

Family Cost Share Workgroup Update
ICC Meeting
6/1/12

General Thoughts on the Process:

- A change in thinking and way of doing business
- Reminder to everyone that we are looking to meet a necessary expense, fairly applied
- Families cannot be denied services based on the ability to pay
- Entitled Services cannot be charged per IDEA (Intake, Evaluation, IFSP Development, Service Coordination, and Transition)

Information determined to date:

1. Family Cost Share Administration be centrally based such as a State Agency or 3rd Party Fiscal Agent
2. Billing would occur monthly
3. There would be a Sliding Fee Scale
4. Family Cost share would include a Hardship Exemption
5. After 90 days of non-payment, non-entitled services would be suspended
6. Families would be required to update their financial information:
 - a. Annually
 - b. At a change of status – married, divorced, death, job loss or gain, new baby etc.
7. ESS Service Coordinators would not be responsible for reporting change of status, collecting payments etc.

Sliding Fee Scale:

Recommend that the billing of families begins at 300% of poverty and a slower progression of increases at the top end of the chart (See chart). Discussion continues around a family who chooses not to apply for Medicaid (yet they qualify financially). The group is looking at the Part C Regulations regarding family cost share and may modify the sliding fee scale accordingly. Families cannot be denied services based on the ability to pay.

Hardship Exemption:

After a lengthy discussion it was decided that the central office that accepts payments would also be the office that decided if a family qualified for a hardship reductions/exemptions. The things that the committee would want the office to consider for hardship include:

- Unreimbursed Medical expenses over 6% of Adjusted Gross Income- This would include expenses for immediate family members, Up to \$500 of alternative therapies annually
- Unreimbursed home modifications necessary for medical/disability needs
- Educational expenses up to \$10,000 per year for household member (includes parents school loans)
- Catastrophic expenses due to natural Disaster causing direct out of pocket expenses in excess of 15% of family income.
- Child support paid out if there is proof of 3 months of payments

Group also considered the following definition, which comes from NJ:

“Extraordinary expenses: An average monthly or yearly unreimbursed (“out of pocket”) expense that is related specifically to the eligible child’s disability or an immediate family

member with a disability or long term health issue. Deductions might include specific purchases, expenses, modifications, and alterations that family members have made within the previous month or year to accommodate the extended/additional needs of the eligible child or family member. Extenuating circumstances may include unexpected events that affect the family's financial situation. 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.”

Director's Meeting – 3/14/12

Michelle Lewis and Terri Ohlson-Martin facilitated a discussion at the ESS Director's Meeting. We had great questions and feedback from the Directors. The overwhelming response was that the Director's would field test the process with families currently in their program.

Field Test

An e-mail will go out to all ESS Directors asking for their participation in field testing the Family Cost Share application and process with up to 5% of their families (including one family who has Medicaid). Our hope is that at least one Director in each of the regions of the NH will participate. The field test will include the following:

1. List of specific instructions
2. Brief overview of the Field Test for families to understand what we are asking
3. Mock application with sliding fee scale
4. Facilitated feedback questions on the process

The Family Cost Share group hopes to get this information to programs so that the pilot site can be conducted during the summer.

The work to date is based on the following: The Family Cost Share Workgroup reached out to the Infant Toddler Coordinator Association (ITCA) to see what information from other states about Family Cost Share (other than what was on the National Early Childhood Technical Assistance Center (NECTAC) site. ITCA shared with the group a detailed report that was completed for Colorado regarding Family Cost Share. This report was helpful in assisting the committee in its work. The report can be found at:

http://www.eicolorado.org/Files/ANALYSIS_OF_FAMILY_COST_PARTICIPATION_POLICY%20DRAFT.pdf

DRAFT DOCUMENTS

Explanation for Families about Pilot

Out of concern for potential cuts to Early Supports and Services (ESS) funding and increased costs of providing quality ESS services, the Interagency Coordinating Council (ICC) has created a sub-committee to look at the possibility of charging families a fee for receiving ESS services. The committee has created guidelines based on the experiences of other states, NH’s current costs, enrollment numbers and the commitment of New Hampshire and the ICC to provide families with affordable, quality service. An application, fee schedule and list of hardship exemptions have been developed for piloting. We are now asking ESS programs to pilot our application and see what works, what needs to be changed and what feedback families can provide us.

APPLICATION FOR FAMILY CENTERED EARLY SUPPORTS AND SERVICES
Family Cost Share

What should be included here?

Please Print	Name of Child	Name of Parent / Guardian 1	Name of Parent / Guardian 2
Earned Income	Please attach copies of paychecks / pay stubs		
Wages 1 month = 4 pay stubs Bi-weekly = 2 pay stubs			
Self Employment/Rental Income – 1040 Tax Form Schedule C – prior year			
Unearned Income	Please attach copies of supporting paperwork		
Social Security (SSI / SSA)			
Child Support			

Alimony			
Pension / VA Benefits			
Resources – Only required if more than \$10,000.00 combined			
Examples: Stocks/Savings Bonds/Mutual Funds –excludes Special Needs Trusts			
Insurance Expenses Please attach copy of paid premiums if information is not on pay stubs			
Health Insurance Company Name:	Address:	Premiums paid per year:	Group Number:
Dental Insurance Company Name:	Address:	Premiums paid per year:	Group Number:
Vision Insurance Company Name:	Address:	Premiums paid per year:	Group Number:
Medicaid / Katie Beckett	Yes <input type="checkbox"/> Number	Pending Application <input type="checkbox"/> Date applied:	No <input type="checkbox"/> Never applied: <input type="checkbox"/>
Court ordered Child Support- Paid to someone outside the Household	Address:		
Specialty Diet Foods for Medical condition (monthly expense)		Household Child Care Expenses (when both parents work – monthly cost)	
Other Medical Expenses :	Items:	Cost:	Date of Expense:
Educational Expense (parent school loans, etc), Annual expense:			

Please List: All adults and children that live in this household:

Name:	Date of Birth:	Relationship to Child Receiving Early Supports & Services	

Family Centered Early Supports and Services (FCESS) receives its funds from State and Federal sources and supplemented with a Family Cost Share. I declare that I have reviewed the above information; it is true and complete to the best of my knowledge. I understand that FCESS may use other state data and resources to verify information provided in this application.

(Required) **Printed Name:**
Date:

Signature: