is your family's written plan for the Birth to 3 Program. It describes how you and your early intervention team will work together to address the needs identified for your child and family. The IFSP is based on information from your child's evaluation and from the concerns, resources, and priorities that you identified. Like a road map or travel itinerary, the IFSP shows where you are going (child and family outcomes or goals), how and when you might get there (services and projected time lines), and who will be going with you for support (service providers, family, friends and/or other community supports). The initial IFSP meeting can take place immediately following eligibility determination, or at another time that is convenient for you and the IFSP team (within 45 days of the initial referral).

Who will be involved in developing our family's IFSP?

You and your IFSP team will work together to develop your plan and to agree on any services and supports that will best meet the needs of your child and fit in with your family's routines. The people who must be involved are:

- you (one or both parents, guardians, foster or surrogate parents)
- your Service Coordinator
- members of your evaluation team
- other family members (if you choose)
- an advocate or person outside of the family (if you choose)

What does my signature on the IFSP mean?

You and your IFSP team will sign the plan. Your signature on the IFSP shows your participation, understanding, and consent to implement the plan. Should you disagree with all or part of the IFSP, you have the right to share your concerns and ask for changes. You may accept or decline any or all services suggested to you. You may also stop a service at any time.

What happens after the IFSP is written?

The required Birth to 3 Program services outlined on the IFSP should begin within the projected time as determined by the IFSP (no later 30 days of signing the initial IFSP or IFSP review). Your Service Coordinator will continue to work with you and the community providers to ensure that your child's needs are being met and that you are satisfied with all services being received. You will receive a copy of the plan for your records.

What if I want to make changes to the IFSP?

The IFSP is a document designed to change as the needs of your child and family change. Every six months the IFSP team, which includes your family, must review the plan and make any needed updates or changes. Additionally, you or any member of the IFSP team can request the team to meet to consider changes to the IFSP by notifying your Service Coordinator.

What services are available to my child and family?

In Wisconsin, appropriate early intervention services are determined through the IFSP process. The IFSP team will decide the specific early intervention supports and services necessary to meet the unique needs of your child and family as identified through goals or outcomes on the IFSP. Federal regulations define early intervention services as services designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing their child's development. Ask your Service Coordinator for more information regarding these services.

Other Services

Other services may be listed on your IFSP, but are not required by law to be provided by the Birth to 3 Program. Your Service Coordinator may help you locate and access these services. Examples of other services that are sometimes suggested are:

- Well-child care or other medical care
- Developmental or Genetic counseling/testing
- WIC Program (Women, Infants, and Children)
- Early Head Start

How will services be paid for?

In Wisconsin, Birth to 3 services must be provided at no cost to your family. However, Wisconsin's system of payment for the Birth to 3 Program includes the use of public insurance (Medicaid/Forward Health) and private insurance (such as United Healthcare, Blue Cross/Blue Shield and others) for reimbursement of Birth to 3 services.

The county employs and contracts with community agencies to provide the required services listed on your family's IFSP. The county uses a Parental Cost Share System to determine what portion of the charges your family will be responsible for paying and what portion will be paid for by the Birth to 3 Program. The Parental Cost Share System takes into consideration your family size and net family income.

With your permission, the county staff and its contracted providers will bill your insurance company for required services. You are not obligated to give permission for billing your insurance company. Services are not affected if you choose to disallow billing. If you have questions about your Parental Cost Share, talk to your Service Coordinator.

What if our family wants services that are not listed on the IFSP?

The required early intervention services that are listed on your family's IFSP are those services agreed upon by the team and determined as needed to assist your child and family in achieving established IFSP outcomes or goals. The role of these early intervention services and service providers is to coach and support your family to enhance the development of your child.

The early intervention system values the importance of the role of the primary medical provider and other medical specialists in the lives of families. If you receive a recommendation from a medical professional, the IFSP team will be convened to discuss the recommendations. There may be times when you would like additional services for your child and family that do not fit under the definition of early intervention services or are not agreed upon as needed by the IFSP team. In this case, the Birth to 3 Program would not have any responsibility for providing or funding these services. These additional services can be listed in the "Other Services" section of the IFSP if you request. It is valuable to list all the services being received by your child so the IFSP can serve as a comprehensive picture of your child's services.

You have the right to disagree with IFSP team decisions regarding these and all matters. Please talk with your Service Coordinator about your rights to written prior notice, mediation, and Impartial Hearing.

How and where are early intervention services provided?

There are many ways to support your child's development. The therapists, teachers, or other early intervention specialists will work directly with your child to help him or her learn and practice new skills. They will also coach your family and, if appropriate, other people such as child care staff on ways to help your child learn and develop during his or her daily activities and routines. This way your child has the benefit of getting the help he or she needs every day rather than just when the "specialist" is working with your child.

Services can be provided in different places. Children can be at home with their families or with other care providers when they receive services. Places in your community where your child can receive services might be a child care program, a playgroup, a park, or the library. All of these places are called natural environments. The Federal Law defines natural environments as "settings that are natural or normal for the child's age peers who have no disabilities."

Receiving early intervention in natural environments for your child means...

- Early intervention services are provided in a setting where your child and family normally spend your time, or would spend your time if your child did not have a disability or developmental delay.
- Using community resources as opportunities for your child's learning and activities such as local parks, public libraries, stores, friends' or relatives' homes, child care programs, churches and other places of worship, restaurants, playgrounds, nature trails, museums, or community events.
- Focusing on IFSP outcomes that are functional - related to your child's participation in your family's everyday routines and activities.
- Identifying ways to weave early intervention strategies and services into the context of your family's routines and activities.
- Using familiar materials naturally available in your home and community to implement intervention strategies.
- Early intervention providers assist you in providing your child with opportunities to practice skills throughout his or her daily life.

What can I expect during a home visit?

