

## 1.C.1 System of Payment and Fees

### I Policy Index:

 <p>UTAH DEPARTMENT OF <b>HEALTH</b> Baby Watch Early Intervention Birth to Three Development</p>	<i>Policy #:</i>	1.C.1
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	<i>Responsible Authority</i>	BWEIP Manager

### II Purpose:

To define how the Baby Watch Early Intervention Program (BWEIP) will implement a system of payments for Part C services including a schedule of sliding fees for families whose children are enrolled in BWEIP.

### III Definition(s):

#### Ability to Pay:

The ability to pay represents the financial capacity for a family to pay a monthly fee as calculated by the fee determination process.

#### Allowable Deductions:

Allowable deductions are approved deductions that consist of child day care, child support or alimony payments, and qualifying medical expenses. In extenuating circumstances, other allowances can be made on an individual family basis.

#### Baby and Toddler Online Tracking System (BTOTS):

Baby and Toddler Online Tracking System (BTOTS) is a Utah database application designed to track EI activities and information, assist EI providers in day-to-day activities, encourage compliance with state and federal regulations and simplify compliance monitoring by allowing the BWEIP access to statewide child information.

#### Billable Service:

A billable service is any service subject to a fee, but does not include:

- Evaluation;
- Assessment;
- Service coordination; or
- Transition services.

#### Children's Health Insurance Program (CHIP):

Children's Health Insurance Program (hereafter, referred to as CHIP) is a program administered by the United States Department of Health and Human Services that provides matching funds to states for health insurance to families with children. CHIP was designed to cover uninsured children in families with incomes that are modest, but too high to qualify for Medicaid.

#### Countable Income:

Countable income is all sources of income referenced by the IRS that is countable towards determining the total family income as explained in the Family Fee Determination Form Instructions (See [Attachment 1](#)).

#### Delinquent Account:

A delinquent account is when a family is ninety (90) days past due from the original billing date.

#### Designee:

A designee is the person appointed by the EI program director to make fee determination decisions for the respective EI program.

**Early Intervention (EI):**

Early Intervention (EI) refers to programs or services which are selected in collaboration with parents, and are designed to meet the developmental needs of a child and the needs of the family to assist in the child's development.

**Evaluation and Assessment:**

The process of determining a child's eligibility for EI services through the use of standardized and criterion referenced tests, interviews, observations, review of medical records, and other means.

**Extenuating Circumstances:**

Extenuating circumstances is any situation or circumstance that is unusual or out of the ordinary that would be used when determining the financial responsibility/fee and allow a family to be given special consideration as stated in the Family Fee Determination Form (See [Attachment 2](#)).

**Family:**

A family is a group of two or more persons living together as one financial group.

**Family Fee:**

The family fee is the specified dollar amount as determined by the BWEIP Sliding Fee Schedule the family is expected to pay monthly for EI services. The family fee is based on modified income, family size, and ability to pay.

**Family Fee Determination Form:**

The Family Fee Determination Form is used by the EI program and the family to calculate the family fee (See [Attachment 2](#)).

**Family Size:**

The family size includes the number of children and adults living in a household (including parent(s), spouse and other dependents living in the household).

**Inability to Pay:**

The inability to pay is when a family meets the BWEIP eligibility requirements, is currently receiving services, and is:

- Automatically eligible for zero (0) financial responsibility; or
- Is below one-hundred and eighty-five (185) percent of poverty; or
- Has extenuating circumstances.

**Individualized Family Service Plan (IFSP):**

An Individualized Family Service Plan (IFSP) is a working document agreed upon by EI service providers and family members to address the special needs of eligible children from birth to three (3).

**Individuals with Disabilities Education Improvement Act (IDEIA):**

The Individuals with Disabilities Education Improvement Act is the federal law set forth by the United States that governs how states and public agencies provide early intervention special education and related services to children with disabilities.

**Medicaid:**

Medicaid is a program that is jointly funded by the State and Federal government which pays for medical care for those who can't afford it, which to be eligible for Medicaid you shall meet certain income guidelines. Medicaid is often referred to as Title XIX.

