



New Jersey Early Intervention System (NJEIS)

Family Cost Participation Handbook

ADMINISTERING ENTITY

The Department of Health and Senior Services (DHSS), as the Governor appointed lead agency, is responsible for the development and implementation of a state early intervention system for infants and toddlers who have disabilities or developmental delays and their families. DHSS has established procedures to implement the New Jersey Early Intervention System (NJEIS) Family Cost Participation (FCP) Policies in accordance with Part C of the Individuals with Disabilities Education Act. The service coordinator for the family is responsible for the collection of information and verification of income.

NJEIS FAMILY COST PARTICIPATION POLICIES

- Early intervention services provided to eligible infants and toddlers and their families shall be financed through multiple funding sources. Sources which may be available to finance individualized services, as appropriate, may include, but are not limited to, the following:
 - Title XIX of the Social Security Act (Medicaid)
 - New Jersey Family Care
 - Third party payers (Third party payers, such as health insurance companies, may be accessed by families to cover the costs of early intervention services.)
 - Long Term Care
 - Medical Day Care
 - Any medical program administered by the Secretary of the United States Department of Defense
 - Part C, Individuals with Disabilities Education Act (IDEA)
 - State appropriation, Early Childhood Intervention Program
 - Cost participation by the family of an eligible child that receives direct early intervention services through the implementation of an Individualized Family Service Plan (IFSP)
- In accordance with these policies and procedures, DHSS-NJEIS shall establish and implement family cost participation procedures for charges and fees for early intervention services provided under an IFSP by NJEIS approved early intervention program provider agencies.
- DHSS may exempt or reduce a required family cost participation payment if:
 - An application to adjust income for extraordinary expenses that exceed 5% of the household income is submitted by the family and approved by DHSS-NJEIS; or
 - DHSS-NJEIS receives payment from a family's public or private health care insurance carrier.
- A parent requested to provide family income information to determine a family cost participation payment amount shall exercise one of the following:
 1. Provide required family income information to determine the NJEIS family cost participation;
 2. Decline to provide family income information and pay the full cost of appropriate early intervention IFSP services provided by the NJEIS;

	<ul style="list-style-type: none"> 3. Decline/discontinue services with a family cost participation and receive the early intervention services provided at public expense, including service coordination, evaluation/assessment, IFSP development, IFSP periodic and annual review, and procedural safeguards; or 4. Terminate participation with the NJEIS. • The family cost participation options and, as appropriate, the family income information shall be reviewed by the service coordinator as follows: <ul style="list-style-type: none"> ▪ Annually (usually coinciding with the IFSP date); ▪ Within thirty (30) days of a parent request to change income information, including an increase or reduction in income; ▪ A parent request to change the family cost participation option as described in 1 to 4 above; or ▪ As a result of a change in the NJEIS Family Cost Participation Policies and Procedures. • The family cost participation payments received by the DHSS-NJEIS will be used to fund services provided by the NJEIS.
<p>FRAUD, WASTE AND ABUSE</p>	<ul style="list-style-type: none"> • Consistent with federal and state law, the NJEIS strictly prohibits all acts that constitute fraud, waste, and abuse. • NJEIS-15, Fraud, Waste and Abuse policies and procedures is located at http://nj.gov/health/fhs/documents/njeis-15.pdf. • If a family or provider agency has been found to have committed fraud, waste or abuse, the NJEIS shall impose sanctions, including, but not limited to: <ul style="list-style-type: none"> ▪ Recoupment of funds linked to fraud, waste or abuse, together with interest and any applicable civil penalties; ▪ Suspension of services to a child (whose parents committed fraud, waste or abuse); ▪ Disqualification of a practitioner from serving within the NJEIS; ▪ Termination of the contract between the provider agency and the NJEIS; and/or ▪ Referral of any evidence of suspected fraud or other criminal activity to the Medicaid Fraud Section, Office of Insurance Fraud Prosecutor, NJ Division of Criminal Justice. • Families must ensure that: <ul style="list-style-type: none"> ▪ Any document presented by a service coordinator or practitioner is complete and accurate before signing. ▪ Documents are signed when the service session is finished, not prior to the completion of the service. ▪ Concerns or questions related to the accuracy of explanation of benefits or family statements (billing) for NJEIS services are reported to the NJEIS CMO staff by calling 609-777-7734.
<p>DETERMINATION OF FAMILY COST PARTICIPATION</p>	<ul style="list-style-type: none"> • The New Jersey Early Intervention System (NJEIS) family cost participation is a progressive co-payment per hour of direct services provided in accordance with an Individualized Family Service Plan (IFSP). • Family cost participation is based upon family size, NJEIS determined income and the federal poverty level guidelines. • Families must agree to provide required income documentation to determine family cost participation for services. • Families with an annual income at or above 300% of the federal poverty level will be required to participate in the costs of NJEIS services provided.