Home visits are family-centered, using a primary coach approach to teaming. What does this mean? You might have expected home visits to focus only on your child, but your Early Interventionist's focus is on the adults in the child's life. This is because children learn from the interactions and opportunities that occur in everyday life. You are your child's most influential teacher and you have the opportunity to work with your child throughout the day, every day. We will provide information and support you need to make the most of your "teachable moments" with your child. This way, your child receives quality intervention all day, not just during a home visit.

When participating in daily routines, children use all areas of development together to learn and develop. Because of this, early intervention uses a primary service provider model. In this model, the team chooses one interventionist to collaborate with you on a one-to-one basis. While the primary service provider might have expertise in one area of development, such as speech and language, he or she also has knowledge and experience promoting learning across all areas of development. That way, both you and your child work with one professional, instead of juggling many, and you can focus on one set of recommended strategies that addresses all areas of development. The primary service provider does not work alone. There is a team of professionals from other disciplines with expertise in specific areas of development to assist when needed.

Future Steps: Leaving the Birth to 3 Program

How long will my child and family participate in the Birth to 3 Program?

The Birth to 3 Program serves eligible children from birth until their third birthday. Some children meet or achieve all of the goals on their Individualized Family Service Plan (IFSP) and graduate from the Birth to 3 Program before age three. Transition plans are required by law for children moving from early intervention beyond the Birth to 3 Program at age three. For children who graduate and leave the Birth to 3 Program before age three, the IFSP team will help you determine your future steps through a transition planning process.

Transitions are natural events for all of us. Remember your first day of school or moving to a new home? What about the day you brought your new baby home? Successful transitions require planning ahead and working with others who can help.

What is transition planning?

Your family may be content with the supports and services you and your child receive through the Birth to 3 Program.

As your child approaches age three, it may be hard to think about a change or transition. Transition planning is an ongoing process and happens in many different ways, such as through informal discussion and scheduled meetings. Your Family Service Coordinator will guide you through the transition planning process and will facilitate the development of a written Transition Plan to be included in your family's IFSP.

Transition planning activities include:

- Discussion and information gathering about options for future placement, services, and supports in your community;
- Help in preparing you and your child for changes in services; and
- Providing information about your child (such as evaluation and assessment reports, and IFSPs), with your written consent, to other service providers.

What services are available after leaving the Birth to 3 Program?

Each community in Wisconsin is unique in the types of supports and services that may be available for children over the age of three. Your Service Coordinator will help you find options available in your community. Some of these options may include

- Friends with young children
- Family Resource Center
- Playgroups
- Private child care centers or preschools
- Head Start
- Library story hours
- Community recreation programs
- Private therapy services
- Children & Youth with Special Healthcare Needs

School District Services

For children who meet the eligibility requirements, the public schools offer Early Childhood Program services for three-to six-year-olds with special needs. The services offered by the Early Childhood Program may vary depending on the individual needs of your child.

If your child is potentially eligible for school district services, the Birth to 3 Program is required to send limited information (your child's name, date of birth, and date of enrollment in early intervention, along with your family's name, address, and phone number) to public school personnel responsible for child find when your child turns 2 years, 3 months of age. In addition, when children are determined potentially eligible for school district services the Birth to 3 Program will work with you to make a referral to determine if your child might be eligible for services through the school district. Only the local school system can determine eligibility for Early Childhood Program services.

When should transition planning begin?

From age two to age three, there are important times when certain activities should happen so your child's services and supports are not disrupted. Through the transition planning process, you and your Service Coordinator will develop ways to make sure that your child's needs are being met and that the transition will be successful.



AGE 24 - 30 Months (2 to 2 ½ years of age) (Transition Plan)

Sometime between the ages of 24 and 30 months, you and your Service Coordinator will begin working on a transition plan. Because transition happens over time, you and your IFSP team will discuss and project several activities that will be completed before your child turns 3. This could include referrals, evaluations, and assessments, as well as transition meetings or conferences. The transition plan could include learning more about services in your community such as Head Start, school district services, child care, or any other services your family is interested in.



AGE 27 Months (2 years, 3 months) (LEA notification)

When your child turns the age of 2 years, 3 months (27 months) the Birth to 3 Program is required to send notification to the local school district. This is a process called LEA (Local Education Agency) Notification. Limited information is sent to the public school personnel. This process is important because it gives the local school district information about children that might be eligible for their services. You may decide to opt-out of this notification anytime before the age of 2 years, 3 months by contacting your Service Coordinator and signing an opt-out form. If your child has entered Birth to 3 after the age of 2 years, 3 months you will be given 10 days to consider whether or not you would like to opt-out. Opting out means that no information is shared with the school district and no referral will be made.



AGE 27 - 33 Months (Transition Planning Conference & Referral)

If the Birth to 3 Program has determined that your child is potentially eligible for school district services a Transition Planning Conference (TPC) will be arranged. This meeting can be held as early as 9 months prior

to your child's birthday, but no later than 3 months (90 days) before your child's third birthday. A TPC is generally held with you, your Service Coordinator and a representative from the local school district. Representatives from other community agencies may attend if they wish. At this meeting, you may share information about your family's concerns and priorities to plan for the upcoming transition and you will learn about how the process will proceed.

A formal referral for school district services is completed at the time of the Transition Planning Conference (no later than 90 days before your child turns three). Once a referral is made the school district will begin the evaluation process and determine if your child meets their eligibility criteria.



AGE 33-36 Months (2 years, 9 months to 3 years of age)

The school district will develop an Individualized Education Plan (IEP) to be implemented on your child's third birthday. Your Service Coordinator may participate in the IEP development process and will continue to assist your family to ensure a smooth transition from the Birth to 3 Program. If you are considering other community supports and services, your Service Coordinator will continue to help your family explore the resources needed for your family to be successful after leaving the Birth to 3 Program. At age three, your child will age out of the Birth to 3 Program and is no longer eligible to receive Birth to 3 Program supports and services.