**Modified Annual Income:**

The modified annual income is the total family annual income after subtraction of all allowable deductions as determined by this policy.

**Monthly Fee:**

A monthly fee is charged if the child receives at least one (1) billable service in a calendar month. The monthly fee is based on a sliding fee scale and is the same amount regardless of the frequency or number

of services delivered. However, no monthly fee will be applied if no billable services were delivered that month except as noted within this policy.

**Parent:**

A biological or adoptive parent of a child, a foster parent, a guardian generally authorized to act as the child's parent or authorized to make EI, educational, health, or developmental decisions for the child, an individual acting in the place of a biological or adoptive parent with whom the child lives or an individual who is legally responsible for the child's welfare, or a surrogate parent as assigned by BWEIP.

**Part C:**

Part C of IDEIA supports states in providing EI services for infants and toddlers with disabilities from birth to age three (3) and their families.

**Past Due:**

Past due are any charges to the parent that have not been paid over sixty (60) days from the due date of the original billing.

**Service Coordination:**

Service coordination is those services provided by a service coordinator to assist and enable a child and their family to receive EI services and procedural safeguards under Part C of IDEIA.

**Sliding Fee Schedule:**

A sliding fee schedule is the matrix that utilizes family modified annual income in conjunction with family size to determine the Family fee to be paid. The sliding fee schedule will begin at one-hundred and eighty-five (185) percent of the current federal poverty guidelines and end at seven-hundred (700) percent and above. The schedules are established and implemented to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied. See [National Health Service Corp \(NHSC\) Sliding Fee Discount Program](#) website.

**Temporary Assistance for Needy Families (TANF):**

Temporary Assistance for Needy Families (TANF) is a federal assistance program through the United States Department of Health and Human Services that provides cash assistance to indigent American families with dependent children. TANF is intended to provide temporary financial assistance while aspiring to get people off of that assistance, primarily through obtaining employment.

**IV Principles and Procedures:**

**A. Assurance for Use of Public Benefits or Public Insurance:**

1. BWEIP may access the public benefits or insurance of a child or parent (including Medicaid and CHIP), to pay for Part C services, with the exception that:
  - a. BWEIP shall not require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving Part C services,
  - b. BWEIP does not enroll children and parents in public benefits and insurance,
  - c. BWEIP will not use public insurance to pay for Part C services if the child is not already enrolled in such a program; and
  - d. BWEIP shall provide written notification to a child's parents prior to using public benefits or insurance, which shall include:
    - 1) A statement of the no-cost protection provisions; and
    - 2) A statement of any general categories of costs that the parent would incur as a result of participating in a public benefits or insurance program (such as co-payments, or deductibles).
  - e. BWEIP shall obtain a written consent to use the child's or parent's public benefits or insurance if that use would:
    - 1) Decrease available lifetime coverage or any other insured benefit for the child or parent under that program;
    - 2) Result in the child's parents paying for services that would otherwise be covered by the public benefit or insurance program;

- 3) Result in any increase in premiums or discontinuation of public benefits or insurance for the child or the child's parents; or
  - 4) Risk loss of eligibility for the child or the child's parents for home or community-based waivers based on aggregate health-related expenditures.
  - f. BWEIP is permitted but not required to use Part C or other funds to pay for costs such as premiums, deductibles, or co-payments.
2. Currently there is no cost associated with the use of public benefits or insurance in Utah.
    - a. Families shall not be charged any more than the actual cost of the Part C services.
    - b. Families shall not be charged disproportionately more than families that do not have public insurance or benefits.
    - c. Parental consent for disclosure of the child's personally identifiable information to Medicaid for billing purposes is not required since the Utah Department of Health is the same agency that administers the Medicaid and CHIP programs.
    - d. BWEIP does not use the private insurance of a parent of an infant or toddler with a disability to pay for Part C services.
    - e. BWEIP is responsible for establishing state policies and procedures related to payment of monthly fees for EI services provided to children and their families who are eligible for Part C.
    - f. Part C services provided at no cost to families are:
      - 1) Child Find;
      - 2) Evaluation and assessment;
      - 3) Service coordination;
      - 4) Administrative and family service coordination activities related to the development, review, and evaluation of IFSPs or interim IFSPs;
      - 5) Implementation of procedural safeguards; and
      - 6) Services provided through the Utah Schools for the Deaf and the Blind Parent Infant Programs and the Deaf Blind Program.
    - g. Part C services subject to the sliding fee schedule include, but are not limited to:
      - 1) Assistive technology devices and services;
      - 2) Family training, counseling and home visits;
      - 3) Health services;
      - 4) Medical services;
      - 5) Nursing services;
      - 6) Nutrition services;
      - 7) Occupational therapy;
      - 8) Physical therapy;
      - 9) Psychological services;
      - 10) Social work services;
      - 11) Special instruction; and
      - 12) Speech-language pathology services.
    - h. The child and the family may not have any Part C services denied or delayed. If a parent of the child is determined unable to pay the monthly fee upon initial fee determination or at the time a family requests a fee review.
    - i. If the parent of family meets the definition of inability to pay, the child with a disability must be provided all Part C services (they qualify for) at no cost.

