

Chapter 15: Family Cost Participation

This chapter describes EarlySteps Family Cost Participation Procedures

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EarlySteps State Systemic Improvement Plan:

State-identified Measureable Result:

The EarlySteps system will improve child outcomes through supports that are focused on Family Concerns Priorities and Resources and provided through a team-based approach.



DEC RP: Family 1: Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.

Changes/Updates to Chapter 15:

Addition/revision
SSIP and DEC RPs
Act 421-Children's Medicaid Option
FCP Overpayment/Reimbursement
Performance Expectations
References

Procedures for implementing Family Cost Participation: Effective October 1, 2013

New and current families are asked to share in the costs for some early interventions services based on their ability to pay beginning October 1, 2013. The process for implementing family cost participation (FCP) is outlined in this chapter with additional information found in the Central Finance Office (CFO) SPOE Manual Chapter related to cost participation. This manual can be found at: <http://www.eikids.com/la/matrix/help/>.

Family Cost Participation: Overview

Family Cost Participation Forms

- Application for Income Adjustment
- Consent to Verify Financial Information
- Family Cost Participation Notice Statement
- Family Cost Participation Statement/Explanation of Benefits (EOB)

EarlySteps families participate in the cost of early intervention services that their child receives according to their ability to pay using a sliding scale calculation. Each family's ability to pay is determined by their income as documented on required financial documents. Families are notified of the FCP policy beginning at intake and throughout the intake, eligibility determination, and IFSP process; when the parent provides consent for an increase in frequency, length, duration, or intensity of services to the IFSP; and annually when the annual IFSP is developed.

IDEA-Part C funds, state funds, Medicaid, and family cost share payments are used to pay for early intervention services. The determination of the payment source is conducted according to the procedures outlined below. Families are provided prior written notice of the cost participation requirement and are asked to sign consent for their cost share, for use of their child's Medicaid, and consent for IFSP services. If a parent does not provide consent for all IFSP services, the lead agency will make available those services for which the parent has provided consent. LDH has established procedures to implement EarlySteps Family Cost Participation in accordance with:

- Part C of the Individuals with Disabilities Education Act (IDEA)
- Federal Regulations in 34 CFR Part 303, specifically 303.520 and 303.521
- Act 417 of the 2013 Louisiana Legislature
- State Rulemaking-*Louisiana Register* September 20, 2013
- Louisiana EarlySteps Policy approved by the Office of Special Education Programs.
- Guidance materials for providers and families developed by EarlySteps

The intention of the information in this chapter is to provide guidance on the process as required by law, regulation and policy.

Definitions:

Ability to pay: The financial capacity that a family has to pay for EarlySteps services based on the most current Federal Poverty Level (FPL) schedule at 300% of FPL. Families will be notified of the amount of their cost participation after financial information is provided and the **Notice Statement** has been generated and when the IFSP is developed. Services on the IFSP should be developed based on the needs of the child and family and Best Practices for early intervention, **NOT** on the potential cost to the family or according a predetermined consideration of their ability to pay.

Extraordinary expenses: are defined as average monthly or yearly unreimbursed (out of pocket) expenses that are related specifically to the eligible child's disability or that of an immediate family member with a disability or long-term health/medical issues. These expenses may include unreimbursed medical expenses, equipment, home modifications, etc. The immediate family member must reside in the home with the eligible child and family. These expenses must have been incurred no more than 12 months prior to the child's eligibility determination, not claimed as deductions on federal income tax, or reimbursed through any third party payor (insurance, Medicaid, etc.)

Inability to pay: is family income (less than) $\leq 300\%$ of the federal poverty level or determination made by the lead agency based on extraordinary expenses.

Family: the basic family unit consists of one or more adults and children related by blood, marriage, adoption, and residence in the same household.

Full Cost for Services: The cost for services which is equal to the amount paid to providers for services rendered according to the IFSP. Families who decline to provide financial information will be subject to paying full cost for services.

Maximum Monthly Contribution: The monthly capped amount for service payments according to the sliding scale. Families will not pay more for services rendered than the established monthly cap or the full cost for services as applicable.

Establishing Family Cost Share

The Intake Coordinator (IC) and/or FSC are responsible for the collection and verification of financial information provided by the family. The SPOE is responsible for data entry of income information. The Central Finance Office (CFO) is responsible for sending cost statements/EOBs and for collecting the fees. Families are responsible for providing required documentation, providing consent for payment arrangements, and making any determined payments as appropriate. Regional coordinators are responsible for training and local oversight of implementation. EarlySteps Administrative Central Office is responsible for program and policy development assisting with dispute resolution and decisions regarding determination of the family's ability to pay.

The most current Federal Poverty Limit (FPL) schedule, which is established annually, is utilized in calculating fees by the CFO. The calculation takes into consideration:

- The family's taxable income,
- Family size, and if approved,
- Extraordinary expenses or extenuating circumstances affecting the family's income/expenses

Families with an annual income below 300% of the FPL are exempt from any cost share. Families whose annual income is calculated at/above 300% of FPL will be required to share in the costs of EarlySteps services according to the established sliding scale.

A family's cost share is based on delivery of services that are authorized for the eligible child and family in the IFSP. Families will be billed only for services their child actually receives. If a service is authorized, but not delivered, the family will not be billed for that service. The assessed cost and payment will not exceed the actual cost of early interventions services received by the child and family. Families who have the ability to pay and choose not to pay may be determined by EarlySteps as ineligible to continue receiving IFSP services for which costs are assigned until payment is made.

Family Cost Share will be applied to the following early intervention services:

- Assistive Technology Services/Devices
- Audiology
- Family Training/Counseling
- Health Services/Nursing Services
- Interpreter Services
- Medical Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychology Services
- Sign Language and Cued Language Services
- Social Work Services
- Special Instruction
- Speech-Language Pathology
- Vision Services

Families who decline to provide financial information for determination of cost share amount or do not submit their financial information to the IC/FSC prior to the generation of the **Notice Statement** will be billed the full cost of the direct early intervention services which are subject to cost participation identified on the child's IFSP. If a family refuses to sign consent on the **Notice Statement**, the IC/FSC must inform the family that they will be paying full cost for services. The family will indicate their choice on the **Notice Statement**. The IC/FSC must document the family's choice in their **Contact Notes**.

If the family submits financial information after the generation of the **Notice Statement**, their cost share will begin from the date of receipt of the financial information. It **is not retroactive** to the date services began. The family will be responsible for full cost of all services received prior to EarlySteps receipt of their financial information. Obtaining documents for verification of income and family size **MUST NOT DELAY** the development of the IFSP 45-day timeline and service start dates. Families have an option to release or not to release financial information to EarlySteps. Families that choose not to release financial information must pay the **full cost** for early intervention services for which cost share is applicable as listed on the IFSP and provided by EarlySteps.

Families who disagree with the calculation of fees may request an administrative review to be conducted by the lead agency review team. Cost share is not charged for the following services:

- Child Find
- Evaluation and Assessment for eligibility determination and IFSP planning purposes
- Development and review of the IFSP
- Service Coordination
- Procedural Safeguards (Parents' Rights)

For special instruction provided through an LEA, family income information is entered as always and service authorizations are issued for the service. The Notice Statement will print the hourly charge. If the LEA-SI service is the only service, the IC/FSC will draw a line through the hourly service amount

and the maximum monthly cost share, replace with \$0, and initial. Inform the family that there will be no charge for the service. Since the LEA does not bill for the service, there will be no claims showing on the EOB and no charge to the family. If there are other FCP-chargeable services (PT, OT, SLP, etc.), those will show up on the EOB and there will be charges for those that the family is expected to pay. Adjustments to the Notice Statement are not necessary in this case.

Family Cost Participation Process

Form: Income Verification Form

The **Income Verification Form** with Instructions is included at the end of this chapter.

