



**Beyond Bubbles and Blocks**

Information for EI Home Visitors

**Do you know about parents’ rights in the use of public benefits and private insurance?**

Under the [Individuals with Disabilities Education Act](https://sites.ed.gov/idea/) (IDEA), Part C EI services are provided to infants and toddlers with disabilities or developmental delays. As the lead agency for Part C services in Massachusetts (MA), the Department of Public Health is responsible for a statewide system. Each statewide system must include written policies and procedures that meet the requirements of the use of funds provisions (§[303.501](https://sites.ed.gov/idea/regs/c/f/303.501)); and the Payor of last resort provisions

(§§[303.510](https://sites.ed.gov/idea/regs/c/f/303.510) through [303.521](https://sites.ed.gov/idea/regs/c/f/303.521)) regarding the identification and coordination of funding resources for, and the provision of, EI services under Part C of the Act within the State.

A lead agency may use funds under this part for activities or expenses that are reasonable and necessary for implementing the State’s EI service (EIS) program for infants and toddlers with disabilities including funds for direct EI services for infants and toddlers with disabilities and their families that are not otherwise funded through other public or private sources (subject to §§[303.510](https://sites.ed.gov/idea/regs/c/f/303.510) through [303.521](https://sites.ed.gov/idea/regs/c/f/303.521)).

A State may not use the public benefits or insurance of a child or parent to pay for Part C services unless it provides written notification to the child’s parents, and the State meets the no-cost protections and consent is obtained.

MassHealth (Medicaid) and Children’s Health Insurance Program (CHIP) are available in Massachusetts (MA) to help pay for Part C EI services. However, in MA, parents are not required to use their public benefits or private insurance to cover the costs of these services. While they may choose to use Medicaid, CHIP, or private insurance, this decision is voluntary.

**How do you explain these rights to families?**

When discussing these rights with families, it is important to use clear, direct language. Parents should be informed that their consent is required prior to accessing their insurance and consent can be revoked at any time. Refusing to provide consent will not affect their child’s access to services.



It’s important to emphasize that using insurance for EI services should not result in additional costs. EIS providers should reassure parents that refusing to use insurance will not reduce their child’s eligibility or the quality of the services they receive. Parents should feel comfortable making the decision that’s best for their family.

**How are these rights supported and measured in MA?**

MA EIS programs are dedicated to supporting parents’ rights by ensuring they are fully informed. Service coordinators must ensure that parents understand that use of any benefits or private insurance to access EI services is voluntary. Before any insurance is accessed, written consent must be obtained, and parents can revoke that consent at any time.

In Massachusetts, if a parent chooses to use insurance, it must not result in any extra charges, reimbursement of costs for such services shall be part of a basic benefits package offered by the insurer or a third party and shall not require co-payments, coinsurance or deductibles consistent with General Law, XXII Chapter 175 § 47C (2025).

Service coordinators should work with their EIS program to ensure sharing information with insurers happens only after obtaining explicit parental consent, maintain thorough records of each family's decision regarding insurance as well as document the consent process thoroughly, ensuring that parents fully understand their rights and that the documentation aligns with Massachusetts operational standards and Federal Regulations.

**Conclusion**

It is critical to emphasize that a family must provide written consent prior to an EIS program or the state accessing their insurance. Understanding these rights and ensuring that they are upheld is essential for providing families with the support and services they need.

**Reflecting on your practice**
As you consider your work with families, take a moment to reflect on the following questions:

1. How confident are you in explaining to families that using public benefits or private insurance for EI services is entirely voluntary, and that their decision will not affect their child’s eligibility for services?
2. How do you document the process of obtaining parental consent for the use of public benefits or private insurance, and what checks do you have in place to ensure the consent process is clear and transparent?
3. In what ways do you help families feel comfortable making the decision to use or not use insurance, ensuring they know that their choice will not impact the quality of services their child receives?
4. How do you monitor and track the financial aspects of families’ decisions regarding insurance use to ensure they are not incurring unexpected costs, and what steps do you take if you find discrepancies in billing or charges for Part C services?

**References and resources**

* [34 CFR § 300.154](https://www.ecfr.gov/current/title-34/part-300/section-300.154#p-300.154(d)(2)(v)) – Methods of ensuring services
* [34 CFR § 303.520](https://sites.ed.gov/idea/regs/c/f/303.520) – Policies related to use of public benefits or insurance or private insurance to pay for Part C services
* [MassHealth Early Intervention Information](https://www.mass.gov/lists/early-intervention-program-manual-for-masshealth-providers)