Your Family's Rights: Under the Birth to 3 Program, you have rights:

How the Law Works for You:

In 1986, Congress passed Public Law 99-457, which added Part H (now called Part C) to the Individuals with Disabilities Education Act (IDEA). Part C is a national program established to assist each state in establishing a statewide system of services for children with developmental delays from birth to 3 years of age, and their families.

In Wisconsin, the Department of Health Services is the lead agency for the Birth to 3 Program and has developed regulations that guide the implementation of Wisconsin's Birth to 3 Program. These regulations are called Chapter HS90, Wisconsin Administrative Code. Birth to 3 Programs are provided by every county in Wisconsin.

Built into the Birth to 3 Program, through Part C and state regulations, are specific rights and procedural safeguards for children and families. These are your legal assurances that the Birth to 3 Program will follow specific procedures and that the IFSP will be developed and implemented in a voluntary, non-discriminatory manner, respecting your view and preferences about the services your child and family receive. Included at the end of the handbook is the full set of Parent and Child Rights and procedural safeguards for the Birth to 3 Program.

References:

Department of Health and Human Services. *The Birth to 3 Program Parent Handbook: A Guide to Birth to 3 Program Services for You and Your Child*. Raleigh, NC: Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section, Early Intervention Branch, 2007.

Families are the Foundation of Wisconsin's Birth to 3 Program-A guidebook for families in Wisconsin's early intervention program.

Workgroup on Principles and Practices in Natural Environments (February 2008) *Seven key principles: Looks like / doesn't look like*. OSEP TA Community of Practice- Part C Settings.

The following section includes more detailed policies relating to the Birth to 3 Program, for your reference. Please do not hesitate to talk with your Service Coordinator if you have any questions regarding this handbook or the following policies.



Human Services

Text Communication Consent

Risk of Electronic Communication:

Chippewa County Department of Human Services occasionally offers consumers the opportunity to communicate via text. In the case of minor children, it is necessary for the parent or legal guardian to consent to the child(ren) communicating with us via text. Transmitting consumer information by text has a number of risks to be considered before making a decision regarding its use. These include but are not limited to:

- a. Text messages can be circulated, forwarded, or stored in electronic files.
- b. Text messages can be immediately broadcast to a wider audience than intended.
- c. Senders can easily misaddress a text message.
- d. Text is easier to falsify than handwritten/signed documents.
- e. Backup copies of text may exist even after sender and or recipient has deleted their copies.
- f. Text can be intercepted, altered, forwarded, or used without detection or authorization.
- g. Text can be used as evidence in court.
- h. Text can be lost in transmission.
- i. Text are not secure avenues of communication.

Conditions of Use for Text Messaging:

Chippewa County Department of Human Services will use reasonable means to protect the security and confidentiality of text messaging information sent and received; however, because of the risks outlined above, we cannot guarantee security and confidentiality of text communication and will not be liable for improper disclosure unless it is caused by our intentional misconduct. **Therefore, consumers will need to grant specific permission for the use of text communication.** Consent to use text communication includes agreement to the following conditions:

- a. All text messages to and from a consumer can become printed out and become part of the consumer file.
- b. There might be other individuals such as administrative staff who have access to these materials.
- c. Text messaging should NEVER be used in the case of an emergency, when someone is suicidal, or in other situations when an immediate response is necessary. In such cases, the sender should call 911.
- d. DHS staff shall make every effort to return a phone call or text as soon as possible but no later than two business days. Work cell phones are typically on only during normal business hours of 8 a.m. - 4:30 p.m. This assumes the staff are not on vacation, sick leave, training, etc. Note: While staff can leave an "out of office" auto-generated response on the Department's email system, texting services do not allow for this notification feature.
- e. Text messaging should not be used for communications regarding confidential information such as physical mental health or substance abuse related information.
- f. If there are restrictions on what a consumer wishes to be communicated via text, those restrictions should be detailed in writing.
- g. The consumer is responsible for protecting his/her password or other means of access. We are not liable for breaches of confidentiality caused by a consumer or other third party.

Chippewa County Birth to 3 Visit Policy

Please initial each statement below to indicate understanding and acceptance of the Visit Policy.

_____ My primary coach will check in with me via text (or other preferred communication method) the day prior to my visit. If I do not respond to confirm, the provider may cancel the visit.

_____ I will notify my primary coach if anyone in my home has been ill with any of the symptoms/conditions below within the 48 hours prior to a scheduled visit:

- Vomiting
- Diarrhea
- Fever (100.4 or above)
- New/worsening cold symptoms
- Contagious illness (Strep throat, pink eye, hand, foot & mouth, COVID, etc.)

_____ I acknowledge that Chippewa County still pays for a portion of any visit that is canceled on the same day (after midnight on the day prior). I will do my best to notify my primary coach about any conflicts/illnesses as soon as possible.

_____ I am aware that I still have the option to have a virtual visit or a phone check in if I am not able to meet in person for any reason.

_____ If my family has multiple canceled visits (especially if they are without a reason given or same day cancels), my service coordinator will contact me to see how Birth to 3 can better support us.

_____ If my primary coach is not able to contact me to schedule after 2 attempts, my service coordinator will send a letter in the mail to see if we are still interested in Birth to 3 services. I will have 2 weeks to respond if I am still interested in services and it will be my responsibility to schedule any further visits.

_____ If I am regularly canceling visits after additional supports/plans are put into place, possible outcomes may include reducing frequency of visits and/or discontinuing services.