Process:

1. Establish Family Income & Family Size using following documents for verification. Each document on the list may not be necessary for income verification; only those needed to establish a family's income are required:

- a) The most recently filed federal income tax form;
 - The most current **1040** or **1040A**; or
 - A **Transcript** from the Internal Revenue Service (IRS) of the most recently filed federal income tax return.
- b) Pay stubs from the previous 3 consecutive months, a year-to-date income total on the check stub showing at least 3 months of earnings, and W-2s, and/or other sources of income.
- c) Verification of Medicaid eligibility will be sufficient documentation of income if a child is Medicaid eligible and the family agrees for EarlySteps to use Medicaid as payment for IFSP services. The designation of the child's Medicaid eligibility is indicated on the **Income Verification Form** and signed by the parent.
- d) For children in Foster Care, no income information is required as FCP is not applicable. Foster families will also verify the child's status in Foster Care by providing the appropriate court documents. Designation of Foster Care status is made on the **Income Verification Form** and signed by the Foster Parent. It may also be signed by the appropriate representative of the Department of Child and Family Services (DCFS).

Additional Resources and Income Considerations/Household Members

- All tax forms/documents may be obtained by calling the **IRS toll free number, 1-800-829-1040**. The person whose income is to be verified must be the one to request all necessary documents from the IRS if needed.
- A **Transcript** from the IRS outlines what was filed on a person's most current federal income tax form. It is to be used when there was a tax return filed, but the 1040 or 1040A is not available or lost. There is no fee to obtain the Transcript. The IRS can mail or fax the Transcript. If mailed, it could take up to 14 days for receipt. If faxed, it will be received within 48 hours. Parents may request that Transcripts be faxed directly to the SPOE or FSC.
- If the most current federal income tax form has not been filed yet, current wage and earnings statements (i.e. W-2, 1099) must be presented, or an official statement from the employer regarding salary/wages must be presented. The immediate prior year income tax form will also suffice. The family may request an income adjustment following the submission of the new tax form.
- Alimony received must be included as income.

- If most recently filed federal income tax form is used, the family size (Total Exemptions) as documented on the tax form is used.
- If the family is using pay stubs or has no employment, the number of family members (family size) to be considered in the determination of FCP is established by counting the dependent child, the child's parents (including step-parents), and the child's siblings with whom the dependent child lives. All natural, adoptive, step- or half-siblings who meet the definition of dependent child will be counted in the family group. Guardians are also counted including grandparents, aunts and/or uncles, if functioning in the role of a guardian. There may be additional members in the household, but only those listed here are counted for family size calculation.
- If a child is born January 1 or later, and is not reflected as an exemption for the most currently filed tax return, the child will be added to the family size total on the **Income Verification Form**.
- If a non-custodial parent claims the child on his/her income tax as a dependent, that parent's income tax form **is not** used to establish income and/or family size. The financial information for the household in which the child resides must be used. In this case, the income tax return with an earned income credit attachment or the paystubs option may be used.
- If the parent of an eligible child is a minor or young adult still living in her parents' home with the eligible child, the income of the eligible child's grandparents, not the parent, is used to determine family cost share if the grandparent(s) claim the parent and/or eligible child as a dependent on federal income tax return. Likewise, if a tax return was not filed and the pay stubs option is used, the eligible child's grandparents' income is used. This situation also applies if the minor parent resides with any other adult caretaker.
- If the eligible child resides with a caretaker relative other than the parent or in the absence of the parent, the income of this relative is considered in the income determination. In this case, the caretaker relative would also be included in family size. Examples include but are not limited to grandparents, adult siblings, aunts, uncles, and cousins.
- The family or foster family of an eligible child who is a ward of the state residing in a foster home is exempt from Family Cost Participation. The foster family will produce court-produced documents which establish the child's status. The IC/FSC must document that the OCS caseworker has been contacted if the caseworker provides verification in lieu of the court documents.

2. Consider Adjustments to Income for Extraordinary Expenses

Form: Application for Income Adjustment

The **Income Adjustment Form** with Instructions is included at the end of this chapter.

Extraordinary expenses are defined as average monthly or yearly un-reimbursed (out of pocket) expenses that are related specifically to the eligible child's disability or an immediate family member with a disability or long-term health/medical issues. The immediate family member must reside in the home with the eligible child and family. These expenses must have been incurred no more than 12 months prior to eligibility determination.

Extraordinary expenses cannot include "out of pocket" expenses for anticipated services or any expenses for which other funding resources have been requested to assist in paying for the same

products and services. Extraordinary or extenuating circumstances must be supported by written documentation.

LDH may exempt or reduce a required family cost share if the family submits an **Application for Income Adjustment**.

An **Application for Income Adjustment** is used whenever the family has extraordinary expenses that were not deducted on the federal income tax return. LDH will consider all requests based upon the following:

- Expenses must be $\geq 10\%$ of the family's current "Family Income" as documented on the **Notice Statement**; and
- Expenses cannot have already been used to calculate the current EarlySteps "Family Income" or claimed on federal income tax; and
- Expenses cannot be the responsibility or already have been paid by a 3rd party (insurance, Medicaid, non-custodial parent, etc).
- Only paid expenses will be considered.

When submitting this application, attach verification of all paid expenses listed on the form and a copy of the **Notice Statement**.

Following a review of the submitted information, EarlySteps staff at the regional or central office will make a determination regarding the family's request for consideration of their cost participation designation for extraordinary expenses. The SPOE will enter the approved adjustment amount and generate a new **Notice Statement**.

Billing Process

1. The IC/FSC will collect the required income information from the family and submit to the SPOE as soon as possible.
2. The SPOE will enter the family income information into EIDS.
3. A **Notice Statement** will be produced by the SPOE and provided or mailed to the parents to notify them of the cost share amount due and the start date. The notice will show the family cost share for the hourly service rate and the maximum amount for a full month of service; but the family will only be billed for services actually provided during the billing period.
4. The **Family Cost Participation Statement/EOB** will be mailed to the parents by the CFO and will include the cost share payment due from the family. Each Statement/**EOB** will be mailed 60 days after the services are provided and paid to the provider. All families receive a **Statement/EOB** regardless if cost share is assigned. The **Statement/EOB** will show all claims paid for the child's account, those for which there are no costs assigned as well as those for which there are family costs as applicable. Families whose child has Medicaid for which there is no cost share also receive the **Statement/EOB** but the "total amount due" shown will be zero and no payment is expected. All payments must be made directly to the CFO within 30 calendar days of the date of the statement. The calculated cost share will remain in effect for 12 months coinciding with the IFSP date unless:
 - a. A review of the financial information is requested by the family and a change approved,
 - b. A change in cost share payment is determined.
5. Families will continue to receive an FCP Statement while the financial review is conducted.

6. The statement details the services that the child received based on provider billing and payment information. If the payment is not made timely, the following month's statement will include the current monthly assessment as well as the balance due.

IC/FSCs will review the **Statement/EOB** with families prior to the receipt of their first **Statement/EOB** to explain what they will receive every month. EarlySteps Community Outreach Specialists also review the **Statement/EOB** as part of their orientation with families. Families are instructed to keep each of their **Statement/EOBs** so that the FSC can review it with them if there are questions. Additional information about the **Family Cost Participation Statement/EOB** is provided at the end of this chapter.

Family Cost Participation Statement and Payment Process

1. Families will receive the **Statement/EOB** after providers have billed EarlySteps for services. Providers have up to 60 calendar days to bill for services. This means that families will not receive a bill for services until 60 days after the service has actually been rendered. For example, a statement sent to the family in January will show charges for services provided the previous October.
2. A family will have 30 calendar days from the date of issuance of the **Statement/EOB** to make their cost share payment. Families who are exempt from cost share will receive the **Statement/EOB** and will not have an "amount due" on the statement.
3. Each month the **Statement/EOB** will include the total amount due when applicable. If the prior month payment is received after the generation of the current month statement, the receipt of that payment may not be acknowledged on the statement. However, the payment will not be considered delinquent.
4. If payment is not received within the initial 30 calendar days of billing, the subsequent **Statement/EOB** show the amount due over 30 days, over 60 days, etc.
5. If payment is not received after 90 days of issuance, a notice of non-payment letter will be mailed to the parent stating that if payment is not received within 30 calendar days, suspension of services will be considered. The FSC will meet with the family to discuss their options according to the **Steps for Suspension of Services** section which follows. Central office will make the final determination of the family's status regarding their services and a suspension date will be issued in writing, if applicable.
6. Partial payments will be considered in the decision for possible services suspension.
7. The CFO will notify EarlySteps when payment is in arrears through a standing report. After 90 days of nonpayment, families will receive a late notice stating that a decision regarding suspension of services for which fees are assessed or case closure will be made after 120 days of nonpayment.
8. Families will be provided prior written notice of termination before services which require payment are suspended. Families will be able to continue services for those services for which there are no costs associated. Families will be asked to provide consent to notify their State Senator and/or State Representative regarding their status with EarlySteps as required by Act 417.

