

# Parent Fees

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**A Guide for Families**



January, 2010

Connecticut state law 17a-248g(e) requires the Connecticut Birth to Three System to establish a schedule of fees based on a sliding scale for early intervention services. Fees shall be charged to any parent or guardian with an annual income of \$45,000 or more whose enrolled child is not eligible for Medicaid. You will be required to make monthly payments for services beginning with your first full month of service.

The sliding fee scale uses your adjusted gross annual family income\*, family size, and your consent to bill health insurance to determine the amount you owe. To reduce the impact on families, there is only one fee charged, even if you have more than one child enrolled in Birth to Three.

\*Family income is audited annually

| Monthly Parent Fees                       |  |       |       |           |  |       |       |           |
|---|--|-------|-------|-----------|--|-------|-------|-----------|
| Family Adjusted Gross Income              | WITH CONSENT TO BILL INSURANCE OR CHILD HAS NO INSURANCE |       |       |           | WITHOUT CONSENT TO BILL HEALTH INSURANCE |       |       |           |
|   | Family Size  |       |       |           | Family Size                              |       |       |           |
|   | 3 or fewer   | 4     | 5     | 6 or more | 3 or fewer                               | 4     | 5     | 6 or more |
| Less than \$45,000 (or Medicaid eligible) | \$ 0   | \$ 0  | \$ 0  | \$ 0      | \$ 0                                     | \$ 0  | \$ 0  | \$ 0      |
| \$ 45,000 – \$ 55,000                     | \$ 24  | \$ 16 | \$ 8  | \$ 8      | \$ 48                                    | \$ 32 | \$ 16 | \$ 16     |
| \$ 55,001 – \$ 65,000                     | \$ 32  | \$ 24 | \$ 16 | \$ 8      | \$ 64                                    | \$ 48 | \$ 32 | \$ 16     |
| \$ 65,001 – \$ 75,000                     | \$ 40  | \$ 32 | \$ 24 | \$ 16     | \$ 80                                    | \$ 64 | \$ 48 | \$ 32     |
| \$ 75,001 – \$ 85,000                     | \$ 56  | \$ 48 | \$ 40 | \$ 32     | \$112                                    | \$ 96 | \$ 80 | \$ 64     |
| \$ 85,001 – \$ 95,000                     | \$104  | \$ 96 | \$ 88 | \$ 80     | \$208                                    | \$192 | \$176 | \$160     |
| \$ 95,001 – \$105,000                     | \$120  | \$112 | \$104 | \$ 96     | \$240                                    | \$224 | \$208 | \$192     |
| \$105,001 – \$125,000                     | \$152  | \$144 | \$136 | \$128     | \$304                                    | \$288 | \$272 | \$256     |
| \$125,001 – \$150,000                     | \$192  | \$184 | \$176 | \$168     | \$384                                    | \$368 | \$352 | \$336     |
| \$150,001 – \$175,000                     | \$232  | \$224 | \$216 | \$208     | \$464                                    | \$448 | \$432 | \$416     |
| \$175,001 and over                        | \$272  | \$264 | \$256 | \$248     | \$544                                    | \$528 | \$512 | \$496     |

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**If you think your annual family income** is not a true reflection of your family's ability to pay due to specific extraordinary expenses, you may request an adjustment.

**The evaluation and Individualized Family Service Plan (IFSP)** are provided to families at no cost. Once the early intervention services described on the IFSP begin, families will receive a bill after the first full month. Benefits Processing Services (a contracted vendor) will issue bills for the previous month on the 15th of each month. Payment is due by the 15th of the next month. If you did not receive any services the previous month you will not be billed. If however you cancel the only service for the month with less than 24 hours notice, a bill will be issued.

**If you fall three months behind in payments,** direct services will be suspended. Services will be reinstated once the balance is paid in full. Partial payment will not reinstate services. During the suspension period, service coordination, periodic assessment, IFSP development and evaluation and procedural safeguards will continue to be provided at no cost. You may resume direct services at any time after your full balance is paid. Visits that would have been received if payments had been made on time will not be "made up" by the program.

# Frequently Asked Questions

## **Q Why does Connecticut require parents to pay for early intervention visits?**

**A** *Most of the cost of services is paid for with Connecticut state funds (86%). As state revenues have declined and Birth to Three enrollment has increased, the legislature found it necessary to require families to participate in covering the costs. Fees began in 2004 and were increased in 2009.*

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## **Q My doctor accepts my health insurance payment as payment in full. Why isn't the health insurance reimbursement enough of a contribution? Isn't this "double-dipping?"**

**A** *Typically, the amount paid by both the health insurance plan and the family does not equal the amount paid by the state for Birth to Three services. We will, however, monitor the actual payments by families and by their health insurance plans. We guarantee that if the combination of health insurance and family fees collected exceeds the amount paid by the state for Birth to Three services, families will be reimbursed.*

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## **Q If I have a flexible spending account through my employer, do I need to change any options since Birth to Three will be billing my health insurance?**

**A** *If your employer has an automatic withdrawal option, it is recommended that it not be activated while your child is enrolled in Birth to Three, since Birth to Three covers all co-pays and deductibles and they are not the parent's responsibility.*

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## **Q How are HSAs (Health Savings Accounts) different from regular insurance plans?**

**A** *HSAs are high-deductible insurance policies that qualify the insured to open a Health Spending Account. Since the deductibles are different for these types of policies, please notify your service coordinator that you have an HSA.*

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## **Q What are the fees based on?**

**A** *Birth to Three uses your (1) adjusted gross annual family income, (2) family size, and (3) consent to bill health insurance to determine your monthly fee. Some extraordinary expenses – when documented and approved – can reduce your fee.*

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## **Q Can I get more visits since I pay for them?**

**A** *No – the amount of service you receive is based on the IFSP. Except for you, IFSP team members are not aware of your family income or fee amount, so the team decision is made independent of the fee schedule.*

## Frequently Asked Questions (continued)

**Q** Why isn't the fee based on how many early intervention visits we get each month?

**A** *The number of visits you receive each month is based on the amount of guidance and support needed to work toward your child's and family's goals. If your needs are more intense, you may receive more visits each month than another family.*

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**Q** My child received her last service visit in February and my service coordinator exited her from Birth to Three in March. Will I be billed for March?

**A** *No. The bill you receive in March will be for February services.*

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**Q** Are my payments tax deductible?

**A** *They may be, but individual circumstances vary widely and the IRS tax code is subject to change. Please consult with your tax advisor to determine whether your child's services might qualify as medical expenses for income tax purposes.*

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More detailed information about parent fees and requests for adjustment is available from your service coordinator or on-line at:

[www.birth23.org](http://www.birth23.org) or 866-888-4188

- See "Publications", **A Family Handbook Guide II: Orientation to Services**
- To apply for a fee adjustment, complete Form 1-9b, which is available on-line under "Especially for Families". Include the required documentation of extraordinary expenses, then mail all materials to:

Birth to Three Fiscal Office  
Attn: Kathy Granata  
460 Capitol Avenue  
Hartford, CT 06106-1308

You may also speak with your service coordinator or program director.

**If you have questions about your bill contact:**

Benefits Processing Services  
P.O. Box 478  
Glastonbury, CT 06033  
860-659-5805  
B23@bpsbilling.com