Human Services
Birth to Three Program
Notification of Parental Rights Regarding Records

The Chippewa County Department of Human Services (CCDHS) is responsible for maintaining the confidentiality of information received and maintained regarding your child's early intervention services. This information is kept in a separate early intervention record. Some of this information includes records obtained with your consent from other agencies or service providers involved with your child and family during the delivery of early intervention services. Your child's record may include the following:

- referral information, including notices and forms;
- signed parental consent for evaluation;
- the EI team report, including individual evaluations, reports, and findings;
- assessment reports;
- Individualized Family Service Plan (IFSP) and parental consent for services; and
- medical reports and other information used to determine eligibility and develop the IFSP.

You may access your child's record by making a written request to the Chippewa County DHS or the service provider agency. Either parent is assumed to have the right to see the record unless the agency has been informed that this right has been denied by law. If your child's record contains information about other children, you will have access to information pertinent only to your child.

Individuals involved in the administration and provision of the Birth to Three services for your child will have access to his/her early intervention record. Other agency or service provider personnel may have access to the record under certain circumstances. Persons or agencies outside the CCDHS or provider agencies (except the Wisconsin Department of Health & Family Services) will not have access to the record without your written consent. You may request the name and/or titles of persons who will have access to your child's early intervention record.

Birth to Three federal regulations indicate (34 CFR-Section 303.416) consumers must be informed when the content of their child's record is no longer needed to provide early intervention services. Chippewa County retains Birth to Three records for a period of seven years after a child leaves the program in order to remain compliant with federal MA requirements. The records are then destroyed. An electronic record containing your child's name, file number, address and date of birth will be retained. One of our contract providers, SPOTS House which is a part of St Joseph's Hospital in Chippewa Falls, retains medical records (therapy related records only) for a period of 30 years after which they are destroyed.

You may request that information in your child's early intervention record be amended or deleted if you feel it is inaccurate or misleading; or violates the privacy or other rights of your child, yourself, or other family members. If anyone refuses to amend or delete the information, you may appeal the refusal by requesting a hearing.

A complete statement of policies regarding confidentiality has been developed. The policy includes additional information about the types and locations of early intervention records regarding your child or family, how you and others can access the records, how records are stored, and how amendments to records are made. You may review these policies by contacting your Birth to Three service coordinator.

If you believe that this program is not complying with federal laws relating to your child's record, a complaint may be filed with the Director of Chippewa County Department of Human Services. You may also write to the state Birth to Three Program, Department of Health & Family Services, PO Box 7851, Madison, WI 53707.

WISCONSIN'S BIRTH TO 3 PROGRAM - PARENT AND CHILD RIGHTS

Wisconsin's Birth to 3 Program is an early intervention program operated under state and federal law. The early intervention program is administered at the local level by an agency selected by the County Board. This public agency responsible for the Birth to 3 Program is known as the county administrative agency. The county administrative agency has ultimate authority for the Birth to 3 Program, although it may contract with other public or private agencies to coordinate the program and/or provide services.

Families participating in the Birth to 3 Program have the following rights.

A. RECEIVE INFORMATION (Prior Notice)

Notice must be sent to the parent before:

1. The program proposes to determine or change a child's eligibility for early intervention services (evaluation.)
2. The program is going to begin or change a child's early intervention services.
3. The program refuses to take any of the above actions when requested by a parent.
4. The program proposes to bill private insurance.

The notice must be in writing, must be received a reasonable time before the proposed action, and must include:

1. A description of the proposed action.
2. An explanation of why the action is proposed and of other options that were considered and the reasons for rejecting them.
3. Any other relevant factors, such as the purpose of each service, how the services will be provided, known costs of services, whether direct or indirect, and the information on which the action is based.
4. A statement of parent and child rights.

The notice must be written in terms understandable to the general public, and provided in the parent's native language or other principal method of communication. If the parent's method of communication is not a written language, they have the right to have the notice translated orally or provided by other means. The early intervention program will keep written documentation that the parent understands the content of this notice.

B. GIVE CONSENT

Parental consent is required before an early intervention program can perform evaluation or assessment procedures, provide services to a child or family, or to bill private insurance.

1. Parental consent must be given in writing.
2. A parent may refuse permission for all or parts of the proposed evaluation, assessment, services, or refuse consent to have their insurance billed.
3. Parental consent is voluntary and stays in effect until revoked, but may be revoked at any time. If a parent withdraws consent for a particular service after once providing it, that service may not be provided. Withdrawing consent for a particular service does not jeopardize the provision of other services.
4. Reasonable efforts must be made to inform the parent of the possible effects of giving or not giving consent.

The parent must be informed of all information about the activity for which consent is sought.

C. PARTICIPATE IN THE EVALUATION AND ASSESSMENT

1. The agency shall obtain the parent's written consent before conducting the initial evaluation and assessment of the child. The agency shall inform the parent of the purpose of the evaluation and assessment, the procedures to be employed, and the types of professionals who will be involved. The agency will also notify the parent of any likely effects, such as the need to provide transportation.
2. The parent(s) shall be involved and consulted in the evaluation and assessment process.

3. Parent(s) shall be invited to participate in the evaluation team (EI-Team) meetings. If a parent is unable to attend a meeting of an EI-Team, he or she may request a conference to discuss the team's findings. Parents shall be fully informed of the EI-Team meetings and findings.
4. Parents have the right to have an interpreter or translator if their primary language is not English or if they are deaf or hearing impaired.
5. All evaluation or assessment tests and procedures will be appropriately selected and adapted for children with impaired sensory, manual or speaking skills and will not be racially or culturally discriminating.
6. Tests and similar evaluation procedures will be administered in the native language of the family or other mode of communication.
7. All evaluations and assessments must consider the specific area of development. No single procedure will be used to determine a child's eligibility for early intervention services.