## **B. EI Program Procedures for Implementation:**

1. The EI program is responsible for the following tasks:
  - a. Maintaining the IFSP for the child and family.
  - b. Completing the Family Fee Determination Form with the parent (See [Attachment 2](#)).
  - c. Providing a copy of the Family Fee Determination Form for each eligible family to the UDOH billing office.
  - d. Reviewing the form with the family for legibility, accuracy and completeness before submitting it to the UDOH billing office.
  - e. Entering the fee determination data and actual fee amount in the child's BTOTS record for each new or revised Family Fee Determination Form.
  - f. Providing updated Family Fee Determination Forms to the UDOH Central Billing Office within 30 days.

- g. Updating the BTOTS visit and services record by the twentieth (20<sup>th</sup>) of each month for the following children who:
  - 1) Have received a billable service;
  - 2) Had a change in fee status; or
  - 3) Exited from EI services during the previous month.
- h. Contacting the family when the account is sixty (60) days past due and for notifying the family that fee eligible services will be suspended at ninety (90) days past due, at which time the account is considered delinquent and reviewing the family fee and any extenuating circumstances that may indicate that the family has an inability to pay.

**C. State Procedures for Implementation:**

- 1. The BWEIP shall be responsible for the following procedures relating to the billing and collection of fees:
  - a. Forwarding to the UDOH billing office a list of children with billable services given by each EI program during the previous month, as derived from the BTOTS database by the twentieth (20<sup>th</sup>) of each month.
  - b. Ensuring that the family is notified, along with the EI program, by the UDOH billing office when an account is sixty (60) days past due and/or considered delinquent at ninety (90) days overdue as of the fifteenth (15<sup>th</sup>) of the current month.
  - c. Forwarding a list of children (generated from the BTOTS database) to the UDOH billing office by the twentieth (20<sup>th</sup>) of each month for all children who exited EI services one-hundred twenty (120) days prior to the billing date.
  - d. The UDOH Central Billing Office shall end all non-completed billing after one-hundred twenty (120) days if the child has exited the program, the outstanding balance will be waived.
- 2. Prior to July first (1<sup>st</sup>) of each year the UDOH billing office will provide a list to each EI program detailing changes in family fee amounts due to adjustment of the Federal poverty guidelines.
  - a. Upon receipt of the adjusted family fee amounts, each EI program will enter the revised fee amounts in BTOTS for all families within their respective program.

**D. Participation Timeframes:**

- 1. The EI program shall fully inform the family of BWEIP Policy 1.C.1 *System of Payments and Fees* and all of the parent's rights and procedural safeguards at time of referral and intake.
- 2. The fee determination process is first conducted at the time of completion of the initial eligibility determination and either prior to, or in conjunction with, the development of the IFSP.
- 3. The Family Fee Determination Form will be reviewed with the family annually at the time of the IFSP development, unless there are extenuating circumstances warranting an earlier review.
- 4. A new Family Fee Determination Form will be completed if there are any changes at the time of the review.