Steps for Suspension of Services

1. The CFO will inform EarlySteps that the transmittal of the final notice was mailed to the family. The FSC will be notified and **must** contact the family.
2. The FSC will establish with the family the reason for nonpayment and solutions for making payment, including the family's right for reconsideration of their financial status and their right to apply for exemption from cost participation due to financial hardship. If the FSC cannot contact the family or determine a need to change the family cost participation payment, the FSC will notify the regional coordinator as soon as possible. The FCP review team will make a determination regarding suspension of services and/or case closure.
3. EarlySteps staff will notify service providers, of services which are to be suspended. This notification will include the effective date for suspension of services. Authorizations for suspended services will be discontinued as of the agreed upon date of suspension.
4. IFSP team members will be notified of the service suspension or case closure date and reminded that no services are to be provided on or after that date.
5. The family will be eligible to continue any "no cost" services available to them.
6. Families are eligible to resume services upon payment if the IFSP is still current. If the annual IFSP date has passed, eligibility determination and an annual IFSP meeting will be conducted prior to services resuming.

Steps after Case Closure

Because providers have up to 60 calendar days from the date of service to bill for their services rendered, families may continue to receive billing statements after the child is no longer in EarlySteps.

1. The FSC will inform families of their payment responsibility after case closure during transition discussions at annual and review IFSPs and at the transition conference.
2. The CFO will continue to issue the **Statement/EOB** to families until all services have been billed and the families have paid in full.
3. Families are responsible to pay for any cost-associated services within 30 calendar days of issuance of final statement.
4. If a family has a credit reflected on the account when the child exits EarlySteps, the CFO will continue to issue monthly statements until all services received are billed, and the amount due from the family will be deducted from the credit. This deduction will be shown on the **Statement/EOB**. If the amount due exceeds the credit amount, the family will be responsible for payment of the balance due. The family may be eligible for a refund up to the amount they paid to EarlySteps if there is a credit remaining on the family's account after all statements are issued and bills have been satisfied. To issue the credit, details are submitted to the EarlySteps central office for review, approval and submission to LDH fiscal for payment.

Suspension of services and case closure are not the same. A family may have FCP chargeable services suspended for nonpayment and choose to remain in EarlySteps with an active IFSP and receive the "No Cost services" to which they are entitled. The FSC will continue to assist them in

meeting needs identified on the IFSP. A case is closed when a family leaves EarlySteps due to nonpayment or a child reaches their 3rd birthday or exits for any other reason. Families may also choose to close a case due to the impact of FCP on the family, this reason is selected by the SPOE as a reason for closure in the drop down box in EarlySteps Online.

If a family chooses to close their case due to nonpayment and the child is re-referred while the IFSP is still current or if a sibling is referred, the SPOE should notify the CFO Help Desk and ask them to transfer the balance on the account to the child's new record.

Use of Public (Medicaid) and Private Insurance

1. Public Benefits or Medicaid:

Families are provided prior, written notice and must give consent for the use of their child's Medicaid as payment for their child's early intervention services. This is accomplished by signing the **Notice Statement**. If a family does not provide consent for use of Medicaid, EarlySteps will make available those Part C services on the IFSP for which the parent has provided consent at the 300% cost rate. In Louisiana, there are no costs incurred by families as a result of using a child's Medicaid to pay for early intervention services. If a child is enrolled in Medicaid, the family is not assessed any fees for early intervention services and there are no costs to the family when Medicaid is utilized as a payor of early intervention services.

New Program for Medicaid eligibility

In January 2022, LDH started a new program called **Act 421 Children's Medicaid Option** also sometimes called TEFRA. This program lets certain children with disabilities receive Medicaid coverage, even if their parents earn too much money to qualify for Medicaid. Children who qualify for the program usually have significant medical needs associated with their developmental delay. For children ages birth to age 3, EarlySteps eligibility is part of the Act 421 eligibility process. For new families referred to EarlySteps, the SPOE can enter the Medicaid status as "pending" until eligibility for Act 421 is determined. However, the "pending" status is to be updated as soon as Medicaid eligibility is determined.

The following link has information about the program, steps to apply, and the online application:

<https://ldh.la.gov/page/3985>

2. Private insurance:

EarlySteps does not bill private insurance for early intervention services. Families will be asked if they have family coverage from private insurance for record keeping purposes only. This will be entered into EIDS. Families may choose to use their private insurance to pay for services identified on the IFSP, typically speech/language therapy, physical therapy and occupational therapy are the most frequently covered insurance-reimbursed services. This varies according to the plan and coverage. Services which will be paid for through private insurance will be considered outside of the early intervention system and listed on the IFSP in **Section 8: Other Services Needed to Enhance Child's Development** section. These services are not referred to as "early intervention services" since they do not meet the definitions of services provided through EarlySteps. These "other services" will be accessed through the insurance network providers directly by the family. Currently, EarlySteps will not bill insurance for a family. The IC/FSC is required to assist the family in locating and arranging for those insurance services. When the family consents to early intervention services through EarlySteps, those services for which consent is given will be listed in IFSP **Section 6: Early Intervention Services** and the family cost share process will be used. A family may choose to have some needed services provided through private insurance and some provided for through EarlySteps. The services provided at no cost to families (see list above) will be provided through the IFSP.

EarlySteps-enrolled providers may not provide services to any EarlySteps child and family outside of the EarlySteps system except as a private insurance network affiliate. In this case, payment arrangements are made among the family, that provider, and the insurance company. Individual payment arrangements between an EarlySteps provider and a family outside of EarlySteps or private insurance are not allowable.

Many families use their private insurance Health Savings Account to reimburse their costs for early intervention services. For this reason, families should maintain documentation of their early intervention service payments to verify these expenses. Payments and reimbursement from a Health Savings Account is between the family and their health plan, EarlySteps does not submit payments to the plans directly.

Family Reimbursements for Overpayment on Accounts

Some families accidentally overpay their accounts or make payments then find out the child was Medicaid eligible and there is no family cost share. When this happens, the following are required for the family to receive a reimbursement;

1. Have the family notify the FSC and provide the EOB which shows the credit. In most cases, the reimbursement will not be processed until the child's account is closed in case there are additional charges for which the family is responsible.
2. The FSC will contact the regional coordinator with the information.
3. The Regional Coordinator will review the EOB and look up the payment information in the LAEKIDS report.
4. The Regional Coordinator will review the information with the EarlySteps Provider Specialist for confirmation.
5. The Regional Coordinator will provide the family with instructions for obtaining a Vendor ID.
6. Once the Vendor account is set up, the Provider Specialist and the Program Manager will process the request for the reimbursement.
7. The family will receive payment in the form of a check from the State Treasurer.

Responsibilities of System Participants

Family Responsibilities

The family is responsible for the following:

- Providing the financial information necessary for cost share to be determined by EarlySteps,
- Providing insurance coverage information for data entry into EIDS and for providing the FSC with physician's referral and/or therapy orders when the FSC is asked to assist with linking the family to insurance-reimbursed therapies.
- Paying full cost for services if they do not provide EarlySteps with required financial information to determine family cost share payment,
- Notifying the FSC when changes in family size, income, insurance or Medicaid coverage occur,
- Participating in an annual re-determination of family cost share as part of the annual IFSP review,
- Gathering and submitting documentation to determine need of income adjustment for extraordinary expenses,
- Submitting timely payments for their designated cost share.
- Maintaining records of payments and statements for tax and/or health savings account documentation.
- Tracking service delivery dates by early interventionists as verification that services are appropriately provided and billed.

