1. WHAT IS FAMILY COST PARTICIPATION?

Family Cost Participation is a requirement of the Arizona Early Intervention Program (AzEIP) to help AzEIP extend its limited financial resources. If the income of a responsible person and the infant or toddler receiving early intervention services is higher than a certain amount, the responsible person and infant or toddler will be required to share in the State’s costs for the early intervention services provided to the family.

2. WHO IS THE RESPONSIBLE PERSON?

The responsible person is the (a) biological or adoptive parent(s) who is/are the primary custodian(s) of the child, or (b) guardian of a child receiving early intervention services through the AzEIP Service Providing Agencies. The AzEIP Service Providing Agencies are (a) the Arizona State Schools for the Deaf and the Blind (ASDB), (b) the Department of Economic Security, Division of Developmental Disabilities (DES/DDD), and (c) DES, Arizona Early Intervention Program (DES/AzEIP).

3. HOW WILL I KNOW IF I WILL HAVE TO PAY FEES?

Your family size and the income of the responsible person(s), and, if applicable, the income of the infant or toddler receiving early intervention services, determines if Family Cost Participation will affect your family. Income and family size are compared to the Federal Poverty Guidelines (FPG), which is the official income level for poverty established by the United States Department of Health and Human Services. If your income is 200% or more than the FPG for your family’s size, you will be required to pay a portion of the State’s cost for certain early intervention services provided to your family. If your income is 199% or less than the FPG for your family’s size, you will not be required to participate in the cost of your family’s early intervention services.

Family cost participation does not apply to services provided to children who are:

- enrolled in the Arizona Long Term Care System (ALTCS); or
- currently in the legal custody of the Arizona Department of Economic Security (DES) (e.g., child protective services), a tribe, or another state’s child welfare agency.

4. WHAT ARE THE STATE’S COSTS FOR WHICH I MIGHT BE CHARGED?

Family Cost Participation applies to early intervention services paid for, in part or whole, by ASDB, DES/DDD, or DES/AzEIP. Family Cost Participation does not apply to services paid in full by other private or public programs, such as a family’s private health insurance or Medicaid.

Insurance may lower the State’s costs for providing early intervention services and therefore lower the responsible person’s share of the cost under Family Cost Participation. If a responsible person provides consent to bill their insurance for covered services, and insurance pays for some or all of the service, the cost to the State and the responsible person is lowered or eliminated. Family Cost Participation does not apply to services that AzEIP is obligated to provide at no cost under Federal law.

5. HOW IS INCOME DETERMINED?

Income is the Federal adjusted gross income listed on the most recent Federal income tax return filed with the Internal Revenue Service (IRS). If a Federal income tax return was not filed, one of the following must be submitted:

- W-2 forms for each responsible person and, if applicable, the infant or toddler receiving early intervention services
- Pay stubs for four (4) pay periods in a row
- U.S. Estate or Trust Tax Form 1041
- Proof of unemployment
- Other financial information that verifies income
- Documents showing current enrollment in specific Arizona Health Care Cost Containment System (AHCCCS) programs, Women, Infants and Children (WIC) or Supplemental Nutrition Assistance Program (SNAP) will be accepted.

6. HOW IS FAMILY SIZE DETERMINED?

Family size is defined by the IRS as the number of family members including parent, spouse, and dependents. A dependent is someone who meets all of the following criteria:

1. is the son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister or a descendant of any of them;
2. is under the age of 19, OR under the age of 24 and a student, OR any age and permanently and totally disabled;
3. did not provide over half of his or her own support last year;
4. is not filing a joint income tax return; and
5. lived with responsible person(s) for more than half of the year.
7. HOW WILL THE STATE DETERMINE HOW MUCH THE RESPONSIBLE PERSON MUST PAY?

The responsible person’s portion, or percent to pay, is determined using the enclosed Percent to Pay Table.

8. WHAT FORMS DO I HAVE TO SUBMIT AND WHEN DO I SUBMIT THEM?

The responsible person must submit the Financial Information Form and supporting documentation to the AzEIP Service Providing Agency, which is circled on the bottom of the Financial Information Form. (Your service coordinator will circle the correct agency.) This information must be sent within 10 (ten) business days from the date your child was made eligible for the Arizona Early Intervention Program. If you are unsure of this date, please ask your service coordinator.