D. PARTICIPATE IN THE DEVELOPMENT OF THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

1. A meeting to develop an IFSP must be held within 45 days of receipt of a referral for evaluation.
2. IFSP meetings must be at a mutually agreeable time and place for the family. IFSP meetings will not take place without the parents or their designee. Written notice will be provided early enough to ensure parent and other appropriate persons' attendance at the meeting.
3. Parents may bring other family members, friends, or advisors to the IFSP meeting.
4. Parents have the right to have an interpreter or translator if their primary language is not English or if they are deaf or hard of hearing.
5. The program must ensure that parents understand what is said at the IFSP meeting.
6. Early intervention services must be based on the IFSP.
7. The IFSP will be reviewed at least every 6 months.
8. A parent signs the IFSP or another form to indicate consent for services. The IFSP or other consent form shall specify each service the parent has authorized and the known costs of the services, whether direct or indirect.
9. The parent will be informed of any likely effects of each service, the possible consequences of not consenting to each service, and that if consent is not given the child will not receive the service(s).

E. REVIEW RECORDS

Early intervention records are confidential. Parental consent is required before confidential information is shared with individuals outside the county administrative agency or with service providers indicated on the IFSP.

Parents, or their representatives, have the right to inspect and review all their child's early intervention records including those which relate to the identification, evaluation, assessment, and the provision of early intervention services for their child. Parents will receive a summary of the county administrative agency record policy that includes information about the maintenance and disclosure of records.

1. The early intervention program must comply with a parent's request for review:
 - a. without unnecessary delay but no later than 15 days after the request.
 - b. before any meeting regarding an IFSP or hearing relating to the identification, evaluation, or services for the child/family.
2. Parental rights to review these records include:
 - a. Receiving explanations and interpretations of the records by early intervention staff as reasonably requested.
 - b. The right to request copies of records.
 - c. The right to have a representative review the records.
 - d. The right to review records unless the early intervention program has been informed that the parent does not have the right under state law.
 - e. The right to only review information relating to their child, when an early intervention record includes information on more than one child.
 - f. Being informed by the early intervention program of the types and locations of early intervention records collected, maintained, or used by the program.
3. Parents may receive one copy of the early intervention record free of charge but may be charged for the cost of additional records unless that charge prevents them from exercising their right to review

records. They may not be charged for the search and retrieval of records.

4. Parents may request that the information in a record be amended if they believe that the information is inaccurate, misleading, or violates the privacy or other rights of their child. If the early intervention program agrees to amend the record, it must be amended within a reasonable time.

5. If the county administrative agency refuses to amend the record as requested, it must inform the parents of the refusal and their right to a hearing according to law. If, as a result of the hearing, it is decided the information:

a. is inaccurate, misleading, or a violation of privacy, the program must amend the record and inform the parents of the amendment in writing.

b. is not inaccurate, misleading, or a violation of privacy, the parents must be informed of their right to place a statement in the records that sets forth the reasons for disagreement with the decision. The statement must be maintained with the contested portion of the record as part of the early intervention record as long as the record is maintained and must be included with any disclosures of the record.

6. A record must be kept of who, besides parents and authorized early intervention program personnel, obtains access to each child's records. The record must indicate the party's name, date, and purpose of the access.

7. Personally identifiable information will be protected according to law when the information is collected, used, or maintained.

8. Parents will be informed that they may request the destruction of their child's records when they are no longer needed to provide early intervention services.

F. FILE COMPLAINTS

Any person has the right to file a written complaint under federal and state law. If a person believes the county administrative agency or the state agency has violated an early intervention program law or regulation, complaints can be made to the:

Birth to 3 Program
Division of Long Term Care
Department of Health Services
PO Box 7851
Madison, WI 53707

G. PARTICIPATE IN MEDIATION

Mediation is a process in which a neutral and impartial third party, a mediator, helps parties resolve their disputes in a private setting. The mediation system provides a voluntary form of dispute resolution. If an agreement is reached, the agreement is put into writing and signed by both parties. Implementation of the agreement is the responsibility of both the parties. There is no cost to either party for mediation.

1. Mediation may be used when disputes arise concerning the determination of eligibility, the evaluation or assessment process, or the provision of appropriate early intervention services.

2. Either a parent or a county administrative agency, or both, may request mediation in writing. The process begins by completing a Request for Mediation form found at the WI Birth to 3 Mediation System website (www.wib3ms.us/) and sending it to the Birth to 3 Mediation System, Burns Mediation Systems.

3. The mediation session will be conducted at a neutral site, at a time and day convenient to all participants.

4. If the parties resolve part or all of the dispute, the mediator will ensure that the agreement is in writing and signed by the parties.

5. The discussions may not be used as evidence in any subsequent impartial hearings or civil proceedings. The fact that a party did not consent to mediation or withdrew from mediation or that the mediation did not result in a resolution of the dispute can not affect the judgment of impartial decision-makers.

H. REQUEST A HEARING

A parent may challenge a county administrative agency's proposal, or refusal, to evaluate or provide services to the child or family. The parent may file a written Request for a Hearing (F-22433) with the Department of Health Services (DHS). The complaint should identify the activity that is being challenged

and the reasons for objecting to the activity.

The county administrative agency program is responsible for the costs of the hearing. An impartial decision-maker may not have a personal or professional conflict of interest. The impartial decision-maker is appointed by the Division of Hearings and Appeals. Parents have the right to be informed of available free or low-cost legal services or other relevant services.

A hearing will be conducted by the impartial decision-maker and a written decision issued within 30 days of the request for a hearing. The impartial decision-maker will set a time and place for the hearing that is agreeable to the parties and reasonably convenient for the parents and child.

The impartial decision-maker will send a copy of the decision to each party with a notice of the parties' appeal rights. A hearing decision will consist of finding of fact, conclusions of law, and will be based on the evidence.

The decision of the impartial decision-maker is final unless appealed by either party within 30 days to federal district court or the circuit court for the county in which the child resides.

The child's early intervention services may not be changed during the hearing process unless the parent and the county administrative agency agree. If the hearing involves initial admission to the early intervention program, the child, with the consent of the parent, must receive undisputed early intervention services until the completion of the proceedings.