Intake Coordinator Responsibilities

During the intake and eligibility determination process the IC is responsible for explaining:

- The parent's rights and responsibilities including cost participation;
- Providing prior written notice regarding cost participation, consent requirements, use of Medicaid and private insurance, the no-cost provisions, and costs that families might incur;
- The family's choice to release financial information or pay full cost of services;
- The family's choice to utilize private insurance;
- Providing the FCP forms and assisting with completion of the forms;
- Verifying address and contact information and submitting changes in EIDS;
- That IFSPs are developed without regard to the family's ability to pay;
- That once eligibility for the child has been established, the IC will further explain the family cost participation policy and procedures, inform the family of documentation needed, collect required income and insurance coverage, and obtain necessary consents from the family;
- That EarlySteps-enrolled provider may not accept payment from families outside of the EarlySteps system unless they are a private insurance provider and paid through that insurance network;
- Assisting families with accessing other community resources if they choose not to participate in early intervention and documenting the reason for closure;
- Maintaining confidentiality of financial and other information.

The SPOE will maintain all completed documents, forms and consents in the child's early intervention record and respect the confidentiality of a family's financial information.

Family Support Coordinator Responsibilities

The FSC is responsible for the following:

- Ensuring that IFSPs are developed **without regard** to the family's ability to pay;
- Explaining the parents' rights and responsibilities within the system and collecting, with the family's consent, updated income and insurance information as required on the **Income Verification Form**;
- Meeting with the family to review the family's income, family size, any appropriate deductions, and/or assisting with written requests for income adjustment, within thirty (30) calendar days from the lead agency or family request to re-evaluate the income and family cost share payment;
- Maintaining documentation of the review, including the completion of any necessary forms (**Application for Income Adjustment and the Income Verification Form**), and supporting documentation, must be submitted to the SPOE within 5 working days of completion of this review;
- Updating, within 30 calendar days from family notification, any changes for the family, including changes in address, insurance, family size, family cost share. Supporting documentation must be submitted to the SPOE within 5 calendar days of completion of the update;
- Providing child ID information to the SPOE when multiple children in a family are active in EarlySteps;
- Ensuring that families are informed of their right to submit to LDH a request for administrative review if they disagree with the family cost share calculations;
- Submitting all original forms and consents, along with supporting documentation, to the SPOE to be maintained in the child's early intervention record;

- Researching and identifying other public and private community resources for families, including insurance-reimbursed services if the family chooses to use their private insurance for services;
- Maintaining confidentiality of family financial information;
- Communicating problems regarding FCP with the regional coordinator for timely resolution.

System Point of Entry (SPOE) Responsibilities

The SPOE is responsible for the following:

- Data entry of financial and insurance information obtained for the purpose of cost participation and access to public insurance (Medicaid);
- Medicaid “pending” status updated timely
- Medicaid number entered correctly.
- Submitting the **Notice Statement** to the IC/FSC who is currently working with the family, ASAP and no later than 3 calendar days of data entry;
- Ensuring that the IC/FSC has accurately completed all necessary forms with the family and supporting documentation;
- Maintaining all completed forms, along with supporting documentation of income, insurance, and expenses, updating family address and contact in the child’s early intervention record and in EIDS in accordance with federal and state guidelines;
- Maintaining confidentiality of family financial information; and
- Linking families with multiple, eligible, currently active children in the system by using the “Join to Family” link at the top of the Cost Participation page in EarlySteps Online . The SPOE selects the “Search Child” link and finds the child to link to. This enables the system to appropriately track services to accurately ascribe costs to the family. Do not use the “Join to Family” link if the additional child is no longer active in EarlySteps. The newest child is always linked to the first child who entered EarlySteps regardless of the child’s age at entry.

Service Provider Responsibilities

The EarlySteps Service Provider is responsible for the following:

- Ensuring that early intervention services are provided in accordance with the IFSP and the terms and conditions of the Provider/Payee Agreement and Service Provider Rider or Durable Medical Equipment Rider with LDH;
- Providing appropriate services based on child and family needs and concerns and EarlySteps Best Practice Guidelines and within the scope of the service authorization;
- Submitting complete and accurate service claims for all children receiving services within 60 calendar days of service delivery;
- Adhering to LDH, Medicaid, and OCDD policies regarding billing, claims submission, documentation;
- Maintaining confidentiality of family financial and other information;
- Providing updated family mailing address and contact information to the FSC and SPOE
- Adhering to EarlySteps policy that EarlySteps-enrolled providers may not provide services to any EarlySteps child and family outside of the EarlySteps payment system except as a private insurance network affiliate. In this case, payment arrangements are made among the family, that provider, and the insurance company according to their policies. Individual payment arrangements between an EarlySteps provider and a family outside of EarlySteps or private insurance are not allowable.

Central Finance Office (CFO) Responsibilities

The CFO is responsible for the following:

- Calculating the monthly cost of services for each family based on services provided;
- Issuing the **Notice Statement** to provide to the family which outlines the services provided and payment information;
- Mailing the Cost **Statement/EOB** monthly
- Processing revenue received through cost participation;
- Calculating and tracking payments received and due;
- Providing notification through reports when payments are in arrears; and
- Reporting to the lead agency as required.

EarlySteps Administration Responsibilities

EarlySteps is responsible for:

- Developing and providing oversight of FCP policy and procedures;
- Providing training and information to SPOEs, FSCs, providers and families on the FCP process;
- Reviewing requests for payment waiver/reduction due to extraordinary expenses or extenuating circumstances;
- Implementing the Dispute Resolution process regarding decisions related to the use of public benefits or cost share.
- Providing final approval for suspension of services after 120 days of nonpayment.

If a family refuses to sign the **Notice Statement**, the IC/FSC must inform the family that they will be paying full cost for services. The originals of both are maintained at the SPOE. And the IC/FSC must document this refusal in their contact notes and keep copies of the form(s) on file.

Under no circumstances will the implementation Family Cost Participation cause delays in the 45-day timeline. Even if it is due to the family's delays in submitting Financial Information, or lack of completion of paperwork, it will NEVER be a justifiable reason to go beyond the 45-day timeline. At the same time, completing the process is a required component of EarlySteps.

Family Cost Participation Process: Step-by-Step

Newly Referred Families

Step 1: Initial Contact and Intake Meetings conducted by the SPOE

- A. During the first contacts with the family, the parent is informed about the FCP process. EarlySteps has provided scripts for the purposes of discussion with families about this process.
- B. During Intake Meeting, family is informed of the requirement to provide the following documents as appropriate, if child is found eligible for EarlySteps:
 1. The most recently filed federal income tax forms;
 - The most current **1040** or **1040A**; or

- A **Transcript** from the Internal Revenue Service (IRS) of the most recently filed federal income tax return; or
2. Pay stubs from the previous three (3) consecutive months, a year-to-date income total on the check stub showing at least 3 months of earnings, W-2s, and/or other sources of income; or
 3. Verification of the child's eligibility for Medicaid will be sufficient documentation of family income if a child is Medicaid eligible and the family agrees for EarlySteps to use Medicaid as payment for IFSP services. The family will also complete the **Income Verification Form**.

For families applying for Act 421: Children's Medicaid Option, the Medicaid status can be entered as "pending," but must be updated as soon as the Medicaid status is determined.
 4. For children in Foster Care, no income information is required as FCP is not applicable, but the **Income Verification Form** is still completed, Medicaid eligibility is verified, and verification that the child has been placed with foster family is obtained.

Step 2: Initial Eligibility Determination

The Intake Coordinator will conduct the following activities when a child is found eligible at the Initial Eligibility Determination Meeting:

- A. Schedule and/or develop the initial IFSP using the procedures described in the preceding chapters. As always, the IFSP is developed based on family concerns, priorities, resources, and child needs, without regard to potential costs. Once support needs are identified, the cost determination proceeds.
- B. Inform family of options to:
 1. Provide income information and access Cost Participation Schedule or
 2. Pay full cost for early intervention services or
 3. Allow use of a child's Medicaid.
- C. If family provides and verifies financial information proceed to collect and review all necessary documents (i.e., tax forms, pay stubs, etc.).
- D. Forward completed forms and all supporting documentation for data entry. This allows for the **Notice Statement** to be generated.

Step 3: Initial IFSP Meeting

At the initial IFSP meeting, the Intake Coordinator will:

- A. Obtain parent/guardian signature on the **Notice Statement**;
- B. Explain to parent/guardian that refusing to sign the notice means they are accepting responsibility for payment of full cost of early intervention services; and
- C. Provide parents/guardians with a copy of the **Family Rights Handbook** which outlines family rights related to FCP.

Request for Income Adjustment

If the family has extraordinary expenses associated with the eligible child or another family member with a disability or other extenuating circumstances for which they will request consideration of the cost participation amount, the **Application for Income Adjustment** will be completed with the IC/FSC. A regional review is held to review the application and determine what, if any, expense amounts are being requested to adjust the family's income. The request will be reviewed by the designated regional team and a decision rendered. If approved, it is sent to the SPOE and includes the approved extraordinary expense amount, the adjustment amount and the effective date for the adjustment. The steps for the SPOE to enter the adjustment amount and generate a new **Notice Statement** are outlined in the EarlySteps Online FCP Manual (May 8, 2017 version).

Once the adjustment is made, the Notice Statement is printed for the parents to sign.

On the Bottom of the **Income Adjustment Notice**, document in the spaces provided:

- (a) the date the approved expenses were entered into the data system and
- (b) the date the **Notice Statement** were submitted to the FSC for the parents to sign.

The FSC and family will receive signed copies of the review team's decision. Families will be reminded of their right to administrative review and dispute resolution procedures if they are not in agreement with the review team decision.

Annual IFSP Meetings with FSC

Update Family Information

The FSC is responsible for gathering the income/expenses information necessary when a change in financial status occurs at any time and annually when eligibility re-determination occurs. Families may also request re-determination of their financial status as needed.

Step 1: Inform family of document submission requirements:

The family is informed about their rights and responsibilities and information needed for verification as appropriate:

- A. The most recently filed federal income tax form with all attachments;
 - The most current **1040** or **1040A**; or
 - A **Transcript** from the Internal Revenue Service (IRS) of the most recently filed federal income tax return; or
- B. **Pay stubs** from the previous three (3) consecutive months, a year-to-date income total on the check stub showing at least 3 months of earnings, W-2s, and/or other sources of income.
- C. For families without Medicaid and families at/above 300% FPL, the following are discussed:
 - 1. Provide income information and access Cost Participation Schedule or
 - 2. Pay full cost for early intervention services

Items A. and B. may not both be needed to verify income. For families with a Medicaid-eligible child, the notice statement can be printed prior to the meeting so that the family can sign without waiting for the form to be printed later and returned to the FSC/SPOE.

Step 2: Proceed with Income Verification

If family provides and verifies financial information proceed to collect and review all necessary documents (i.e., tax forms, pay stubs, etc.). Complete the **Income Verification Form** and any other needed forms.

Step 3: Send Completed Forms to the SPOE

Forward completed forms and all supporting documentation for data entry at the SPOE. This allows for the percentage of family income to be placed on the sliding schedule and **Notice Statement** to be generated. Parent **must** sign the **Notice Statement**. FSC is to provide parents with a copy of the **Family Rights Handbook**.

Step 4: Request to Re-evaluate Income and Family Cost Share Payment

Upon request by the family, the FSC must review income, family size, any appropriate deductions, and/or assist with written requests for income adjustment for extraordinary expenses. The FSC must update any changes for the family, including changes in address, insurance, family size, family cost share. Documentation of the review, including the completion of any necessary forms **Application for Income Adjustment** and supporting documentation must be submitted to the SPOE within 5 calendar days of completion of this review.

The **Application for Income Adjustment** is used whenever the family has extraordinary expenses that were not deducted on the federal income tax return or otherwise reimbursed through other sources. The FSC will provide the **Income Adjustment Form** to the family, review the procedure for completion with the family and submit the required information to the regional coordinator for consideration by the review team and if approved, the information will be submitted to the SPOE for data entry. The family will receive a copy of the signed, dated decision as verification.

In addition to the requirements provided on the previous page, The **Application for Income Adjustment Form** and instructions follow at the end of the Chapter.

References:

- IDEA Statute: Individuals with Disabilities Education Improvement Act, Part C (2004)
- Federal Regulations: 34CFR Part 303, 303.520-303.521
- Act 417 of the 2013 Louisiana Legislature
- Emergency Rule: September 20, 2013 Louisiana Register
- Louisiana State Policy on System of Payment found in the EarlySteps Policy Document, 2014 edition: <http://www.earlysteps.dhh.louisiana.gov>.
- Family Cost Participation: EarlySteps Online, May 8, 2017. Available from laeikids.com.
- Act 421: Children's Medicaid Option from the LDH Medicaid website.



DECRP: Family 3: Practitioners are responsive to family's concerns, priorities and changing life circumstances.

General Supervision Performance Expectations

The following performance expectations are required for the implementation of family cost participation. Failure to meet expectations will result in findings of noncompliance, correction action and/or sanctions.

Expectation	Requirement
Medicaid status is appropriately entered in EarlySteps Online and on the IFSP	Medicaid eligibility information entered by the SPOE: <ul style="list-style-type: none"> • Number is correct • Pending status updated
Family Rights are provided	Families receive rights according to requirements.
Notice Statement	<ul style="list-style-type: none"> • The notice statement is signed, dated, updated, and filed in the chart. • The notice statement is signed regardless of child's eligibility for Medicaid.
FCP account	<ol style="list-style-type: none"> 1. The FCP account is set up 2. The correct FCP account selection is made 3. Income information is included for all appropriate family members 4. Draft accounts are updated timely. 5. The FCP account is updated annually 6. FCP accounts for families with more than one child in EarlySteps are linked to a single FCP account. 7. Updates to account based on changes in the family are updated timely. When accounts are suspended following an emergency of change in income status for the family, revisions are made when the impact changes.

Family Cost Participation: Frequently Asked Questions

1. Why does EarlySteps have a family cost participation system?

The Louisiana Department of Health (LDH) has determined a need to implement Family Cost Participation for EarlySteps as a means to support the EarlySteps budget. In light of state and federal budget constraints, the state determined that family cost participation was essential to ensuring that early intervention services would continue to be available for children and families. Public hearings were conducted and comments received on the proposal. A sliding fee scale was established for families with an income at or above 300% of the Federal Poverty Level, which is adjusted annually. It is anticipated that the implementation of FCP will generate approximately \$, \$450,000 annually for EarlySteps.

2. Are all early intervention services subject to a family cost share?

No, IDEA-Part C requires that specific services be provided to eligible children and families at no cost. The no-cost provisions apply to: child find/referral, evaluation/assessment, IFSP development, family support coordination, and procedural safeguards (including activities which support parents' rights in EarlySteps).

3. How is a family's cost share determined?

The cost share is based on a family's income and family size, minus any documented adjustments to income that were submitted and approved by the EarlySteps administration. Collection of this information or a family's decision not to share income information determines a family's potential cost share for early intervention services. In order to determine a family's cost, the family must provide proof of income and family size. Only families with income above 300% FPL will contribute to the cost of services.

4. How will a family know if there will be a cost share?

The Intake Coordinator/Family Support Coordinator will collect and verify financial information and forward to the System Point of Entry Office (SPOE). A **Family Cost Participation Notice Statement** will be generated using the family's information and it will give the calculated cost share, if any. A family, whose child has Medicaid, will not have cost share, but will sign the Notice Statement to consent to the use of their child's Medicaid for services.

5. How frequently will a review of the family's financial situation be conducted?

The family's financial situation must be reviewed and new paperwork completed with updated financial information and proof of income annually; when the family informs the service coordinator that there are substantial changes in their financial situation; and when the family requests reconsideration due to extenuating circumstances, or at the request of the lead agency.

6. If a family has not filed or retained copies of their most recent tax return or if a family's condition has materially changed since the most recently filed federal 1040 tax form, what steps and documentation is required for determining the family's cost share?

The family must provide copies of the most recent tax return or **Transcript** of the tax return; or pay stubs from last three consecutive months or official statement from an employer. The Transcript of the tax return can be requested at no cost by calling 1-800-829-1040. It can be faxed within 48 hours or mailed within 14 days.