9. DO I HAVE TO SUBMIT ANY FORMS IF I WILL NOT HAVE TO PAY ANY FEES?

Yes. All families need to submit the Financial Information Form, even if your percent to pay will be zero. If you are enrolled in AHCCCS, WIC, or SNAP, please complete the “Alternate Income Verification” section of the form; you do not need to complete the “Income Verification” section.

10. WHAT SERVICES ARE FREE OR AT NO COST?

Fees will not be charged for the following early intervention services:

(1) any of the activities related to initial referral to AzEIP, determining a child’s eligibility or developing the Individualized Family Service Plan, or IFSP;
(2) evaluation and assessment (to determine if a child is eligible for services/supports and to identify strengths and needs in order to plan appropriate services);
(3) service coordination; and
(4) administrative and coordination activities related to:
   a. development, review, and evaluation of IFSPs;
   b. transition conferences;
   c. implementing procedural safeguards, including dispute resolution; and
   d. teaming activities on behalf of a family.

11. WHAT SERVICES HAVE A COST?

Fees apply to the following services:

(1) assistive technology devices and assistive technology services;
(2) audio logical services;
(3) family training, counseling, and home visits;
(4) health services necessary to enable the infant or toddler to benefit from the other early intervention services;
(5) medical services only for diagnostic or evaluation purposes;
(6) nursing services;
(7) nutritional services;
(8) occupational therapy;
(9) physical therapy;
(10) psychological services;
(11) special instruction (including parent advisors);
(12) speech-language pathology;
(13) social work services;
(14) vision services; and
(15) any other service paid for by an AzEIP Service Providing Agency and provided in accordance with the IFSP.

12. WHAT IF I CHOOSE NOT TO PROVIDE MY FINANCIAL INFORMATION?

Please check the box on the Financial Information Form that you choose not to share your financial information. If financial information is not provided within the required timeline, the responsible person will have to pay 100% of the State’s costs for the early intervention services to which fees apply.

A Financial Information Form must be completed for each family receiving early intervention services, regardless of the responsible person(s)’ income or intent to submit financial information.

13. WHAT IF I HAVE MORE THAN ONE CHILD RECEIVING EARLY INTERVENTION AND/OR OTHER SERVICES THROUGH DES/DDD?

If a responsible person has two or more children under the age of eighteen enrolled in early intervention or other developmental disability programs and services subject to cost participation through DES/DDD, the percent to pay will only be applied to the costs for the child whose services are most expensive. The responsible person will be asked to provide consent, if needed, for
each service providing agency to share records to determine which child’s services will be subject to Family Cost Participation. Fees will not be applied to the services provided to the other child(ren) in the same family.

- Example 1: a family may have a thirteen year old child receiving services through DES/DDD (and not enrolled in DDD/ALTCS) and an infant receiving early intervention services through ASDB. The two children would be considered “participating” children. If the responsible person consents, ASDB and DDD would share information to determine which child’s services the responsible person must pay for.
- Example 2: a family has twins receiving early intervention services from one or more of the AzEIP Service Providing Agencies (ASDB, DES/DDD or DES/AzEIP). The two children would be considered “participating children,” and the responsible person will only share in the costs for the child whose services cost the most.

14. WHAT SHOULD I DO IF THERE IS A CHANGE IN MY FINANCIAL INFORMATION?
If income or family size changes, the responsible person should submit a new Financial Information Form as soon as possible. Copies of this form may be obtained through your AzEIP Service Providing Agency or online at www.azdes.gov/azeip.

15. WHERE IS FINANCIAL INFORMATION SENT?
The responsible person should submit the Financial Information Form and, if appropriate, Income Verification documentation, to their AzEIP Service Providing Agency. If needed, your Service Coordinator can tell you where to send the information. The contact information for each AzEIP Service Providing Agency is:

<table>
<thead>
<tr>
<th>Arizona State Schools for the Deaf and the Blind (ASDB)</th>
<th>DES, Division of Developmental Disabilities (DES/DDD)</th>
<th>DES, Arizona Early Intervention Program (DES/AzEIP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Finance – Family Cost Participation Coordinator</td>
<td>Attn: Family Cost Participation Coordinator 3839 N. 3rd Street, Suite 304 Phoenix, AZ 85012</td>
<td>Attn: Family Cost Participation Coordinator 3839 N. 3rd Street, Suite 304 Phoenix, AZ 85012</td>
</tr>
<tr>
<td>PO Box 88510 Tucson, Arizona 85754 Tel: 520-770-3828 Fax: 520-770-3011</td>
<td>Attn: Business Operations 3839 N. 3rd Street, Suite 304 Phoenix, AZ 85012</td>
<td>Attn: Family Cost Participation Coordinator 3839 N. 3rd Street, Suite 304 Phoenix, AZ 85012</td>
</tr>
<tr>
<td>Tel: 520-770-3828</td>
<td>Site Code 791A Phoenix, Arizona 85005-6123 Tel: (602) 364-1602 Fax: (602) 542-8193</td>
<td>Tel: (602) 532-9960 Fax: (602) 200-9820</td>
</tr>
</tbody>
</table>