	<ul style="list-style-type: none"> • The family will be responsible for a family cost participation not to exceed the cost of services or a maximum of 5% of the family's monthly NJEIS determined income. • The family will be charged a co-payment per hour of service and, as appropriate, the costs associated with assistive technology devices that are identified as needed on the IFSP. Assistive technology devices are charged based on the cost of the device and are not charged as a co-payment per hour. The total charges for a month include a family's co-payment per hour of services rendered and, as applicable, the costs associated with assistive technology devices not to exceed a maximum of 5% of the family's monthly NJEIS determined income. • The co-payment per hour will be charged based on the month a service is rendered including services provided as make-ups and/or compensation from prior months. • The NJEIS cost participation system is similar in structure to the federal income tax progression and, like the federal tax structure; a larger co-payment is assessed in a progressive manner as the family's income increases. • NJEIS determined incomes at 300% of the federal poverty level will start with a \$2 per hour co-payment on the actual cost of service, with progressive co-payment increases based on income and family size. • A family cost participation table with \$500 income increments contains the family's co-payment cost participation based on family size and NJEIS determined income. The family's actual cost will either be the family co-payment per hour of service or the actual cost of the services, whichever is less. • The family cost participation table is available through a service coordinator or the NJEIS website at http://nj.gov/health/fhs/eis/index.shtml. • The hourly family cost participation co-payment established for the family will be the same regardless of: <ul style="list-style-type: none"> ▪ Whether one or more children receive services; or ▪ The number of EIP provider agencies from which services are received.
<p>FAMILY RESPONSIBILITIES IN DETERMINING A FAMILY COST PARTICIPATION</p>	<p>The family is responsible for the following:</p> <ul style="list-style-type: none"> • Requesting assistance from their service coordinator to answer questions regarding family cost participation policies/procedures and their family cost participation payment which they do not understand. • Providing timely financial information at least annually in order for a family cost participation to be determined by the NJEIS including, but not limited to current federal and state filing documents, form W-2, and paystubs. <ul style="list-style-type: none"> ▪ Providing tax information from the most recently federally required tax return year (i.e. after 4/15/11, all families are required to have a completed 2010 tax return or extension; after 4/15/12, 2011 tax returns are required). ▪ Families who have not filed taxes must provide copies of IRS approved extension unless not required to file as per IRS regulations in which case documentation must be provided. ▪ If an extension was filed for the most current tax year, the IRS extension is valid until October 15th and families must submit their filed tax records or provide the service coordinator with another IRS approved extension by October 31. <ul style="list-style-type: none"> – If the family fails to submit the updated information, the family will automatically be placed at full-fee effective November 1st. – The full fee status will remain until the updated documents are received by the service coordinator or DHSS and revised NJEIS Income Verification Forms are completed and signed. • Families may opt to start services at full fee but must understand that a change will not be made retroactively. The full fee status will not be changed until tax documentation

	<p>are received and completed.</p> <ul style="list-style-type: none"> • Families may choose to decline the start of services until their family cost participation is determined to avoid paying full cost. • Providing financial information prior to or at the initial IFSP meeting to ensure that the NJEIS can provide the family with the family cost participation co-payment notice prior to the initiation of services. • A family's failure to provide timely income information will result in the family paying for the full cost of services delivered until the date the family cost participation determination can be finalized. • Identifying any extraordinary expenses associated with the eligible child(ren) and/or other family members. • Informing their service coordinator and providing required documentation when there are changes in the family's financial status or family size. • Participation in an annual review of the family cost participation options and, as appropriate, the family income information. • Providing written communication and supporting documentation for changes in income and family size in order to have the family cost participation recalculated with a new effective date. The effective date will be at the discretion of the DHSS when there is a failure to submit appropriate and timely documentation.
<p>SERVICE COORDINATOR RESPONSIBILITIES</p>	<p>The service coordinator is responsible for the following:</p> <ul style="list-style-type: none"> • During the intake process, the service coordinator must explain the family's rights and financial responsibilities within the NJEIS including: <ul style="list-style-type: none"> ▪ How extraordinary expenses relate to the determination of family cost participation; ▪ What functions or services must be provided at public expense; and ▪ How IFSPs are developed without regard to a family's ability to pay. • Once eligibility for the child has been established, the service coordinator is responsible for explaining the NJEIS family cost participation policies and procedures, informing the family of documentation needed and, as appropriate, collecting required income information from the family. • Informing and assisting the family as needed in completing an NJEIS Application for Income Adjustment and, as appropriate, Catastrophic Illness in Children Relief Fund Program. • Obtaining family income and family size information by obtaining the name and relationship of each family member. • Obtaining the date of birth (D.O.B.) for each child family member. • Obtaining a FCP Income Verification Form for each adult included in the family size, • Obtaining a parent signature on the Family Cost Participation Payment Option Form. • Obtaining income information and a signature on a completed Family Cost Participation Income Verification form for each appropriate member of the household, including verification of zero income. • For families identified as having one or more self-employed household members, service coordinators must assist the family in submitting appropriate self-employment income records to the DHSS-NJEIS in accordance with the <u>Income Determination for Any Family Household Member Filing a Federal Schedule E</u> section below. • Maintaining the completed NJEIS Family Cost Participation Income Verification Form in the child's early intervention service coordination file located at the county Service Coordination Unit (SCU).