7. What happens if a family refuses or delays providing income information or signing the Consent to Verify Financial Information form?

The family has a responsibility to complete and sign the **Income Verification Form**. Refusal to provide such information will result in the family being responsible for the full cost of services. A family may choose not to provide income information, not receive early intervention services for which there is cost share, and continue to receive the no-cost services.

8. Other than earned income, will other income types be counted to determine cost participation fees? (Examples: alimony, pension, etc.)

Yes. Income from rent, royalties, dividends, annuities, and income from life insurance and endowment contracts, pensions, and income from an interest in an estate or trust are all counted.

9. What if I have private insurance, will EarlySteps accept any private insurance and how will that fit in with cost participation?

There are some services which may be agreed to in an IFSP that can be paid for through a family's private insurance. If a family chooses to use their private insurance for services identified on the IFSP, these services will be accessed through the insurance network providers directly by the family. These services will be listed as "other services" on the IFSP since they will not be paid for through EarlySteps. EarlySteps will ask families if there is private insurance coverage for the child, but currently, no other information will be collected regarding insurance.

10. When do families begin receiving the *Family Cost Participation Statements/EOB* from the Central Finance Office (CFO)?

EarlySteps will only bill a family for services that are provided based on claims submitted by the provider. To ensure this, the CFO will bill after sixty (60) calendar days following payment to the provider for services rendered. This lag allows time for all provider claims to be paid and most adjustments made before billing the family. Adjustments will result when crediting payments made by families after a billing cycle. While most providers will submit claims promptly, EarlySteps allows providers sixty (60) calendar days from the date of service to submit claims to the CFO. For example, the CFO may continue to accept claims through February for services delivered in December. Therefore a family would not be billed until March for December services.

11. What happens if families do not pay? Who is responsible for ensuring the bill is paid?

LDH is responsible for ensuring that the family cost share is paid. If a payment is not received after thirty (30) calendar days of billing, the Central Finance Office (CFO) will include the amount past due on the next Family Cost Participation Statement. If payment is not received after ninety (90) days, the next Family Cost Participation Collections Report from the CFO will include past due payments over 90 days, and a notice of nonpayment will be mailed to the parent/guardian. This notice will state that if payment of arrears is not received within 30 calendar days, services for which costs are associated will likely be suspended after 120 days of nonpayment. The FSC will arrange to meet with the family to discuss options, to offer the opportunity for consideration of extenuating circumstances. The family will be eligible to continue to receive those functions and services required at no cost according to federal requirements: child find and referral, evaluation and assessment, development of an IFSP, service coordination, and procedural safeguards (parents' rights). Following the review of the meeting with the FSC and the family, LDH will make a final decision regarding the family's status. The FSC and the family will be notified in writing of the decision. Families may choose to have this information shared with their State Representative or State Senator as specified in Act 417.

12. Who will be eligible to apply for an Income Adjustment in the event of a hardship?

Any family who cannot pay their cost participation amount due to extraordinary expenses or other extenuating circumstances will need to complete an **Application for Income Adjustment** form which will be reviewed and a decision regarding any adjustments will be made by a team assigned for that purpose.

13. Which members of a household count in determining family size?

The number of family members (family size) considered in the determination of family size is established by counting the dependent child, the child's parents (including a step-parent in the home), and the child's siblings with whom the dependent child lives. All natural, adoptive, step or half-siblings who meet the definition of dependent child will be counted in the family group.

14. Which household members will be required to report income?

Parents, step-parent, grandparents if they are the primary caregiver and adult siblings who maybe the primary caregiver will have their income counted.

15. What happens if a family disagrees with the Family Cost Participation fee amount?

If there is disagreement with the calculation of fees a family may request an administrative review to be conducted by the lead agency review team.

16. What happens if the Cost Participation fee is not paid?

Failure to pay the fee may result in suspension of those services for which family cost share is applicable. The family will continue to receive a bill for services rendered and may be referred for debt collection. The family may continue to receive "no-cost services" if they choose.

17. Will the SPOE or FSC be notified of a past due amount or suspension of services?

If payment is not received within the initial 30 calendar days of billing, the overdue amount will show on the following month's FCP Statement. If payment is not received after 90 days the CFO report will indicate the need for follow up and the EarlySteps administration of the account status. Families past 120 days of nonpayment will receive a final notice of nonpayment indicating possible suspension. If a family gives permission, their state Senator and Representative will also be notified.

18. How can a family obtain additional information?

For any questions about cost participation including the determination of the family's monthly cost share and how to make payments, please contact the FSC.

For questions regarding errors on the explanation of benefits or the details of the family cost statement related to services, such as, differences in the date or duration of services received, please provide a copy of the statement along with an explanation of the potential error to the FSC. If additional information is needed the FSC will contact the regional coordinator for assistance.

Family Cost Participation Schedule

Sample of Sliding Scale Calculation and Costs to Families

2023 Federal Poverty Level-Annual Income Schedule

Family Size							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
For each additional person add							
	301%	350%	400%	450%	500%		
Per Hour	\$20.81	\$24.28	\$27.75	\$31.22	\$34.69		
Maximum Monthly	208.13	242.81	277.50	312.19	346.88		
Average monthly cost to families	\$83.24	\$97.12	\$111	\$124.88	\$138.76		

Explanation:

1. The monthly maximum contribution (shown in yellow near the bottom of the schedule) is based on 3% of the annual income of a family of 4 across all of the income groups. The hourly service rate is calculated as 10% of the maximum monthly cap. This formula can be applied to families above the 500% income level to calculate their hourly rate and maximum cost using the FPL schedule.
2. This calculation will be used annually when the FPL schedule is updated.
3. For eligible children covered by Medicaid, the family will not contribute to the cost of any services.

The Schedule is updated annually to match the annual FPL schedule updates, so per hour charges change with the annual updates to the family's account.



Application for Income Adjustment

A. Identifying Information

Child's Name: (Last, First, Middle)	DOB: (mm/dd/yyyy)
Parent(s)/Guardian(s) Name:	Home/Work/Cell Numbers:
Address:	City/State/Zip:
FSC Name & Agency:	Phone/Fax:

B. Extraordinary Expenses Worksheet

Expense	EarlySteps Eligible Child (Past 12 months paid expenses)	Family Members (Must have disability or long term health issue)**
<input type="checkbox"/> Medical Payments		
<input type="checkbox"/> Materials and supplies related to disability		
<input type="checkbox"/> Specialized equipment		
<input type="checkbox"/> Special Food Supplements ordered by a physician (letter from physician attached)		
<input type="checkbox"/> Medications (prescriptions only)		
<input type="checkbox"/> Transportation/Parking Cost related to disability		
<input type="checkbox"/> Total Extraordinary Expenses	\$	\$
Total Amount of Adjustment Requested		\$

Parent(s)/Guardian(s) Signature:	Date:
----------------------------------	-------

LDH Use Only

This application and attached documentation were reviewed and:

☐ **Approved as Submitted** Total Expense Deduction \$ _____

☐ **Not Approved**

Reason(s) _____

☐ **Approved with Changes** _____ Total Expense Deduction \$ _____

Signature _____ **Date** _____

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Application for Income Adjustment Form Instructions:

LDH will consider all requests as follows:

- Must be $\geq 10\%$ of the families current "Family Income" as documented on the EarlySteps **Notice Statement**; and
- Cannot have been already used to calculate the current EarlySteps "Family Income" or claimed on Federal Income Tax; and
- Cannot be counted if a 3rd party is responsible (insurance, Medicaid, non-custodial parent, etc)
- Verification of all paid expenses listed on the form are attached
- Copy of the Notice Statement is attached.
- FSC completes the form with the family and collects and submits documentation and the signed form to the review team
- The review team considers the request, makes the determination of deduction and completes the *LDH Use Only* section of the form. The family and the FSC keep a copy of the completed form with the decision.
- If approved the form is provided to the SPOE for entry of the adjusted income and calculation of the revised family cost share.
- The revised **Notice Statement** is generated and provided to the family.