**E. Fee Determination Process:**

- 1. The respective EI program shall assist the family in completing the Family Fee Determination Form by explaining the process, fee schedule, exceptions, deductions, and procedural safeguards.
- 2. All families receiving EI services shall complete a Family Fee Determination Form, regardless if they're automatically exempted from fees due to their participation in a qualifying program (See [Attachment 2](#)).
  - a. Families automatically exempted from fees shall complete number one (1) of the Financial Information section and sign the Family Fee Determination Form.
- 3. Families may elect to forego the fee determination process for any reason.
  - a. If the family chooses to forego this process, they shall be charged the maximum level of the sliding fee schedule.
  - b. The family's choice to forego the fee determination process shall be noted on the Family Fee Determination Form by the respective EI program.
  - c. No fee will be charged if a family or child is eligible and has documentation for any of the following programs:
    - 1) Medicaid;
    - 2) Children's Health Insurance Program (CHIP);

- 3) Family Employment Program/Cash Assistance under Temporary Assistance to Needy Families (TANF);
  - 4) Women, Infants and Young Children (WIC);
  - 5) Child is a ward of the State; or
  - 6) Early Head Start program because of income.
4. The EI program shall record the family fee amount on the Family Fee Determination Form, taking into consideration the following factors:
    - a. Family's modified annual income;
    - b. Family size; and
    - c. Any extenuating circumstances.
      - 1) Extenuating circumstances shall be documented and approved by the respective EI program director or program director's designee.
  5. Families will not be charged any more than the actual cost of the Part C service (factoring in any amount received from other sources for payment of that service).
  6. BWEIP may determine to withhold the billable IFSP services for any family who has the financial means to pay, but chooses not to pay.
    - a. Child find, referral, evaluation, assessment, service coordination, and transition services are not subject to fees and shall be made available to all eligible families.

## **F. Income Verification:**

1. EI programs are responsible to request that their respective families report their income and all allowable deductions on the Family Fee Determination Form.
2. EI programs shall verify all income and/or deductions from their respective families by requesting a copy of the following:
  - a. Most recent Federal Income Tax return; or
  - b. Last three (3) month's pay stubs;
  - c. Reviewing the medical/dental deductions worksheet of the Family Fee Determination Form;
  - d. Families without income documentation should declare their income in writing on the Fee Determination Form: and
  - e. Provider signs and acknowledges the family's lack of written documentation.

**Note:** Countable income is all sources of income as referenced by the IRS.
3. The fee shall be established per family, regardless of the number of children in the family enrolled in EI.
  - a. There shall be no increase in financial responsibility, or additional differential assessed, if more than one child in a family receives EI services.
  - b. The family shall complete the Family Fee Determination Form with the name of the oldest child receiving services.
    - 1) The form shall be updated upon exit of this child with the name of the second child receiving services.
  - c. The fee will remain the same when one (1) of the children exits from the program, unless family size (birth, death, adoption, etc.) or income has changed.
  - d. The parent will sign the Family Fee Determination Form agreeing to accept the financial responsibility stated within the document.
  - e. The Family Fee Determination Form is to be maintained in the child's file or a designated file for this purpose.
  - f. The family's right to due process shall be guaranteed throughout the fee determination process and any appeal process.
    - 1) At the time of the initial fee determination process, a copy of the BWEIP [Parent Rights, Responsibilities, and Resources in Early Intervention](#) handbook will be provided to the family and their rights and responsibilities shall be explained.
  - g. Services shall **not** be denied, delayed, or interrupted while an appeals process is being completed.

## **G. Dispute Resolution:**

1. When a dispute cannot be resolved at the local level, within IDEIA, BWEIP provides three formal ways to resolve disagreement regarding EI services; to include family fees:
  - a. Mediation;
  - b. Written Complaint; and
  - c. Due Process Complaint.

2. EI programs shall inform parents:
  - a. Their right to file a complaint;
  - b. Their procedural safeguards;
  - c. Their right to complete the family fee determination process; and
  - d. To access free and inexpensive legal services and other services in their respective area.
3. The EI program's complaint policy shall include a procedure for providing explanation and documentation of a family's circumstances that may affect their ability to pay.
4. Any proceeding held in connection with mediation, complaint, or a due process hearing must be carried out in a time and place reasonably convenient to the parent.