The parent involved in a hearing has the right to:

1. Be accompanied and advised by counsel and/or individuals with knowledge of early intervention services.
2. Open the hearing to the public.
3. Present evidence and confront, cross-examine, and compel the attendance of witnesses and the production of relevant documents.
4. Prohibit the introduction of any evidence at the hearing that has not been disclosed at least five days before the hearing.
5. Receive a free copy from another party of each document offered into evidence by that party.
6. Access any reports, records, or clinical evaluations on which a decision was based or which could have a bearing on the correctness of the decision.
7. Obtain a written verbatim record of the hearing and the findings of fact and the decision.

I. A CHILD HAS A RIGHT TO BE REPRESENTED BY A SURROGATE PARENT WHEN NEEDED

The county administrative agency will determine whether a surrogate parent is needed to represent the interests of a child. The county administrative agency will appoint a person to act as a surrogate parent when the child's parent cannot be identified or located or when the child is under the legal custody or guardianship of the state or county child welfare agency. The surrogate parent may represent a child in all matters related to the evaluation and assessment of the child, the development of the IFSP, the provision of early intervention services, and the exercise of procedural safeguards.

Any person may request a complete copy, without cost, of the law and rules implementing the early intervention program. Requests can be made to the county administrative agency or the DHS Birth to 3 Program Office.

**CHIPPEWA COUNTY
DEPARTMENT OF HUMAN SERVICES
NOTICE OF PRIVACY PRACTICES**

In order to provide you services, Chippewa County Department of Human Services may have health or medical information (may include, but not be limited to, mental health or substance abuse information) about you in your file.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Chippewa County Department of Human Services (CCDHS) must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when CCDHS releases your health information, only the information needed to achieve the purpose of the use or disclosure is released. If you have questions about any part of this Notice or if you want more information about the privacy practices at Chippewa County Department of Human Services please contact Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.

How Chippewa County Department of Human Services may Use or Disclose Your Health Information

The following categories describe the ways that Chippewa County Department of Human Services may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

1. **Payment Functions.** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. Health information may be shared with other government programs such as Medicare, Medicaid, or private insurance to manage your benefits and payments. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.
2. **Health Care Operations.** We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.
3. **Activities of Health Plans are not Considered to be Treatment. Example statements for Treatment:** We may use or disclose your health information to a physician or other health care provider to treat you. Activities of health plans are not generally considered treatment, except some managed care and similar insurers may provide limited treatment services in addition to Payment/Health Care Operations functions.
4. **Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.
5. **Public Health.** Information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
6. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
7. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
8. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

9. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
10. **National Security.** We may disclose your health information for military, prisoner, and national security.
11. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation or similar laws.
12. **Marketing.** We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.
13. **Disclosures to Plan Sponsors.** We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.
14. **Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

When Chippewa County Department of Human Services May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

- *Your authorization is necessary for most uses and disclosures of psychotherapy notes.*
- *Your authorization is necessary for any disclosure of health information in which the health plan receives compensation.*

Genetic Information and Underwriting Activities

Chippewa County Department of Human Services is prohibited from using or disclosing genetic information for underwriting purposes, including determination of benefit eligibility. If we obtain any health information for underwriting purposes and the policy or contract of health insurance or health benefits is not written with us or not issued by us, we will not use or disclose that health information for any other purpose, except as required by law.

Applicability of More Stringent State Law

Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

Statement of Your Health Information Rights

1. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. Chippewa County Department of Human Services is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. We will let you know if we can comply with the restriction or not.
2. **Right to Request Confidential Communications.** You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. We are not required to agree to your request.
3. **Right to Inspect and Copy.** You have the right to inspect and receive an electronic or paper copy of health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to Human Services Administrative Assistant IV, 711 North

Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

4. **Right to Request Amendment.** *You have a right to request that Chippewa County Department of Human Services amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.*
5. **Right to Accounting of Disclosures.** You have the right to receive a list or “accounting of disclosures” of your health information made by us in the past six years, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, or made to you. To request this accounting of disclosures, you must submit your request in writing to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. Chippewa County Department of Human Services will provide one list per 12 month period free of charge; we may charge you for additional lists.
6. **Right to a Copy.** You have a right to receive an electronic or paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.
7. **Right to be Notified of a Breach.** You will be notified in the event of a breach of your unsecured protected health information.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816.

Changes to this Notice and Distribution

Chippewa County Department of Human Services reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains.

Complaints

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to Human Services Administrative Assistant IV, 711 North Bridge Street, Chippewa Falls, WI 54729; 715-726-7816. Chippewa County Department of Human Services will not retaliate against you in any way for filing a complaint. All complaints to Chippewa County Department of Human Services must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Service at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> or call (800) 368-1019.

Effective Date of This Notice: October 1, 2013

BIRTH TO 3 PROGRAM SYSTEM OF PAYMENTS
Consent to Access Insurance and Authorization to Release Information

Background

The Wisconsin Birth to 3 Program provides services for children who are under age three and have a developmental delay or disability. Birth to 3 Program services are supported by funding sources which are accessed in the following order with federal funding as the payor of last resort (34 CFR 303.510): private insurance, Medicaid, parental cost share, local, state and federal tax dollars.

Informed Consent/No-Cost Protections

The Department of Health Services (DHS) is required to provide families with the following information about no-cost protections:

- Medicaid and private health insurance are important sources of funding for the Birth to 3 Program. All Birth to 3 Program services will be provided to a child and family, without delay, without regard to public or private health insurance coverage status during the time frame of the IFSP. Enrollment in public benefits (Medicaid) is not required in order to receive Birth to 3 Program services.
- Prior to accessing health insurance as a funding source for Birth to 3 Program services, written consent is required if that use would potentially:
 - Result in paying for services that would otherwise be covered by Medicaid.
 - Increase premiums or out of pocket expenses such deductibles and co-pays.
 - Decrease available lifetime coverage.
 - Risk loss of Medicaid eligibility for home or community-based waivers based on aggregate health-related expenditures.
- Parents are responsible for covering the cost of health insurance premiums. Deductibles or co-pays related to Birth to 3 Program services are paid for by the Birth to 3 Program through the family's Parental Cost Share, if applicable.
- For billing purposes, written consent is required before the Birth to 3 Program will share a child's personally identifiable information with the private insurance company and/or Department of Health Services Medicaid program responsible for administering the benefits coverage.

Any time services are added or increased on an Individualized Family Service Plan (IFSP), e.g. in the frequency, intensity, duration or length, a new authorization form must be signed.

Consent remains in effect until withdrawn in writing to the Birth to 3 Program. Consent to bill insurance or disclose personally identifiable information may be withdrawn at any time.

Accessing Health Insurance

Birth to 3 Program services most commonly billed to private insurance or Medicaid include: occupational, physical and speech therapy, and transportation. This includes evaluations and assessments. The actual amount billed will depend on the type and amount of services received and the services covered under the insurance plan.

Additional forms may be required to obtain specific information about the insurance company/Medicaid plan and to authorize the insurance company and/or Medicaid to pay the appropriate benefits to the Birth to 3 Program providers.

If there are questions about the Birth to 3 Program accessing private insurance and/or Medicaid, contact the Birth to 3 Program service coordinator.

If a family has questions regarding the impact on their specific insurance plan, it is recommended to consult with the insurance agency or employer.

Parental Cost Share System

The Wisconsin Birth to 3 Program Parental Cost Share System is a process to determine a parent's share in the cost of the early intervention services for their child. All families are assessed to determine if they have an annual parental cost share. The Parental Cost Share System uses a sliding fee scale based upon a family's gross income and family size to determine their 'ability to pay.' Funding received through the Parental Cost Share System is applied towards remaining expenses for provision of Birth to 3 Program services, after accessing health insurance funds.

ASSIGNMENT OF PARENTAL COST SHARE	
Annual Income After Disability Deduction	Annual Parental Cost Share
At or below 250% of the Federal Poverty Guideline (FPG)	None
Over 250% of the FPG and at or below 300% of the FPG	\$300
Over 300% and at or below 350% of the FPG	\$420
Over 350% of the FPG and at or below 400% of the FPG	\$600
Over 400% of the FPG and at or below 500% of the FPG	\$900
Over 500% of the FPG and at or below 600% of the FPG	\$1200
Over 600% of the FPG and at or below 700% of the FPG	\$1500
Over 700% of the FPG	\$1800

Note:

The Federal Poverty Guidelines are adjusted yearly and are published annually in the Federal Register. The Department will distribute the applicable Federal Poverty Guidelines information that is effective each year. To receive the current Federal Poverty Guidelines, contact the Birth to 3 Program Coordinator at the Department of Health Services, P.O. Box 7851, Madison, WI 53707, or call 608-267-3270, or fax 608-261-8884.

A family's 'ability to pay' through the Wisconsin Parental Cost Share System is based upon the federal poverty guidelines. The service coordinator applies the Wisconsin Parental Cost Share System charts developed each year from the federal poverty guidelines to determine a family's 'ability to pay' or 'inability to pay.' In the charts, a set amount for each child in the family with a delay or disability is applied to the family's gross income. An 'inability to pay,' as determined by the Parental Cost Share System, will not result in a delay or denial of services. Refusal to provide income or family size information may result in a family being responsible for the maximum annual cost share amount. A copy of the "Wisconsin Parental Cost Share Charts" is available from the Birth to 3 Program service coordinator.

A family's annual parental cost share amount is established at the initial IFSP meeting and annually thereafter. When determining a family's annual parental cost share, the Birth to 3 Program assures the following:

- Costs associated with evaluation and assessment, determination of eligibility, IFSP development, and service coordination are not included.
- The parental cost share amount does not exceed the actual cost of services provided to the child and family after factoring in other funding sources such as private and public insurance.
- An additional fee cannot be imposed if a parent denies access to insurance.

The parental cost share can be changed whenever there are major changes for a family such as more or less income, or the addition of a child. A family may request a modification to their annual cost share amount by contacting the county Birth to 3 Program. The annual Parental Cost Share or any fee imposed may be contested by the family through the processes of mediation, due process hearings and IDEA complaints. For more information on these processes, refer to the "P-23118 Options for Resolving Conflict" on the Birth to 3 Program website (<https://www.dhs.wisconsin.gov/library/P-23118.htm>) or ask your Service Coordinator for a copy.

Medical Reimbursement Accounts

Inform your Service Coordinator if your family participates in a pre-tax account or plan to reimburse medical expenses not covered by your insurance company. Service Coordinators may help in understanding how the pre-tax account or plan interfaces with any health insurance denials for Birth to 3 Program services.

Accounts or plans to inform the Service Coordinator about include, but are not limited to:

- Health Savings Account (HSA);
- Health Reimbursement Account (HRA);
- Cost share fund;
- Cafeteria plan; and
- Section 125 plan.

**OPTING OUT OF LOCAL EDUCATION AGENCY (LEA) AND STATE EDUCATION AGENCY (SEA)
NOTIFICATION**

The Wisconsin Birth to 3 Program is required by federal law (the Individuals with Disabilities Education Act IDEA Part C section 637 (a)(9)(A)(ii)(I)) to release limited contact information (your child's name and date of birth, your name and contact information) as a way to notify your Local Education Agency (LEA) and State Education Agency (SEA) of your child's potential eligibility for preschool education services at age three.

If you, as a parent, do not want your child's name, date of birth, and parent contact information sent to your LEA or SEA when you child turns 2 years and 3 months og age through the required process of LEA and SEA Notification, please read and sign below.