Acceptable Documents for Verification of Expenses

Documentation provided for consideration of the request are checked on the form:

- **Family Members**: must have been included as a dependent on income tax form and part of the family size calculation on the **EarlySteps Notice Statement**. Documentation from a physician is required to verify family member's disability or long-term health issue before expenses can be considered.
- **Medical payment**: copy of paid receipt.
- **Materials and supplies**: copy of paid receipt.
- **Specialized equipment**: copy of paid receipt
- **Special Food Supplement**: letter from physician verifying food supplement needed as medical treatment and copy of paid receipt.
- **Medications**: pharmacy printout of name of prescription and cost, and copy of paid receipt.
- **Transportation/Parking**: copy of paid receipts.

- ☐ Initial Eligibility
- ☐ Annual Review
- ☐ Update of Family Information

Income Verification Form

Child Name:		DOB:	
Parent/Guardian:		Date Completed:	
<input type="checkbox"/> Child enrolled in Medicaid _____ <input type="checkbox"/> Child in Foster Care <input type="checkbox"/> Child covered by Family Private Insurance <input type="checkbox"/> ID number(s) of other active children in EarlySteps: _____			
1. Income Source	2. Parent/guardian #1	3. Parent/guardian #2	4. Family Income Total
	Indicate Amount(s):	Indicate Amount(s):	Totals:
a. Wages, Salary, Self-Employment Source of Verification:			
b. SSI, SSA Source of Verification:			
c. Alimony Source of Verification:			
d. Unemployment Source of Verification:			
e. Worker's Comp Source of Verification:			
f. Other Income: Source of Verification:			
g. Total Income:			
h. List Additional Family Members for Family Size Calculation:	Siblings:	Other Adults:	Total Family Members:

I verify that the information provided above is correct to the best of my knowledge. I understand that the information will be used to calculate potential service costs in the EarlySteps system, may require additional verification, and that if I do not provide income information I may be charged the full costs of any IFSP services I authorize for my child.

Parent/Guardian Signature:	Date:
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Income Verification Form

Instructions:

- For children receiving Medicaid or in Foster Care check the appropriate box(es) and have the family sign the form.
 - For children with Medicaid Eligibility--provide verification through MEVS printout (preferred) or Medicaid number
 - For children in Foster Care, the foster family provides the court documents which establish their status with the child.
 - The DCFS case worker may also sign the **Income Verification** form/provide verification.
- This form will be updated annually. If the child's status or family income changes, the form will be updated by the Intake Coordinator/Family Service Coordinator when needed.
- For income verification provided through by the family Income Tax form showing the family's adjusted gross income:
 - Column 4 may be the only column necessary for use
 - The total adjusted income from the Income Tax form can be written in 4g. A copy of the tax form is submitted with the **Income Verification Form**.
- For income verification provided through paycheck stubs:
 - Indicate the source of verification (pay check, etc.) in column 1, rows a-f. Parent/Guardian's individual income will be listed in columns 2-3. If an additional family member income is provided, an additional form can be added.
 - Indicate the income amounts for the parents/guardians in columns 2-3
 - If there is significant variation in paycheck amounts across the 3 months (weeks, biweekly, etc.) of pay checks provided, the average may be calculated.
 - Assure that the frequency of paychecks is clear; the SPOE will have to input frequency—monthly, weekly, bi-weekly, etc into EIDS for the income calculation to be accurate.
 - Copies of paycheck stubs are submitted with the **Income Verification** form, the frequency of payment can also be written on the check stub. Pay check amounts should be carefully reviewed with families to verify actual income amounts.
- If paycheck information is used, any additional sources of income listed in 1b-1f will need to be itemized and verification provided. For each family member indicate the amount of the income for the specific source of income in the appropriate row under their name/role including:
 - Interest;
 - Rents;
 - Royalties;
 - Dividends;
 - Alimony and separate maintenance payments;
 - Annuities;
 - Income from life insurance and endowment contracts;
 - Pensions; and
 - Income from an interest in an estate or trust.

If tax forms are used for income verification, items in column 1a-1f do not need to be itemized, just the total adjusted income listed in column 4g, since the income information listed above is included in the tax form.

- Any income listed will require submission of the appropriate documents as verification.
- Total across all rows and place total in column 4

Income Verification Form Instructions (page 2):

- The total of all income from all family members will be totaled in 4g.
- List family members living in the home in Row h. Family member is defined as one or more adults and children related by blood, marriage, adoption, and residence in the same household including parents, step-parent(s), siblings, step-siblings, guardian(s), guardian aunts/uncles, guardian grandparents.
 - In the top section, provide the EarlySteps Child ID number(s) of any other currently active children
- In column 4h place the total of all applicable family members living in the home.
- The totals in 4g and 4h will be entered into EIDS for calculation of any potential costs.
- In the case of custodial versus non-custodial parents with split/joint custody, the income of the parent who reports the child for income purposes is used on the form. There may be specific situations which can be handled on a case by case basis.
- IC/FSCs should write as legibly as possible and check income totals and numbers of family members to reduce errors in entering and calculating account information.
- Make sure that family member SSNs, routing/account numbers and other sensitive information is “blacked out” prior to submission to protect this information.
- The parent will sign the form upon completion. Parent signature verifies the accuracy of the information provided.

Family Cost Participation Notice

Date: _____

(This form will be generated by EIDS. It is provided here as a sample for information, but will not be completed separately from the statement generated by the CFO).

This serves as notice of the family cost participation information completed with your intake coordinator/family support coordinator. Your family cost participation determination will be completed annually to coincide with the annual IFSP, within thirty (30) days of your family's request to review your family income and/or after an increase in services in the IFSP which are subject to cost participation. A review of income and potential deductions must be completed prior to the release of a new notice.

Parent/Guardian: Street Address: City: State: Zip:	Child ID: Name: Date of Birth: Status:
Service Coordinator: Telephone Number: Street Address: City: State: Zip:	
Family Income:	\$
Deductions:	\$
Annual Income after Deductions:	\$
Family Size:	Total Number:
Family Cost Share(\$ per hour of service):	\$
EarlySteps Maximum Monthly Cost Share:	\$

Family Participation Option-The following documents my family's choice to participate in a system of payment for early intervention services and my understanding that a parent's signature is required on an Individualized Family Service Plan (IFSP) to initiate acceptance of a family cost share and that I must accept or decline early intervention services subject to cost share.

☐ **Family Cost Share:** I have chosen the EarlySteps Family Cost Share option in accordance with the EarlySteps policies and procedures. I understand that if a significant change occurs in my financial position, I will request a reassessment to determine a new monthly contribution rate.

I understand that I may request an adjustment in my calculated Family Income Amount if I feel that my family has extraordinary expenses by submitting an **Application for Income Adjustment** to EarlySteps. I understand that adjustments in my family income are not retroactive and that outstanding balances prior to the adjustment are not affected by any subsequent approved adjustment.

I understand that if my child has Medicaid, EarlySteps providers will submit claims to Medicaid for reimbursement of authorized early intervention services and that there are no costs to my family resulting from the use of my child's Medicaid. Therefore, my signature below indicates my consent to bill my child's Medicaid if applicable.

I understand that my family's monthly cost share payment more than 90 days late may result in suspension of all early intervention services other than those services available to me at no cost.

☐ **Full Cost of Services:** I have chosen not to release my financial information and/or allow the use of my child's Medicaid as the payment source for my child's early intervention services, therefore, I understand that I will be billed for the full cost of services for which I give consent and are provided in accordance with my child's Individualized Family Services Plan (IFSP).

My acceptance of this notice verifies that my rights and responsibilities relating to EarlySteps and payment for services have been explained to me. I acknowledge receiving a copy of the **Family Rights Handbook**. I agree to notify my Family Support Coordinator of any changes in the financial information used to determine my family cost share for early intervention services for my child. I also understand that I should contact my Family Support Coordinator if, at any time, I have questions or concerns about family cost participation or the cost of early intervention services. I have the right to request an administrative review of my family cost share or request dispute resolution procedures if disagreements regarding my family cost share cannot be resolved through the administrative review.