	<ul style="list-style-type: none"> • Annually, reviewing the Family Cost Participation Handbook with parents and obtaining updated income information by completing new Family Cost Participation Income Verification and Payment Option Forms. • The service coordinator must verify that families reviewed the income documents supplied by having families sign an attestation verifying the accuracy of all information provided. • Within five calendar days, the service coordinator must forward a copy of the completed income verification form(s) and payment option form to the Regional Early Intervention Collaborative (REIC) for data entry and family cost participation determination. • Within 30 days of a request/consent from a family to review their family cost participation, the service coordinator must review the documentation of the family's income, changes in income and/or assist with an NJEIS Application for Income Adjustment. Documentation of the review, including the completion of any necessary forms, and supporting documentation, must be maintained with the child's service coordination file. • Ensuring that families are informed of their right to submit to DHSS an NJEIS Application for Income Adjustment or request for administrative review of income and/or pursue procedural safeguards dispute resolution options. • Ensuring that IFSPs are developed without regard to the family's ability to pay. • Submit timely updates and changes to family income and size to the REICs.
<p>SCU RESPONSIBILITIES</p>	<p>The SCU is responsible for the following:</p> <ul style="list-style-type: none"> • Collection of financial information through intake, family assessment and completion of the Family Cost Participation Income Verification Form and Family Cost Participation Payment Option Form. • Ensuring that the service coordinator accurately completes the Family Cost Participation Income Verification Form, reviews and verifies supporting documentation, and maintains appropriate documents in the child's early intervention service coordination file located at the SCU in accordance with federal and state requirements. • Ensuring that IFSPs and Income Verification forms are maintained, updated, and submitted to the REIC in a timely manner.
<p>CENTRAL MANAGEMENT OFFICE (CMO) RESPONSIBILITIES</p>	<p>The Central Management Office (CMO) is responsible for the following:</p> <ul style="list-style-type: none"> • Calculating the family cost participation for each family based on services provided. • Mailing the Explanation of Benefits (EOB) and Family Cost Statement (billing) to the family outlining the services provided and payment information. • Processing all revenue received through family cost participation. • Tracking and, as appropriate, providing notice of suspension for nonpayment of cost participation.
<p>EARLY INTERVENTION PROGRAM (EIP) PROVIDER AGENCY RESPONSIBILITIES</p>	<p>The Early Intervention Program (EIP) provider agency is responsible for the following:</p> <ul style="list-style-type: none"> • Ensuring that early intervention services are provided in accordance with the IFSP and the terms and conditions of the Letter of Agreement with DHSS. • Ensuring that practitioners submit complete, accurate and parent verified Service Encounter Verification forms.

	<ul style="list-style-type: none"> • Billing services through the NJEIS on-line billing module for all children receiving services, within 90 days of service delivery. • Billing for early intervention services rendered consistent with the current and agreed upon Individualized Family Service Plan developed in accordance with NJEIS policies and procedures and signed by the parent. • Understanding that billing claims will not be processed when services are inconsistent with the respective authorized (signed and agreed upon) IFSP and/or when credentials and/or licenses of the practitioner(s) are outdated or otherwise inconsistent with NJEIS personnel standards and/or state certification and licensing regulations or guidelines. • Maintaining original copies of Service Encounter Verification Forms at the Early Intervention Program provider agency.
REGIONAL EARLY INTERVENTION COLLABORATIVE (REIC) RESPONSIBILITIES	<p>The REIC is responsible for the following:</p> <ul style="list-style-type: none"> • Data entry of financial information collected through intake, family assessment and completion of the Family Cost Participation Income Verification Form and Family Cost Participation Payment Option Form including family income and size. • The REIC will print and mail a NJEIS Family Cost Participation Notice to the family and the family's service coordinator with the family cost participation determination. • Ensuring that each adult family member included in the family size have signed an Income Verification Form and if zero income has been verified, the "accept zero income for the member" is checked in SPOE.
FAMILY INCOME AND FAMILY SIZE DETERMINATION	<p>Individuals that contribute to the care and control of the child and living with the family must present, at a minimum, the following documents for verification:</p> <ul style="list-style-type: none"> • The most recently filed state and federal income tax forms with all applicable attachments. • Current W-2's and/or paystubs from three most recent consecutive months. • Business Schedule E when self-employed; and • Documentation of child support received or paid, as appropriate. <p>Notes:</p> <ul style="list-style-type: none"> • Under exceptional circumstances and with the approval of the DHSS office, a notarized written statement from an employer regarding salary/wages may be accepted. • Estimates and/or projections of income are not allowable. • Previous end of year commissions and bonuses are included in the income determination. • Negative income and/or losses are not allowable and must not be included on the income verification form. • Service coordinators must not make adjustments or deductions to family income with the exception of child support/alimony paid out of the household to another household. • All income documentation must be verified annually or within thirty (30) days after the family reports a change in income. • Child support received must be included as income. • Child support paid to benefit a child that does not live with the parent may be deducted from income. The child must not be reported in family size.