Wisconsin has a long-standing philosophy of families being informed of and in control of the information shared about their children with other programs and agencies. With this philosophy in mind, the Wisconsin Birth to 3 Program has elected to permit parents to object to disclosure of contact information to the LEA and SEA under 34 C.F.R. §303.401€. Following discussion with your Birth to 3 Service Coordinator, you, as a parent, have the right to "opt out" of this LEA and SEA notification and not have the limited contact information sent to the LEA and SEA. By signing this document, you indicate your preference that we **not** send the limited contact information to your LEA and SEA. If this "Opting Out of LEA and SEA Notification" form is not received by our early intervention program prior to your child attaining the age of 2 years, 3 months (or if your child was referred to the Birth to 3 Program after 2 years, 3 months of age, within 10 says after the receipt of the Opt Out Policy), your contact information will be sent to the appropriate LEA and SEA.

If you do not sign below, your child's name, birth date, and parent contact information will be sent to your school district or Local Education Agency (LEA) as well as the State Education Agency (SEA).

By signing this form below, I understand that I am opting out of LEA and SEA Notification and that the limited contact information about my child will not be sent to my LEA and SEA.

SIGNATURE—Parent/Guardian

Date Signed

SIGNATURE—Service Coordinator

Date Signed

☐

By checking this box, I understand that I am reversing the decision of "opting out" of the LEA and SEA Notification process indicated above. By my signature below and as of the date signed, I want LEA and SEA Notification / referral sent to the LEA and SEA.

SIGNATURE—Parent/Guardian

Date Signed

SIGNATURE—Service Coordinator

Date Signed

Birth to 3 Program Parental Cost Share Tables
Based on 2024 Federal Poverty Guidelines*

FOR ONE CHILD IN THE BIRTH TO 3 PROGRAM

Family Size = 2

If adjusted annual income is:	Monthly Cost Share Payment	Annual Cost Share
\$54,400 or under	\$0	\$0
\$54,401 to \$64,620	\$25	\$300
\$64,621 to \$74,840	\$35	\$420
\$74,841 to \$85,060	\$50	\$600
\$85,061 to \$105,500	\$75	\$900
\$105,501 to \$125,940	\$100	\$1200
\$125,941 to \$146,380	\$125	\$1500
\$146,381 or over	\$150	\$1800

Family Size = 6

If adjusted annual income is:	Monthly Cost Share Payment	Annual Cost Share
\$108,200 or under	\$0	\$0
\$108,201 to \$129,180	\$25	\$300
\$129,181 to \$150,160	\$35	\$420
\$150,161 to \$171,140	\$50	\$600
\$171,141 to \$213,100	\$75	\$900
\$213,101 to \$255,060	\$100	\$1200
\$255,061 to \$297,020	\$125	\$1500
\$297,021 or over	\$150	\$1800

Family Size = 3

If adjusted annual income is:	Monthly Cost Share Payment	Annual Cost Share
\$67,850 or under	\$0	\$0
\$67,851 to \$80,760	\$25	\$300
\$80,761 to \$93,670	\$35	\$420
\$93,671 to \$106,580	\$50	\$600
\$106,581 to \$132,400	\$75	\$900
\$132,401 to \$158,220	\$100	\$1200
\$158,221 to \$184,040	\$125	\$1500
\$184,041 or over	\$150	\$1800

Family Size = 7

If adjusted annual income is:	Monthly Cost Share Payment	Annual Cost Share
\$121,650 or under	\$0	\$0
\$121,651 to \$145,320	\$25	\$300
\$145,321 to \$168,990	\$35	\$420
\$168,991 to \$192,660	\$50	\$600
\$192,661 to \$240,000	\$75	\$900
\$240,001 to \$287,340	\$100	\$1200
\$287,341 to \$334,680	\$125	\$1500
\$334,681 or over	\$150	\$1800

Family Size = 4

If adjusted annual income is:	Monthly Cost Share Payment	Annual Cost Share
\$81,300 or under	\$0	\$0
\$81,301 to \$96,900	\$25	\$300
\$96,901 to \$112,500	\$35	\$420
\$112,501 to \$128,100	\$50	\$600
\$128,101 to \$159,300	\$75	\$900
\$159,301 to \$190,500	\$100	\$1200
\$190,501 to \$221,700	\$125	\$1500
\$221,701 or over	\$150	\$1800

Family Size = 8

If adjusted annual income is:	Monthly Cost Share Payment	Annual Cost Share
\$135,100 or under	\$0	\$0
\$135,101 to \$161,460	\$25	\$300
\$161,461 to \$187,820	\$35	\$420
\$187,821 to \$214,180	\$50	\$600
\$214,181 to \$266,900	\$75	\$900
\$266,901 to \$319,620	\$100	\$1200
\$319,621 to \$372,340	\$125	\$1500
\$372,341 or over	\$150	\$1800

Family Size = 5

If adjusted annual income is:	Monthly Cost Share Payment	Annual Cost Share
\$94,750 or under	\$0	\$0
\$94,751 to \$113,040	\$25	\$300
\$113,041 to \$131,330	\$35	\$420
\$131,331 to \$149,620	\$50	\$600
\$149,621 to \$186,200	\$75	\$900
\$186,201 to \$222,780	\$100	\$1200
\$222,781 to \$259,360	\$125	\$1500
\$259,361 or over	\$150	\$1800

Family Size = 9

If adjusted annual income is:	Monthly Cost Share Payment	Annual Cost Share
\$148,550 or under	\$0	\$0
\$148,551 to \$177,600	\$25	\$300
\$177,601 to \$206,650	\$35	\$420
\$206,651 to \$235,700	\$50	\$600
\$235,701 to \$293,800	\$75	\$900
\$293,901 to \$351,900	\$100	\$1200
\$351,901 to \$410,00	\$125	\$1500
\$410,001 or over	\$150	\$1800