Parent Signature:

Family Support Coordinator Signature:

Date:

Date:

☐ I have chosen not to release my financial information or allow use of my child's Medicaid as a payor for early intervention services, and I choose not to accept IFSP services at full cost, I understand that I am still entitled to receive activities associated with child find requirements, family support coordination, evaluation/assessment, IFSP development/review, and procedural safeguards (Parent Rights Procedures) at no cost to my family and at public expense.

Parent Signature:

Family Support Coordinator Signature:

Date:

Date:

Family Cost Participation Statement/Explanation of Benefits

Statement Description and Explanation:

The following three pages show a sample **FCP Statement/Explanation of Benefits** which the CFO will mail to families monthly with their cost participation information and total amount due, if applicable. Intake coordinators and FSCs already discuss the monthly **Explanation of Benefits** (EOB) statement that families previously received from the CFO as part of their initial and ongoing conversations with families. The Community Outreach Specialists (COSs) also discuss the EOB as part of their orientation with families. As of January 1, 2014, families will receive the **FCP Statement/EOB** instead of the previously mailed EOB. The following are important points to discuss with families to review the **FCP Statement/EOB**:

1. All families will receive the **FCP Statement/EOB** monthly, regardless if they have a cost share for early intervention services or not. For families with cost share, the total amount due will be shown. For families with Medicaid, there will be no total amount due.
2. The first statement will arrive 60 days after the first services are provided. EarlySteps providers have 60 days to submit claims, so there is a 60-day lag for issuing statements. The subsequent statements will be mailed monthly.
3. **Page 1** of the **FCP Statement/EOB** is the cover letter. It explains what the **FCP Statement/EOB** is. It also states that funds collected from families only support the costs for early intervention services. The collected funds are not used for any other purpose.
4. **Page 2** of the **FCP Statement/EOB** is the Summary page of the statement. It shows any previous amount that was due, payment received, any adjustments (credits, provider claims adjustments, etc) that were made in the current billing period, and the family's cost share. The total amount due from the family is shown in the black bar in the middle of the page.
5. If there is a balance from a prior month, the current amount due and the amount overdue will show below the black bar.
6. The payment coupon is at the bottom of the page and the family will mail in the coupon with their payment to the address provided.
7. **Page 3** will show all of the claims made to the family's account for the billing period. The claims listed will include all services for which claims are submitted regardless if there is cost share associated or not. The column titled *Cost Share Charged* will indicate (yes or no) whether a family is responsible for a share of the cost for that service. Examples:
 - a. If an *eligibility evaluation* was billed in the billing period, the cost for the evaluation will show. *Cost Share Charged* will say "No," since the eligibility evaluation is a no-cost service for all families.
 - b. If four units of a Speech Therapy service were billed in the billing period, the amount of the family's cost share will show and the *Cost Share Charged* will say "Yes," if the family had previously been determined to be responsible for a cost share.
 - c. If four units of a Speech Therapy service were billed in the billing period and the family has no assigned cost share, the *Cost Share Charged* amount will say, "No."
8. The middle section of page 3 will match the information shown on the family's **Notice Statement**.
 - a. *Cost Participation Accepted*: The date the Notice Statement was previously accepted by the family.
 - b. *Monthly Max Cost Share*: The monthly maximum amount based on the family's income and household size.
 - c. *Cost Share Amount per Hour*: The hourly rate amount based on the family's income and household size.

9. *Practitioner Claims Adjustments* will be indicated next if the provider submitted any revisions to previously submitted/paid claims. For example, an incorrect amount that was claimed in a previous statement would be adjusted in this section for the current billing period. That amount may be credited to the account or an additional cost to the family shown in the current statement.
10. *Cost Participation Adjustments* will be indicated if any manual adjustments were made to a family's cost share amount.
11. The total amounts from page 3 will be summarized on page 2.
12. There may be several pages which follow page 3 if the number of services billed exceed one page or if there are multiple children active in EarlySteps in the family's account. The totals for these pages will be summarized on page 2.
13. Additional information about the **FCP Statement/EOB**:
 - a. Encourage families to keep a copy of their statements for use in reviewing with the IC/FSC and to answer questions about the statement.
 - b. There will always be a 60-day lag time between the date a service is provided and the mailing of the statement.
 - c. Families will continue to receive statements after their child exits EarlySteps. Families are still responsible for amounts due on statements mailed *after* their child exits EarlySteps.
 - d. EarlySteps only accepts payments by check. Credit/debit cards are not accepted.



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2000

Head of Household Name
Address
City, State Zip

Account Number

XXXXXXX

Child ID

XXXXXXX

In October, 2013, Louisiana Department of Health and Hospitals, EarlySteps Program, established a system of payments process for certain early intervention services. After your child's Individualized Family Services Plan (IFSP) was developed, you received a Family Cost Participation (FCP) Notice which detailed your family's cost share per hour of service and the maximum monthly service cap. Enclosed is your monthly Explanation of Benefits (EOB) and FCP Statement:

- The EOB shows the services authorized, provided to your child, and claims submitted by your child's provider for the statement period.
- Services provided in the service description list will include services for which you may have costs assessed and services for which there are no costs (such as service coordination, evaluations, etc).
- The FCP amount for any assessed costs are totaled, your family's FCP amount is shown and the total amount due is shown.
- Please return any payment due according to the statement amount by the date due.

If you have questions regarding your statement, call the number on the statement or talk to your family service coordinator. We thank you for your prompt payment.

Payments received from participating families are only used to fund services provided by EarlySteps.



Louisiana EarlySteps

Head of Household Name
Address
City, State Zip

Account Number XXXXXX
Statement Date MM/DD/YYYY
Statement Period Month, Year

Summary

Please keep this section for your records

	Amount
Previous Amount Due	\$x,xxx.xx
Payments Received	\$x,xxx.xx
Cost Participation Adjustment Total	\$x,xxx.xx
Family Cost Share	\$x,xxx.xx

Total Amount Due **\$x,xxx.xx**

Delinquent Notice: Please bring your account current.

Current	Over 30	Over 60	Over 90	Over 120
\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx	\$x,xxx.xx

For inquiries regarding your cost share information or to change your address, please call your Service Coordinator. Inquiries regarding this statement should be directed to the Central Finance Office at 1-866-296-4094, option 1.

There are no provider claims for Month, Year.
There are no adjustments to Family Cost Share previously charged.

Important – Please return this portion with your payment

DO NOT SEND CASH

Make checks payable to:
Central Finance Office

Account Number XXXXXX
Amount Due \$x,xxx.xx
Statement Period Month, Year
Amount Enclosed \$

Central Finance Office
c/o CSC
P.O. Box xxxxx
Shawnee Mission, KS 66201-9134



Louisiana EarlySteps

Head of Household Name
Address
City, State Zip

Account Number XXXXXX
Statement Period Month, Year
Child ID xxxxxxxx

Explanation of Benefits

Statement Date MM/DD/YYYY

Services For Child Name

Practitioner Name	Service Description	Claim Number	CPT	Date of Service	Cost Share Charged	Paid To Practitioner	Minutes	Cost Participation Amount
Name	Description	Claim #	CPT	MM/DD/YYYY	Yes/No	\$xx.xx	xx	\$xx.xx

Child Total \$xxx.xx \$xxx.xx

Account Number xxxxxx
Cost Participation Accepted MM/DD/YYYY
Monthly Max Cost Share \$x,xxx.xx
Cost Share Amount Per Hour \$x,xxx.xx
Family Cost Share \$x,xxx.xx

Practitioner Claims Adjustments

Statement Date MM/DD/YYYY

Services For Child Name

Practitioner Name	Service Description	Claim Number	Date of Service	Cost Share Charged	Paid To Practitioner	Minutes	Cost Participation Amount
Name	Description	Claim #	MM/DD/YYYY	Yes/No	\$xx.xx	xx	\$xx.xx

Child Total \$xxx.xx \$xxx.xx

Cost Participation Adjustments

Statement Date MM/DD/YYYY

Service Month	Previous Cost Share Amount	Adjustment Amount	Current Cost Share Amount
Month	\$xx.xx	\$xx.xx	\$xx.xx
Cost Participation Adjustment Total		\$xxx.xx	