	<ul style="list-style-type: none"> • A parent is responsible for providing household income documentation if they have legal custody of the child even though they may or may not reside with the child. • Child and/or family benefits received from the Social Security Administration (SSA) are calculated into family income. • Children with special needs adoptions must show the following documentation: adoption assistance maintenance payments, special service subsidies and/or clothing allowance. • If a foster child is adopted by the family, the family size must be adjusted and income information must be included even if the adopted child maintains Medicaid coverage. • A family may request an administrative review by DHSS if asking for special consideration of their financial status. Families may also request mediation, a due process hearing, or resolution of an administrative complaint through the Part C procedures. Additional information is referenced in the Administrative Review section of this document. • The number of family members (family size) to be considered in the eligibility determination is established by counting the dependent child, the child's parent(s), the child's siblings with whom the dependent child lives full-time and any adults identified as dependent when filing income taxes in accordance with Federal IRS regulations. All natural, adoptive, or half-siblings who meet the definition of dependent child must be included in the family group. The income rules require the consideration of the income of the dependent child, the dependent child's siblings, and dependent child's parents. • A child who resides in a foster home is considered a family of one and would not be considered for cost participation. • A change in family size must be reported to the service coordinator as soon as possible. 		
	<p>IF: No parents can be identified and/or the parent's whereabouts cannot be discovered and the eligible child resides with a caretaker that is a relative other than the parent, such as a grandparent or an aunt, and the relative:</p>		
	<table border="1"> <tr> <td data-bbox="414 1176 966 1396"> <ul style="list-style-type: none"> • claims the child as a dependent or, • is under legal obligation to support the child or, • has guardianship and/or custody of the child </td> <td data-bbox="966 1176 1494 1396"> <ul style="list-style-type: none"> • <u>does not</u> claim the child as a dependent or, • <u>is not</u> under legal obligation to support the child or, • <u>does not</u> have guardianship and/or custody of the child </td> </tr> </table>	<ul style="list-style-type: none"> • claims the child as a dependent or, • is under legal obligation to support the child or, • has guardianship and/or custody of the child 	<ul style="list-style-type: none"> • <u>does not</u> claim the child as a dependent or, • <u>is not</u> under legal obligation to support the child or, • <u>does not</u> have guardianship and/or custody of the child
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	<table border="1"> <tr> <td data-bbox="414 1396 966 1906"> <p>THEN: The relative(s) <u>are</u> counted in the family size and their income is included for the FCP. Any child income (SSI, DDD, Trusts, etc.) must be included. The parents would not be counted in the family size and his/her income would not be included.</p> </td> <td data-bbox="966 1396 1494 1906"> <p>THEN: The parent and relative(s) <u>are not</u> counted in the family size and their income is not included for the FCP. However, the relative(s) would need to complete Attestation Forms documenting the monetary support they provide to the child for his daily living (food, clothing, shelter and, medical). This "support" needs to be entered on the relative's IVF. You must also include any child income (SSI, DDD, Trusts, etc.).</p> </td> </tr> </table>	<p>THEN: The relative(s) <u>are</u> counted in the family size and their income is included for the FCP. Any child income (SSI, DDD, Trusts, etc.) must be included. The parents would not be counted in the family size and his/her income would not be included.</p>	<p>THEN: The parent and relative(s) <u>are not</u> counted in the family size and their income is not included for the FCP. However, the relative(s) would need to complete Attestation Forms documenting the monetary support they provide to the child for his daily living (food, clothing, shelter and, medical). This "support" needs to be entered on the relative's IVF. You must also include any child income (SSI, DDD, Trusts, etc.).</p>
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IF: The parent is present* and the eligible child and parent resides with another household member that:	
is a relative such as a grandparent, sibling or an aunt, and the relative:	is not a relative, such as a friend, roommate, boyfriend, girlfriend, boarder and the "friend":
<ul style="list-style-type: none"> • does not claim the child as a dependent or, • is not under legal obligation to support the child or, • does not have guardianship and/or custody of the child 	
THEN: The relative(s) are not counted in the family size and their incomes are not included for the FCP. The parent(s) would be counted in the family size and his/her income would be included. You must also include any child income (SSI, DDD, Trusts, etc.). The relative(s) would need to complete Attestation Forms documenting the monetary support they provide to the parent and/or the child for their daily living (food, clothing, shelter and, medical). This "support" needs to be entered on the parent's IVF.	THEN: The friend(s) are not counted in the family size and their incomes are not included for the FCP. The parent(s) would be counted in the family size and his/her income would be included. You must also include any child income (SSI, DDD, Trusts, etc.). The friend(s) would need to complete Attestation Forms documenting the monetary support they provide to the parent and/or the child for their daily living (food, clothing, shelter and, medical). This "support" needs to be entered on the parent's IVF.
IF: The parent is present* and the eligible child and parent resides with a step-parent due to the parent being re-married and the step-parent and his/her children:	
Reside in the home full time,	Do not reside in the home,
THEN: The step-parent and his/her children (step-siblings to the eligible child) are counted in the family size and their incomes are included for the FCP. The parent and eligible child would also be counted in the family size and their income would be included. Child support, alimony and child income (SSI, DDD, Trusts, etc) must be included.	THEN: The step-parent, parent and eligible child would be counted in the family size and their income would be included. The step-parent's children (step-siblings to the eligible child) that do not reside in the home full time are not counted in the family size. Child support and child income (SSI, DDD, Trusts, etc) must be included for the eligible child.
*NOTE: If one parent is present and married to a spouse that is not residing in the same home and the parents are not divorced or legally separated, both incomes are included and both parents will be included in the family size unless the spouse cannot be identified and/or the spouse's whereabouts cannot be discovered. When the spouse's whereabouts cannot be discovered, the parent must sign an attestation that the spouse is not legally and/or financially responsible for the child.	

