

Family Cost Share: Responses to Issues Raised at December Stakeholder Group Meeting

The following topics received further research and staff discussion based on stakeholder questions, concerns, and input at the December stakeholder group meeting. The information below reflects final decisions by the Part C Office.

1. Monthly vs. Quarterly Billing - Since we have moved to a monthly cap instead of the annual fee originally discussed, billing for and payment of the family fee will occur monthly.
2. If the family declines to provide financial information, then the family has declined to participate in the Family Cost Share process and pays for all of their Part C services (not including service coordination, eligibility determination, assessment, IFSP meetings or their procedural safeguards) at the Part C reimbursement rate of \$150 or \$110 depending on the service.
3. Audit concerns related to visual regard on income documentation - To meet Infant & Toddler Connection of Virginia requirements, the local system representative views the income documentation to determine the family's adjusted gross income, and the family and local system representative sign the Family Cost Share Agreement form indicating that this information is correct. There is no need to keep a copy of the income documentation (e.g., tax form). However, local systems are allowed to keep a copy of the income documentation if required by their agency.
4. Federal Adjusted Gross Income vs. Taxable Income – Adjusted Gross Income (AGI) is all the income you receive over the course of the year such as wages, interest, dividends and capital gains minus things such as contributions to a qualified Individual Retirement Account (IRA), some business expenses, moving costs and alimony payments that are not considered taxable. The most significant difference between AGI and Taxable Income is that Taxable Income includes the reduction of the standardized deduction or itemized deductions from schedule A and the deduction for each exemption claimed.
We will be using adjusted gross income (AGI) in the determination of the family's monthly cost share cap for the following reasons:
 - AGI is consistent across federal and state tax returns
 - Using taxable income and our fee scale would take family size into account twice
 - AGI is less subject to manipulation than taxable income
5. Policy if 2 or more children from the same family are enrolled in Part C at the same time – There is no additional fee after the first child.
6. Using 2 pay stubs for income documentation – This should be the exception, not the rule. In those rare instances when this method is used for income documentation, you must ask the family to state their gross self-employment income as well as providing pay stubs for other employment. When looking at the pay stubs, use gross wages and calculate annual gross income.
7. Does the family pay for a month in which no service is received? – No

8. When Medicaid is secondary insurance/Medicaid Waiver: Private insurance has to deny coverage first, but family refuses to allow private insurance to be billed – The Part C Office is working with DMAS to determine if/how we can best address this situation.
9. Assistive Technology – There will be no separate fee scale for assistive technology.
 - For now, in order to keep it simple, we will treat the purchase of an AT device as a 1-time expense (occurs in the month in which the purchase was made). Example: If family fee according to the scale is \$800 per month and out of pocket expenses for services are \$290 and this month you purchased a \$1,000 AT device for the child, then the family will pay their full monthly fee of \$800 that month. They would go back to paying \$290 the next month (assuming all other services stay the same). The Part C Office will collect data over the next year on what is being purchased and at what cost and will re-visit this policy in one year to determine whether it is better to spread out the cost of an assistive technology device over a period of time or keep as a one-time expense.
 - Specific practices associated with assistive technology will be added to the Practice Manual. Those practices will address the following:
 - Whenever possible, loaner equipment is desirable for “high” tech devices prior to purchasing a specific device for an individual child.
 - Local systems and IFSP teams are encouraged to seek funding or acquisition of AT devices from local civic and community organizations or from equipment loan or donation facilities.
 - Personal use, expendable items (e.g., bath forms, ear molds) are not reclaimed and are for the personal use of this child only.
 - AT efforts should focus first on slight, low- or non-tech modifications to typical toys and equipment and build up as needed.
 - Disposition of AT devices as the child leaves the Part C system:
 - a. If purchased with the family’s health insurance (public or private), the equipment belongs to the family and they take it with them as they leave Part C.
 - b. If federal or state Part C funds are used to purchase any or all of the AT device and the AT device is valued at \$5,000 or more, it belongs to the Part C system and must be treated as follows when the child exits the Part C system:
 - The equipment is returned to the Part C system, re-inventoried and used for other children on a loaner or trial basis.
 - If the child is transitioning to Part B, the local school division may receive the equipment and utilize it for this specific child as long as the child needs it. Once the child no longer needs the equipment, it is returned to the Part C system.
 - If the child is transitioning to a program other than Part B, that program may purchase the AT device with appropriate depreciation consideration.
 - c. The local lead agency will maintain a comprehensive, regularly updated and current inventory of all devices purchased or

valued at \$5,000 or more. This inventory will cite the equipment, appropriate serial numbers, location of the device, and anticipated disposition of the device including timeline.

- Public procurement policies must be followed when purchasing AT devices with public funds.