

*POLICIES RELATED TO FINANCIAL MATTERS*

(Authority: IDEA Part C U.S.C. 1435, 1437, 1438, 1440)

**Assurances:**

The Department of Health for the State of Hawaii (HDOH) assures the following:

- a. HDOH has a description that ensures resources are made available under this part for all geographic areas within the State. (20 U.S.C. 1437(a)(7));
- b. HDOH has a policy pertaining to contracting or making of other arrangements with service providers to provide early intervention services in the State, consistent with the provisions of Part C, including the contents of the application used and the conditions of the contract or other arrangements. (20 U.S.C. 1435(a)(11));
- c. HDOH has a procedure for securing timely reimbursements of funds used under this part in accordance with 20 U.S.C. 1440(a). (20 U.S.C. 1435(a)(12));
- d. HDOH ensures identification and coordination of all available resources within the State from Federal, State, local and private sources. (20 U.S.C. 1435(a)(10)(B)). These include, but are not limited to Title V of the Social Security Act (relating to Maternal and Child Health); Title XIX of the Social Security Act (relating to the general Medicaid Program and EPSDT; The Head Start Act; Parts B and C of the IDEA; Subpart 2 of Part D of Chapter 1 of Title 1 of the Elementary and Secondary Education Act of 1965, as amended; the Developmental Disabled Assistance and Bill of Rights Act (P.L. 94-103), and third party insurers. It is also responsible for maintaining accurate, current information on these funding sources, if a legislative or policy change is made under any of these sources.

**Family Cost Participation Policies**

**Purpose**

To establish a system of payments for early intervention services, including a schedule of sliding fees, as authorized by the Individuals with Disabilities Education Act (IDEA, 20 U.S.C. 1400 et seq.), and to establish procedures to be used to determine a family's cost participation for early intervention services based on their ability to pay.

A Family Cost Participation fee, including a sliding fee scale, shall be charged to the parent for early intervention services, unless those services are required to be provided at public expense, as identified below, or if a family is unable to pay for the services.

- a. Fees will not be charged for services that an infant or toddler is required to receive at public expense including:

- 1) Child Find;
  - 2) Evaluation and assessment;
  - 3) Care coordination;
  - 4) Administrative and coordinative activities related to the development, review and evaluation of IFSP; and
  - 5) Implementation of procedural safeguards.
- b. The inability of the parent of an eligible infant or toddler to pay for services will not result in a delay or denial of services to the infant or toddler or to their family. If the parent or family meets the State's definition of inability to pay, the infant or toddler will be provided all Part C services at public expense.
- c. The ability to pay is determined by a family's annual income and family size, according to the most recent U.S. Department of Health and Human services Federal Poverty Guidelines. Families with a gross income of 300% or less of the Federal Poverty Level are considered as not having the ability to pay. Adjustments to gross income may be made due to extenuating circumstances. Adjustments must have the approval of the HDOH supervisor or designee.
- d. Families will not be charged any more than the actual cost of the Part C service, and families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance.

**Procedures:**

1. Anticipated funding sources to support the payment of early intervention services may include, but are not limited to:
  - a. State general fund;
  - b. Federal funds under P.L. 108-446;
  - c. Medicaid;
  - d. Private insurance;
  - e. Early Intervention Special Fund and Trust Fund;
  - f. Sliding fee scale;
  - g. Special Federal/State grants;
  - h. Local county funds; and

- i. Private agency support.
2. HDOH will make every reasonable effort to collect payments under Medicaid, Champus (TriCare), and private insurance in accordance with the following guidelines:
  - a. Parents will be asked to provide consent when required under 34 CFR §§303.401,303.404, 303.460 and 300.571, in order for the Part C lead agency to make requisite disclosures of personally identifiable information and access public and/or private insurance. Parents will be provided a copy of the State’s system of payments that identifies potential costs that the parent may incur (e.g., co-payments, premiums or deductibles). Refusal of a parent to provide consent will not result in the denial of any service under Part C.
  - b. HDOH participating agencies, private providers and subcontractors will be required to ensure that parental consent has been obtained prior to accessing public or private insurance for any mandated Part C service.
  - c. HDOH will not require parents to use insurance proceeds to pay for mandated Part C services if the family would incur a financial cost. Financial cost includes:
    - 1) A decrease in available lifetime coverage or any other benefit under an insurance policy;
    - 2) The discontinuation of health insurance coverage due to the use of health insurance to pay for Part C services; or
    - 3) An increase in health insurance premiums.
  - d. HDOH may require that families pay for co-payments, deductibles, and/or registration fees or may pay by public expense unless the family meets the “inability to pay” criteria.
  - e. HDOH, in ensuring payment for early intervention services, in no way relieves an insurer or similar third party from an otherwise valid obligation to provide or to pay for early intervention services for an eligible infant or toddler.
3. The Sliding Scale Fee will be implemented for families who:
  - a. are over 300% of the Federal Poverty Level;
  - b. do not have public or private health insurance coverage;
  - c. do not consent to use their public or private health insurance coverage; or
  - d. do not provide the requisite income information.
4. Dispute Resolution – The Department has developed the following procedures to ensure that services are provided to eligible infants and toddlers with special needs and their families in a timely manner, pending the resolution of disputes among public agencies or service providers.

- a. Pending the resolution of the dispute, the Department will utilize Part C funds to directly pay for the services;
- b. At the request of the Department, the Hawaii Early Intervention Coordinating Council will conduct a Public Hearing among the agencies and parties involved in the dispute, and then assign the responsibility to the appropriate agency;
- c. Upon resolution of the dispute and assignment to the appropriate agency, the Department will invoice the appropriate responsible agency for the reimbursement of Part C funds.

**Sliding Fee Scale.**

The Sliding Fee Scale below will be utilized for families with incomes above 300% Federal Poverty Level (FPL), based on their family size. Income levels are not specified as they may change each year. Three hundred percent (300%) FPL was chosen to be consistent with Hawaii’s eligibility for Medicaid/QUEST services. To make costs reasonable to families, the maximum amount selected was \$2400, which is only part of the total average cost of over \$7000 per child. The amounts were developed as a way to have an increasing share of the cost according to income, but ensuring no cost to families under 300% FPL.

<b>Category</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Maximum Fee Per Family</b>	\$0	\$50/month	\$100/month	\$200/month
<b>Income by Federal Poverty Level (FPL)*</b>	<b>0-300% FPL</b>	<b>301%-400% FPL</b>	<b>401%-600% FPL</b>	<b>Over 600% FPL</b>

\* Based on Poverty Guidelines from the US Department of Health and Human Services.

**Assurances Regarding the Sliding Fee Scale**

- 1. No family will be charged a fee if they meet any of the following criteria:
  - a. Families at or below 300% FPL;
  - b. Families with Medicaid/QUEST coverage;
  - c. Families with insurance that pays for the infant or toddler’s early intervention services.
  - d. Families with Tricare (government entitlement program, not private insurance) that pays for the infant or toddler’s early intervention services.

2. Families will be charged a fee in the following situations:
  - a. Families with incomes above 300% FPL who do not have insurance coverage are charged according to the sliding fee schedule .
  - b. Families who do not provide the requisite income information are charged the maximum fee.
  - c. Families who do not consent to using their health insurance are charged according to the sliding fee schedule.
3. Information will be provided to all families at Intake regarding the implementation of the Sliding Fee Scale, including the sliding fee scale for that fiscal year.