<p>INCOME DETERMINATION FOR ANY FAMILY HOUSEHOLD MEMBER FILING A FEDERAL SCHEDULE E</p>	<p>For families that include self-employed household members:</p> <ul style="list-style-type: none"> • On an interim basis, a family cost share will be determined based on the family’s most recent state tax return pending a review of the family’s most current Federal 1040 (business) income tax return, statements, schedules, and forms including: 1120S, 1065, 8582, 4562, K-1, corresponding statements, and itemized “Cost of Goods Sold” and expenses. • If the family delays submitting the appropriate requested documentation, the interim cost share will expire 30 days from the date of the Family Information Meeting (FIM) and the family will be billed full fee for services received from that date forward until the documentation is submitted. • Based on a DHSS-NJEIS review of the family’s federal tax documents, a revised family cost participation co-payment may be determined with a new effective date starting from the date of determination. However, if the DHSS-NJEIS has determined that the family has provided information that misrepresents the family’s income, the effective date will be retroactively applied. <p>Notes:</p> <ul style="list-style-type: none"> • The DHSS-NJEIS is responsible to review, verify and/or revise the family’s income determination. • Negative income and/or losses are not applied as a deduction against family income. • Depreciation, amortization, bad debts, dues, subscriptions, training, meals entertainment, gifts and miscellaneous deductions are non-allowable deductions in determining NJEIS family cost participation. • The DHSS-NJEIS will provide the family with the outcome of a review and, as appropriate, a notice of a revised family cost participation co-payment, a Payment Option Form and Income Verification Form(s). • The family must respond within ten (10) days in one of the following ways or the full-fee option will be implemented and remain until the required documentation is received by DHSS-NJEIS: <ul style="list-style-type: none"> ▪ If in agreement with the revised family cost participation co-payment, the family must sign, date and return the Income Verification Form(s) to the DHSS-NJEIS; or ▪ If the family disagrees with the income determination and wants to decline/discontinue the services on the IFSP, a new Payment Option Form must be completed; or ▪ If the family chooses to withdraw from participation in the NJEIS, the family must provide written notice to DHSS-NJEIS. • The family may appeal their family cost participation in writing to the DHSS-NJEIS. • Families under appeal may opt to continue service but would be required to continue to make timely payments under the NJEIS family cost participation determination pending resolution of the appeal.
<p>ADJUSTMENT(S) TO INCOME FOR EXTRAORDINARY EXPENSES</p>	<p>Families may submit to the NJEIS, an NJEIS Application to Adjust Income for extraordinary expenses. The service coordinator is responsible for assisting the family with preparing and submitting the Application.</p> <ul style="list-style-type: none"> • 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 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

	<p>situation.</p> <ul style="list-style-type: none"> ● Extraordinary expenses cannot include out of pocket expenses for anticipated future 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. ● Extraordinary expenses do not include well visits, over the counter or alternative nutritional supplements, complementary or alternative treatment procedures. ● Outstanding, unreimbursed medical expenses for the early intervention eligible child or family member with a disability or extended illness must be greater than 5% of the family income and less than the amount that would allow a family to qualify for Catastrophic Illness in Children Relief Fund Program (10% of income <\$100,000 and 15% of income >\$100,000). ● Additional information on extraordinary expenses is provided under the Application to Adjust Income process that requires review and approval by DHSS-NJEIS. ● If, at any time, a family experiences a significant change in expenses for medical or personal care needs, or has other extraordinary expenses, they may request a re-evaluation of their family cost participation.
<p>UTILIZATION OF INSURANCE</p>	<ul style="list-style-type: none"> ● Medicaid <ul style="list-style-type: none"> ▪ Families will be informed of, encouraged and, as requested, assisted by service coordination to apply for benefits, including Medicaid and NJ FamilyCare (state children’s health insurance program) for which their child may be eligible. ● Families who have adopted children that remain eligible for Medicaid may also be responsible for family cost participation if the: <ul style="list-style-type: none"> ▪ Family’s NJEIS determined household income is at or above 300% FPL; and ▪ Early Intervention Services received are not covered or reimbursed by Medicaid. ▪ Family Cost Participation co-pay will be adjusted when NJEIS is successful in recovering the family’s co-pay from Medicaid. ● Private Insurance/Third Party Coverage <ul style="list-style-type: none"> ▪ Families covered by a third party (such as Blue Cross/Blue Shield, commercial health insurance or governmental agencies) have the option, consistent with the terms of their third party coverage, of accessing private services through their insurance company to meet the needs identified on the Individualized Family Service Plan. ▪ P.L. 2009 c.115 requires certain health benefits plans to provide coverage for medically necessary therapies for the treatment of autism and other developmental disabilities as follows: <ul style="list-style-type: none"> – Coverage for expenses incurred in screening and diagnosing autism or another developmental disability; coverage; – Coverage for expenses incurred for medically necessary behavioral interventions (ABA) for the treatment of autism in individuals under 21 years old; – Coverage for expenses incurred for medically necessary physical therapy, occupational therapy, and speech therapy services for the treatment of autism or developmental disability; – Carriers to provide the coverage without consideration of whether the services are “restorative”; and – Benefits for the coverage of the “Family Cost Share” expenses incurred for certain services obtained through the NJ Early Intervention System.