#### **H. Collection of Fees:**

1. The collection of fees shall begin the first month that a child receives a billable service.
2. Fees shall be billed to the parent on a monthly basis by the UDOH Central Billing Office.
3. A fee shall be charged for each month in which there is at least one (1) billable IFSP service rendered.
4. A service shall be considered rendered and the family will be billed unless there is a cancellation by the family by 9:00 a.m. the morning of the scheduled service.
5. The EI program shall update the visits and any changes to the family fee status in the BTOTS database by the twentieth (20<sup>th</sup>) of each month, for the previous month.

#### **I. Payment of Fees:**

1. Families determined by the sliding fee schedule to pay a monthly fee shall do so unless extenuating circumstances are identified.
2. Extenuating circumstances shall be considered on an individual family basis.
3. The local EI program director's or program director's designee authorization is required for the approval of a fee waiver due to extenuating circumstances.
4. The family fee shall remain in effect until the annual IFSP meeting, unless there are extenuating family circumstances.
5. Adjustments can be made to the family fee at any time and a family may ask for a review at any time.
6. Documentation of any of the above five (5) circumstances is required.
7. On the receipt of the billing list from the BWEIP, the UDOH Central Billing Office will process the billings within ten (10) calendar days and mail the bills to the families on the first (1<sup>st</sup>) of the following month. In the event of late or delinquent account, the UDOH Central Billing Office shall send a letter to the family and a notification to the provider of such.

#### **J. Non-Payment of Fees:**

1. The EI program has the responsibility to assure that the inability of the parents to pay a monthly fee shall **not** result in the denial or delay of services to the child or the child's family.
2. Once the provider has implemented a valid means for determining that a family has the ability to pay the amount required by the BWEIP Sliding Fee Schedule, nothing within Part C prohibits withholding IFSP fee eligible service(s) should the family choose not to make the payment.
3. The provider shall contact the family to determine the reasons for non-payment of fees (e.g., extenuating circumstances) and encourage them to contact the UDOH billing office to establish a payment schedule, if necessary.
4. If a family's financial situation has changed, a new Family Fee Determination Form shall be completed to include a description of the change in circumstances.
5. The family shall be made aware of the appeal process.
6. A delinquent account shall result in the suspension of the child from fee eligible services.
7. Parents shall be given the option to continue services not subject to fees (See **Section A: Assurance for Use of Public Benefits or Public Insurance**).
8. If selected, the continuation option shall require an appropriate amendment to the child's IFSP ending billable services and continuing Service Coordination and USDB services (if applicable).

#### **K. Insurance Payments:**

1. BWEIP does not bill private insurance for EI services.
2. Parents may request a statement of payments for family fees from the UDOH billing office to submit to their private insurance or a flexible spending account.

3. The parent is responsible for submitting all invoices to their private insurance company or flexible spending account for reimbursement.

**L. Transfer of Child to Another EI Program:**

1. Transferring Program:
  - a. The program shall begin the exit process as soon as the program becomes aware that a child is transferring out of their program.
  - b. The exit date will be entered into BTOTS when the IFSP is terminated.
  - c. Billing shall occur as described in **Sections B: EI Program Procedures for mplementation** and **C: State Procedures for Implementation** above.
2. Receiving Program:
  - a. The program to which the child transfers shall submit a new Family Fee Determination Form and update BTOTS as stated in the **Participation Timeframes** section.
  - b. Billing will commence in the same month in which a billable service is rendered by the receiving program.
    - 1) Protection Against Double Billing:
  - c. In an effort to prevent billing a family twice in one (1) month, the transferring program shall notify the family fees program contact at the BWEIP office with the following:
    - 1) The name of the child; and
    - 2) The name of the receiving program.
  - d. The family fees program contact in the BWEIP office shall verify the billing list to ensure that the family receives only one (1) billing for the month.
  - e. In the event both EI programs provide a billable service within the same month, the transferring program shall receive the payment credit.

**V Authority:**

R398-20 and R398-20-5.  
 34 CFR §303.500 [Use of funds, payor of last resort, and system of payments](#)  
 34 CFR §303.521 [System of payments and fees](#)

**VI Related Directive(s):**

[Parent Rights, Responsibilities, and Resources in Early Intervention](#) handbook

**VII Revision Log:**

August 2012: **New** policy.  
 January 2013: **Updated** definitions. **Added** “denied” in ss (F3g). **Added** “delay” in s  
 June 2013: **Removed** “The family fee shall be applied to the first and last month in which a billable service is provided excluding the month of the child’s third (3<sup>rd</sup>) birthday” in (IV D5). **Inserted** “if the child has exited” in C.d.

		<i>7-01-13</i>
Susan Ord, BWEIP Program Manager		Date

**Attachment 1: Family Fee Determination Form Instructions**

Family Fee Determination Form Instructions (English and Spanish) are available on the [Baby Watch website](#).

**Attachment 2: Family Fee Determination Form**

The Family Fee Determination Form (English and Spanish) is available on the [Baby Watch website](#).

**Attachment 3: Sliding Fee Scale**

The Sliding Fee Scale (English and Spanish) is available on the [Baby Watch website](#).

# Family Fee Determination Form

Family and Child Contact Information			
Parent/Guardian Last Name:		Parent/Guardian First Name:	
Street Address:	City:	Zip Code:	Home Phone: ( ) Daytime Phone: ( )

**If more than one child is enrolled in EI, please list the name and date of birth for each child.**

Last Name	First Name	Date of Birth	Gender	Public Insurance Number*
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP #
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP #
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP #
4.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP #

**\*NOTICE TO FAMILY:** Public insurance (Medicaid/CHIP) will be billed for your child's early intervention services if your child is currently enrolled in a public insurance program. If your child has public insurance, enter a family fee amount of \$0 on Line E. Parent and program staff member must both sign below. Please see the attached statement on no-cost protections. [\*\*Stop here.\*\*](#)

### Family Services Information

Mark below all services currently received by family members.

<input type="checkbox"/> FEP/TANF	<input type="checkbox"/> WIC	<input type="checkbox"/> Early Head Start	<input type="checkbox"/> PCN	<input type="checkbox"/> Medicaid	<input type="checkbox"/> CHIP
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If any family member receives any of the services listed above, enter a family fee amount of \$0 on Line E. Parent and program staff member must both sign below. [\*\*Stop here.\*\*](#)

### Option to Decline Disclosure of Family Financial Information

Check here if the parent declines to disclose family financial information. The family will be billed for the full fee of \$200 per month. Enter a family fee amount of \$200 on Line E. Parent and program staff member must both sign below. [\*\*Stop here.\*\*](#)

**Please fill out the Family Fee Calculation Worksheets on Page 2 unless you were instructed in one of the above sections to stop and sign the form below.**

Monthly Family Fee		Extenuating Circumstances
A. <b>Modified Family Income</b> (From page 2, Line 25.)	\$	Extenuating circumstances are unexpected events that affect the family's financial situation and should be taken into consideration when determining the family's monthly fee. Enter \$0 on Line E and describe the circumstance:
B. Number of adults in family		
C. Number of children in family		

D. <b>Total family size</b> (Add Line B + Line C.)	
E. Enter a family fee amount of \$0 if instructed to do so in one of the above sections OR enter the fee amount from the sliding fee schedule using Line A and Line D.	\$
<b>This fee amount will become effective:</b>	
Month: _____ Year: 20__	_____
Program Coordinator or Designee Signature	
Date	

**Parent/Guardian Certification**

The no-cost protections for families when billing a child's public insurance have been reviewed with me.

I understand that my financial responsibility is calculated based on the information I have provided. I also understand that non-payment of fees may result in the discontinuation of services. A minimum penalty fee of \$20 per check will be charged for returned checks. I certify to the best of my knowledge the information provided above is true and correct. I have received a copy of my parent rights and responsibilities related to cost participation through family fees and understand that I may ask for a review of my family fee if my financial situation changes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Program Staff Member Certification**

I verify that I have informed the parent(s) regarding their rights and responsibilities related to cost participation in early intervention through family fees, and that I have utilized all the information provided to me by the family in assisting them to calculate their fee. I have informed the family of the no-cost protections if the child's public insurance is billed.