16. WHEN WILL A FAMILY BE BILLED?
The responsible person will receive a bill after services have been provided and paid for by the State. Early intervention providers bill the State for services provided the previous month, unless an insurance claim is pending.

If insurance is billed, the early intervention provider may wait several months for insurance to pay or deny payment. The early intervention provider bills the State for the amount unpaid by insurance, and the State pays the provider the following month. Therefore, a responsible person may not be billed for his/her portion of the State’s costs for several months after the service is actually provided when insurance is used.

17. WHAT SHOULD I DO IF I AM ASSIGNED A PERCENT TO PAY, BUT HAVE EXTRAORDINARY EXPENSES THAT MAKE IT EXTREMELY DIFFICULT FOR ME TO SHARE IN THE COSTS OF SERVICES?
A responsible person may request that his/her percent to pay be adjusted due to hardship by sending a written request to the AzEIP Service Providing Agency that serves the family. Hardship is an extraordinary circumstance that affects a responsible person’s financial situation. Examples include unreimbursed medical expenses, court-mandated payments, or costs associated with the care of an elderly or sick family member who lives outside the home. Supporting documentation must be provided along with the request. A panel from ASDB, DES/DDD, and DES/AzEIP will review the request and respond in writing within 20 business days.

18. WHAT IF I DISAGREE WITH THE PERCENT TO PAY, A BILL, THE DECISION OF HARDSHIP OR ANOTHER DECISION RELATED TO FAMILY COST PARTICIPATION?

1. The responsible person may request a Level One review orally or in writing by contacting the AzEIP Service Providing Agency (ASDB, DES/DDD, or DES/AzEIP) within ten (10) calendar days of the billing statement or notice of the action/decision with which the responsible person disagrees (see addresses in Answer 15). The AzEIP Service Providing Agency will issue a written decision within 10 calendar days of the receipt of the request.

2. If the responsible person disagrees with the Level One review decision, he/she may request a Level Two review by sending a written request to the AzEIP Service Providing Agency within thirty-five (35) calendar days of the date of the Level One decision. The AzEIP Service Providing Agency will issue a written decision within 30 calendar days from receipt of the request.

19. WHAT HAPPENS IF I DISAGREE WITH THE DECISION FROM THE LEVEL ONE AND LEVEL TWO REVIEWS?
The AzEIP Service Providing Agency’s Level Two review decision is final.
20. WHAT HAPPENS TO MY SERVICES IF I DO NOT PAY MY BILL?

The failure to pay your share of the cost will result in termination of the services that have a cost. You will be sent written notice prior to the termination of services that will explain your rights.

21. WHAT HAPPENS IF I RECEIVE A NOTICE OF TERMINATION FOR FAILURE TO PAY MY BILL?

If the AzEIP Service Providing Agency proposes to terminate your family’s early intervention services for failure to pay your bill, it must provide written notice to the responsible person. The notice must explain (a) the proposal to terminate services, (b) the reasons that termination of services is proposed, and (c) the responsible person’s right to request and how to request a due process hearing, mediation and/or file a complaint.

22. WHAT HAPPENS TO MY SERVICES WHEN A REQUEST FOR HARDSHIP, REVIEW, DUE PROCESS, MEDIATION AND/OR A COMPLAINT IS PENDING?

When a responsible person requests consideration of hardship, a Level One or Level Two review, due process, mediation and/or complaint, the responsible person may choose to continue receiving early intervention services on the IFSP that are subject to fees and potentially impacted by the decision. If the outcome is in favor of the responsible person, the percent to pay and/or the calculation of costs will be adjusted retroactively. If the outcome is in favor of the AzEIP Service Providing Agency, the responsible person will be obligated to pay the determined fees for services provided during the time of the review.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-532-9960; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

Revised 10-12-10