<p>ESTABLISHMENT OF A FAMILY COST PARTICIPATION CO-PAYMENT AMOUNT</p>	<p>NJEIS Family Cost Participation Tables established under Federal Poverty Levels (FPL) by family size will be utilized in determining the family cost participation co-payment. The determination takes into consideration:</p> <ul style="list-style-type: none"> • The family’s income minus any DHSS-NJEIS reviewed and approved allowable extraordinary expenses, and the family size. • Families under the 300% Federal Poverty Level (FPL) are exempt from cost participation payment. • Incomes calculated at or above 300% have a sliding scale cost participation payment based on the income level and family size. • Families, who choose to decline or delay providing their financial information for the determination of the cost participation payment amount and choose to receive early intervention services, will be billed the actual cost of direct early intervention services identified as needed in the IFSP. • Family cost participation payment amounts will be identified on the NJEIS Family Cost Participation Notice. No other written or verbal quotes will be valid. • Families may submit an Application for Income Adjustment for extraordinary expenses with required documentation. • Families who disagree with the cost participation payment may: <ul style="list-style-type: none"> ▪ Request an administrative review by the lead agency (DHSS); or ▪ Request procedural safeguards dispute resolution options including mediation, a due process hearing, or administrative complaint. Additional information is provided in the Administrative Review Section of this document.
<p>ASSESSMENT OF FAMILY COST PARTICIPATION</p>	<ul style="list-style-type: none"> • Family cost participation is based on delivery of services that are authorized for the eligible child and family in the IFSP. • Family cost participation may not be charged for early intervention functions or services required to be provided at public expense to eligible infants and their families by federal or state regulation. The functions and services that must be provided at public expense are: <ul style="list-style-type: none"> ▪ Child Find; ▪ Evaluation and Assessment; ▪ Development of an Individualized Family Service Plan; ▪ Service Coordination; ▪ Procedural Safeguards; and ▪ Family Training Groups (NJ Policy). • A family cost participation will be applied to the following services: <ul style="list-style-type: none"> ▪ Assistive Technology Services/devices; ▪ Audiology Services; ▪ Developmental Intervention; ▪ Family Training, Counseling, & Home Visits; ▪ Health Services; ▪ Nursing Services; ▪ Nutrition Services; ▪ Occupational Therapy; ▪ Physical Therapy; ▪ Psychological Services (Therapy); ▪ Social Work Services; ▪ Speech and Language Therapy; ▪ Vision Services; and ▪ Other early intervention services, other than translation services.

<p>SOURCE OF PAYMENT</p>	<ul style="list-style-type: none"> ● The family may meet their financial cost participation obligations in the following ways: <ul style="list-style-type: none"> ▪ Payment of the family cost participation co-payment determined and billed by the NJEIS, plus any applicable costs associated with assistive technology devices. ▪ Full fee payment by family for actual cost of services. ● Families may select their preferred method of payment once the cost participation co-payment amount has been determined and the family is fully informed of the rights within the NJEIS. The family will indicate the method of payment on the NJEIS Family Cost Participation Payment Option Form. ● Federal and state regulations require that any and all other resources be utilized toward the cost of services. Part C funds must not be used to replace other sources of payment, including other governmental agencies. Part C funds are to be used as payer of last resort.
<p>BILLING PROCESS</p>	<p>The DHSS or designated Central Management Office (CMO) is responsible for notifying the parents of the cost participation payment amount due and for collecting all revenue generated by this process.</p> <ul style="list-style-type: none"> ● A monthly Explanation of Benefits (EOB) document will be sent to the designated head of household. The EOB documents the early intervention services provided and claimed by an EIP provider agency. This is not a bill. ● A Family Cost Statement (bill) that includes the cost participation co-payments for services delivered and any balance due will be mailed monthly by the DHSS or designated Central Management Office (CMO). However, the authorization and billing process established to ensure that families receive accurate billing statements may result in delays in services billed. <ul style="list-style-type: none"> ▪ For example, the Early Intervention Program provider agency has up to 90 days to submit a claim for the early intervention services delivered and changes in practitioners may further delay the EIP’s submission of claims. ▪ The first Family Cost Statement (bill) will generally be received by the family after the second month of services. ● Families may want to consider one of the following to address delayed billing: <ul style="list-style-type: none"> ▪ Submit monthly payments based on hours of services received. Payments will be credited to the family cost participation account. Any remaining balances will be reimbursed to the family when the child exits the NJEIS and all service claims have been reconciled. ▪ Families should budget for when the bills will be received. ● All payments must be made directly to the DHSS or designated CMO billing agent within 30 days of receipt of the Family Cost Statement. ● The family co-payment determination will remain in effect for up to twelve (12) months (coinciding with the IFSP date) unless there is a change in the family cost participation policies and procedures or a re-calculation of the family’s income is conducted either by the request of the family or at the discretion of the DHSS-NJEIS. ● Families that are required to pay a cost participation payment must do so, unless, they can document extenuating circumstances. If so, these circumstances will be considered and must be approved on a case by case basis through the DHSS-NJEIS administrative review process. Pending review of a family’s request to review extenuating circumstances, the family remains responsible for satisfying its family cost participation obligations.