\_\_\_\_\_  
Program Staff Member Signature

\_\_\_\_\_  
Date

**Page 2, Family Fee Calculation Worksheets**

Annual Family Income		Medical/Dental Expenses Continued	
Income verified by (check all that apply):		13. Specialized clothing required by medical condition \$_____ per month x 12	\$
<input type="checkbox"/> Most recent tax return		14. Specialized respite care or child care above typical costs not listed on Line 20	\$
<input type="checkbox"/> Last three consecutive pay stubs			
<input type="checkbox"/> Other _____			
1. Gross Monthly Salary (1 <sup>st</sup> wage earner) (Before taxes, social security, insurance, etc.)	\$	15. Medical transportation costs \$_____ per month x 12	\$
2. Gross Monthly Salary (2 <sup>nd</sup> wage earner) (Before taxes, social security, insurance, etc.)	\$	16. Other related medical costs (specify): \$_____ per month x 12	\$
3. Other Monthly Income (pensions, rentals, interest, dividends, alimony, child support.)	\$	<b>17. Total Medical/Dental Expenses</b> (Add Lines 6 through 16.)	\$
4. <u>Total Monthly Income</u> (Add Lines 1+2+3.)	\$	<b>Calculate Deductions from Income</b>	
5. <b>Annual Family Income</b> (Multiply Line 4 x 12 and enter on Line 23.)	\$	18. Minimum Medical/Dental Deduction	\$

		(Multiply Line 5 [Annual Income] x .075.)	
<b>Medical/Dental Expenses</b>		19. Deductible Medical/Dental Expenses (Subtract Line 18 from Line 17. If the result is greater than zero, enter it here, otherwise enter \$0.)	\$
6. Health Insurance Premiums \$_____ per month x 12	\$		
7. Dental and Vision Expenses \$_____ per month x 12	\$	20. Child Care Costs \$_____ per month x 12	\$
8. Insurance Co-payments \$_____ per month x 12	\$	21. Child Support or Alimony Payments \$_____ per month x 12	\$
9. Hospital Expenses \$_____ per month x 12	\$	22. <b>Total Deductions</b> (Add Lines 19 + 20 + 21 and enter on Line 24.)	\$
10. Nutritional supplements ordered by physician \$_____ per month x 12	\$	<b>Calculate Modified Family Income</b>	
		23. Amount from Line 5.	\$
11. Prescriptions \$_____ per month x 12	\$	24. Amount from Line 22.	-\$
12. Durable medical equipment, assistive technology, or adaptations expenses for the year	\$	<b>25. Modified Family Income</b>  (Subtract Line 24 from Line 23 and enter it here and on Page 1, Line A.)	
<b>Allowable Medical Expenses</b>			
Qualifying expenses must be directly related to the health or medical condition of a family member. Expenses must be out of pocket for the previous 12 months and for which you will not be reimbursed. You may deduct qualifying medical/dental expenses that are <i>greater than 7.5%</i> of your adjusted gross income. Please refer to "IRS Publication 502, Medical and Dental Expenses" for additional details or <a href="http://www.irs.gov">www.irs.gov</a> .			
<ul style="list-style-type: none"> <li>• Capital expenses for equipment or improvements to your home needed for medical care</li> <li>• Cost and care of guide animals aiding the blind, deaf, and disabled</li> <li>• Cost of lead based paint removal</li> <li>• Expenses of an organ transplant</li> <li>• Hospital services fees (lab work, therapy, etc.)</li> <li>• Birth control pills, legal abortion, legal operations</li> <li>• Meals and lodging provided by a hospital during medical treatment</li> <li>• Medical and hospital insurance premiums</li> <li>• Medical services fees (from doctors, dentists, surgeons, specialists and other medical practitioners)</li> </ul>		<ul style="list-style-type: none"> <li>• Oxygen equipment and oxygen</li> <li>• Prescriptions, medicines, and insulin</li> <li>• Tutoring recommended by a doctor</li> <li>• Psychiatric care at a specialty equipped medical center (includes meals and lodging)</li> <li>• Special items (hearing aids, wheelchairs, etc.)</li> <li>• Special school, tuition, meals and lodging</li> <li>• Transportation for medical care</li> <li>• Treatment at a drug or alcohol center</li> <li>• Wages for nursing services</li> <li>• Diaper costs related to medical problem</li> <li>• Other expenses included in IRS Publication 502</li> </ul>	
<b>What cannot be included as expenses:</b>			
<ul style="list-style-type: none"> <li>• Diaper services</li> <li>• Health club dues</li> <li>• Household help</li> <li>• Stop smoking program</li> </ul>	<ul style="list-style-type: none"> <li>• Weight loss program</li> <li>• Life insurance or income protection policies</li> <li>• Maternity clothes</li> <li>• Medicine bought without a prescription</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing care for a healthy baby</li> <li>• Surgery for purely cosmetic reasons</li> <li>• Other expenses <u>not</u> included in IRS Publication 502</li> </ul>	

## Family Fee Determination Form

The Utah Baby Watch Early Intervention program (BWEIP) is required by the Individuals with Disabilities Education Act (IDEA) to inform parents of the following procedural safeguards and no-cost protections regarding payment for early intervention services:

### Medicaid and CHIP

#### **NOTICE TO FAMILY: Medicaid or CHIP will be billed for your child's early intervention services if they are covered by either program.**

- BWEIP must provide parents with written notice prior to billing public insurance (Medicaid or CHIP) for their child's early intervention services.
- Parents cannot be required to enroll in a public insurance or benefits program (Medicaid or CHIP) if they are not already enrolled in such a program to receive early intervention services from the BWEIP.
- Early intervention services, as specified in the child's Individualized Family Service Plan (IFSP) and to which the parent has consented, cannot be denied due to a parent's refusal to allow their public insurance to be billed for such services.
- BWEIP does not require a parent to pay any costs as a result of the BWEIP using a child's or parent's public insurance or public benefits to pay for early intervention services.
- BWEIP, Medicaid, and CHIP are programs within the Utah Department of Health, therefore parental consent is not required prior to a child's personally identifiable information (name, date of birth, policy number, and address) being submitted for billing purposes.
- Parents have the right to withdraw their consent to disclose their child's personally identifiable information at any time without affecting the BWEIP services their child is receiving as specified in their child's IFSP.
- Parents must be informed that billing their public insurance in Utah (Medicaid or CHIP) will not result in a decrease in lifetime benefits, result in the child's parents paying for services that would otherwise be covered, result in an increase in premiums or discontinuation of public benefits or insurance, or will risk loss of eligibility for home and community-based waivers based on aggregated health-related expenditures for the child or the child's parents.
- BWEIP must obtain written consent from parents if billing their public insurance would result in a decrease in lifetime benefits, result in the child's parents paying for services that would otherwise be covered, result in an increase in premiums or discontinuation of public benefits or insurance, or will risk loss of eligibility for home and community-based waivers based on aggregated health-related expenditures for the child or the child's parents.

### Family Fees

**The BWEIP will not charge a fee for services that a child is entitled to receive at no cost Under (IDEA): child find, evaluation and assessment, service coordination, development and review of IFSP, provisions of procedural safeguards, and services provided by the Utah Schools for the Deaf and the Blind. Parent rights guarantee that:**

- All early intervention services on the IFSP will be provided at no cost without delay if the family meets the state's definition of inability to pay.
- Families will receive an annual review of their family fee or may request a review at any time.
- Families have the right to appeal the amount of their family fee through their program's conflict resolution procedure.
- Families are entitled to receive uninterrupted services during the appeal process.

#### **Please Note**

- A service will be considered rendered and the family will be subject to a fee for a no show or an untimely cancellation.
- Please cancel prior to 9:00 am on the day of the scheduled service.
- **Fee eligible services may be suspended if unpaid charges exceed 90 days past due**