<p>FAILURE TO PAY PROCEDURE</p>	<p>The following timeline will be implemented for payment of services:</p> <ul style="list-style-type: none"> • A family will have thirty (30) days from the date of issuance of the Family Cost Participation Statement to pay their cost participation payment. • Each month, the Family Cost Statement will provide the total amount due including past due amounts. If payment was made after the generation of the current month's billing statement, the receipt of payment may not be included on the statement. • Families with statements that include 60 day past due balances will receive an "approaching suspension" notice of non-payment stating that if payment is not received in fourteen (14) calendar days, services will be suspended. The notice will include a date of suspension and current balance due to avoid suspension. • If payment is received after the suspension date, a new billing cycle will have begun and the prior Minimum Payment Required may not be sufficient to reinstate services. • Should a family access direct services on a current IFSP on or after the date of suspension, the family shall be held solely responsible for the entire cost of such services. • Families will not be entitled to make-ups for any missed services as a result of suspension for nonpayment of family cost participation. • The CMO will inform DHSS-NJEIS, Service Coordination Unit, and the EIP provider agencies that the transmittal of final notice was mailed to the family. • The family may contact their service coordinator to discuss the reason(s) for non-payment and, as appropriate, discuss the need to review, and revise the IFSP and/or family cost participation Income Verification Form. • If early intervention services are suspended due to the failure to pay their outstanding family cost participation, the family will continue to be entitled to receive the functions and services required to be provided at public expense, including service coordination. • If unpaid FCP balances remain ninety days (90) days after the date the family exits the NJEIS, the family may be included in a debtor file transferred to the Division of Revenue, Department of Treasury for further collection efforts including the "Setoff of Individual Liability" (SOIL) program.
<p>CANCELLATION OF SCHEDULED EIP SERVICES</p>	<ul style="list-style-type: none"> • In addition to sharing in the cost of services, families have a responsibility to be available for scheduled services. Each member of the team must be respected and valued for the time dedicated in serving the child and family. • Family Responsibilities: <ul style="list-style-type: none"> ▪ If a family cannot be available for a scheduled service, they must provide the EIP with at least a 24 hour notice of cancellation unless prevented by an emergency. ▪ If the family provides less than a 24 hour notice of cancellation of a scheduled service or, with the exception of an emergency situation, fails to be available for a scheduled service, the family will be liable for their family co-payment for that service. ▪ The family should contact the EIP and confirm their availability for the next scheduled service or identify a need to review the current IFSP. • EIP Responsibilities: <ul style="list-style-type: none"> ▪ EIP providers must provide families with an annual calendar that identifies agency closings including, but not limited to, holidays and in-service trainings. ▪ EIP providers are to establish procedures for confirming scheduled or cancelled services with families. ▪ All providers must comply with the NJEIS-14 Early Intervention Missed Services Policy. ▪ If an EIP cannot be available for a scheduled service, they must provide the family

	<p>with at least a 24 hour notice of cancellation, unless prevented by an emergency, and make a reasonable attempt to re-schedule the service. Exception: When a service falls on a holiday; agency closing including a scheduled in-service; or is cancelled due to extreme weather conditions that make it dangerous to travel, notice is not required and attempts to reschedule are at the discretion of the EIP.</p> <ul style="list-style-type: none"> ▪ If the family fails to be present when the EIP provider arrives for a scheduled service, the EIP will record the service as a “no show” and document reasonable attempts to contact the family prior to the next scheduled service to identify the reason for the “no show” and confirm the next scheduled service. ▪ If the EIP provider is unsuccessful in contacting the family regarding a scheduled service after several attempts, the provider will not be deployed to render scheduled services unless contact has been made with the family within twenty-four (24) hours of scheduled services. ▪ The family’s service coordinator will be: (1) apprised of the difficulties experienced in rendering services to the child and/or family; (2) given notice of the contact requirement that shall be employed prior to the provider’s dispatch; and (3) provided a list of attempts made to reach the family. ▪ The service coordinator shall attempt to reach the family to schedule an IFSP review. If after multiple attempts the service coordinator has been unsuccessful in scheduling an IFSP review with the family, the service coordinator along with the EIP provider(s) designated to provide scheduled services shall meet to determine whether changes should be made in the child’s IFSP. Throughout the entire process, any and all contact with the family will include a statement that the family is always entitled to invoke their right to procedural safeguards. ▪ Prior to resuming a scheduled service, the EIP will contact the family to confirm the next scheduled service. <p>● Service Coordinator Responsibilities:</p> <ul style="list-style-type: none"> ▪ The service coordinator will inform the family of the policy and procedures for canceling scheduled services. ▪ Follow-up with the family when notified by the EIP provider that a family was a “no show” for a scheduled service and reasonable attempts to contact the family were unsuccessful. ▪ Documentation of attempts to contact the family including, but not limited to telephone, letters, e-mails or home visits. ▪ If contact with the family is established, the service coordinator will identify the reason(s) for the “no show” and determine any need to review the IFSP or financial cost participation with the family. ▪ If the service coordinator is unsuccessful in contacting the family, the service coordinator and EIP provider agency may convene an IFSP meeting to explore the reasons for “no shows”, including service delivery, location, etc. If a meeting is convened, the service coordinator shall provide written prior notice to the parents a reasonable time prior to the IFSP meeting and document attempts to contact the family about the meeting and its purpose. If services are revised at the IFSP meeting, a family must receive written notice of the action that is being proposed or refused, the reasons for taking the action, all procedural safeguards that are available to the family, and the State complaint procedures.
<p>ADMINISTRATIVE REVIEW</p>	<ul style="list-style-type: none"> ● The family must be informed of their rights and procedures for accessing dispute resolution options under the NJEIS. The following procedures are available to assist families in resolving concerns and disputes: <ul style="list-style-type: none"> ▪ Families are encouraged to first contact their service coordinator to request, as appropriate, an IFSP meeting to review and consider any IFSP changes or address concerns about services. ▪ The parent may submit a request to DHSS-NJEIS for review of the family cost participation co-payment to the address below. This should be submitted within fifteen (15) days from the date the notification of the family cost participation co-

	<p>payment amount was received by the parent. The request for administrative review should be a written statement that includes the specific reasons the family cost participation co-payment amount should be reconsidered.</p> <ul style="list-style-type: none"> • Families that disagree with any action or decision related to the family cost participation payment may: <ul style="list-style-type: none"> ▪ Submit a request for DHSS-NJEIS administrative review to: <p style="margin-left: 40px;">NJEIS CMO Coordinator Department of Health and Senior Services NJ Early Intervention System P.O. Box 364 Trenton, NJ 08625-0364</p> ▪ Submit a request for Mediation, a Due Process Hearing, or administrative complaint through the Part C procedures to: <p style="margin-left: 40px;">Procedural Safeguards Office Department of Health and Senior Services NJ Early Intervention System P.O. Box 364 Trenton, NJ 08625-0364</p>
<p>DEFINITIONS</p>	<p>Ability to Pay: The financial capacity that a family has to pay for services based on the Federal Poverty Level Chart.</p> <p>Administering Entity: The New Jersey Department of Health and Senior Services (DHSS) is the lead agency responsible for the general administration and supervision of the Family Cost Participation System.</p> <p>Administrative Review: Upon written request, the DHSS-NJEIS will review the financial circumstances involved in determining a family's ability to pay.</p> <p>Caretaker Relative: A relative, either by blood or by law, who lives with the child and exercises parental responsibility (care and control) in the absence of the child's parent. Examples include but are not limited to Grandparents, Aunts, Uncles, Cousins, Step-Parents and Adult Siblings.</p> <p>Central Management Office (CMO): The DHSS designated agency responsible for billing and collecting the family cost participation payment from the family.</p> <p>Emergency Cancellations: Emergency cancellations are unforeseen situations which do not allow the parent/guardian sufficient time to notify the provider. (i.e. hospitalizations, sudden illness).</p> <p>Explanation of Benefits (EOB) Document: A summary generated by the Central Management Office (CMO) that details delivered services.</p> <p>Extenuating Circumstances: Situations or circumstances that are unusual or out of the ordinary that would allow a family to be given special consideration.</p> <p>Failure to Pay: When a family does not pay the cost participation payment due.</p> <p>Family Cost Participation Payment Option Form: A form used to identify a family's choice to participate in a system of payment for early intervention services.</p> <p>Federal Poverty Level (FPL): A simplified version of the Federal Government's statistical poverty thresholds used by the Census Bureau to prepare its statistical estimates of the number of persons and families in poverty. The guidelines are issued each year in the Federal Register by the Federal Department of Health and Human Services (HHS). The FPL is used for administrative purposes to determine financial eligibility for certain federal and state programs.</p> <p>Federal Poverty Level Chart: The instrument used to determine the family's co-payment based on income and family size.</p>

Income: NJEIS determined gross annual household income minus NJEIS approved deductions. This is not to be confused with Federal IRS language and calculations of income.

Medical Expenses: Out-of-pocket medical expenses in which the family will not be reimbursed that relate to the health or medical needs of an immediate family member.

Month(ly): Calendar month

NJEIS Family Cost Participation Income Verification Form: A form used by service coordinators to document family income and financial information. This form will be completed, at least annually.

NJEIS Monthly Cost Participation: The maximum amount a family may be billed in a one (1) month period.

Parent: A biological, adoptive, or foster parent of an infant or toddler; guardian generally authorized to act as the infant or toddler's parent, or authorized to make educational decisions for the infant or toddler (but not the State if the infant or toddler is a ward of the State); an individual acting in the place of a biological or adoptive parent (including a grandparent, step-parent, or other relative) with whom the infant or toddler lives, or an individual who is legally responsible for the infant or toddler's welfare; an individual appointed by a court having jurisdiction over the infant; or a surrogate parent assigned by the NJEIS when a parent, as described above is unavailable.

Personal Care Needs Expenses: Out-of-pocket expenses in which the family will not be reimbursed that relate to the health or medical needs of a family member.

Procedural Safeguards: Legal protections available to children and their parents to protect their rights in dealing with agencies and providers of early intervention services. Legal protections include: parental consent; protection in evaluation procedures; opportunity for parents to examine; correct and supplement records; prior notice provisions; surrogate parent identification when necessary; dispute resolution procedures; and confidentiality of records.

Significant Change in Circumstances: A change that influences or has an effect on the child/family's circumstances during the year of services that could result in a reevaluation of the family cost participation payment amount.

Total Family Income: Total household income, exclusive of deductions. Examples include, but are not limited to revenues from: wages, salaries, tips, business income, interest, dividends, capital gains, IRA distributions, pensions, annuities, royalties, gifts, loans, family support, community support, partnerships, trusts, rental income, S corporations, farm income, alimony, child support, Social Security Income, unemployment compensation, and disability compensation.