

## **CHILD AND FAMILY CONNECTIONS**

### **NOTICE OF SYSTEM OF PAYMENTS AND FEES**

The Illinois Early Intervention (EI) Program is funded through various sources and every attempt is made to maximize these sources. Some of the sources involve the family. Family sources for funding EI may include any combination of private insurance, All Kids and Family Participation Fees.

#### **Private Insurance**

Private insurance plans can be Employer Self-Funded Plans or Non-Employer Self-Funded Plans. The distinction is important in Illinois EI. Employer Self-Funded Plans are plans for employees where the employer uses their own funds to administer the benefits. Non-Employer Self-Funded Plans means an employer contracts with an insurance company who will absorb the costs to administer the benefits.

#### **Non-Employer Self-Funded Plans**

To receive EI services, families whose children are enrolled under Non-Employer Self-Funded Plans must allow EI the use of their benefits to assist in meeting the costs of covered EI services and AT devices. State law provides the following assurances to protect families with Non-Employer Self-Funded Plans: (1) cannot count towards or result in loss of benefits due to annual or lifetime caps; (2) cannot negatively affect the availability of health insurance; (3) cannot be used to discontinue health insurance; and (4) can't be used as a basis for increasing health insurance premiums. If your insurance company is not following State law assurances, contact your EI Service Coordinator immediately. You also have the right to request the Illinois Department of Insurance (DOI) to investigate your complaint by filing a consumer complaint with the DOI, either electronically or in hard copy.

#### **Employer Self-Funded Plans**

If it is verified that you possess an Employer Self-Funded Plan, EI must obtain your consent before submitting any claims to the plan for covered EI services. You may decline the use of your Employer Self-Funded Plan and, if you decline, your child will still receive EI services consented to on your families Individualized Family Service Plan (IFSP). If you do consent, you may revoke your consent at any time except to the extent that it has already been acted upon.

If you possess an Employer Self-Funded Plan, EI must obtain your consent in the following circumstances: (1) when EI seeks to use the private insurance benefits to pay for the initial provision of EI services in the IFSP; and (2) each time consent for services is required due to an increase (in frequency, length, duration or intensity) in the provision of services in your child's IFSP;

#### **General Insurance Usage**

EI will not be responsible for paying a family's private insurance premiums, or loss of benefits because of annual health insurance coverage caps under your policy. If using a family's private health insurance, EI will absorb the co-payments.

If you believe you may encounter a loss of benefits because of lifetime health insurance coverage caps, talk to your EI Service Coordinator about obtaining an Exemption. If an Exemption is not obtained, EI will not be responsible for the loss of benefits because of lifetime health insurance coverage caps under your policy.

EI will process insurance claims for EI Providers to cover the cost of covered EI services. If a private insurance Explanation of Benefits (EOBs) indicates no insurance payment or a reduced payment due to deductibles, the Bureau will make the necessary payments to the provider. If the family is subject to Family Participation Fees (see below), the cost of the deductible paid by EI may impact the amount of Family Participation Fees the family owes, (see below).

If private health insurance is used AND the family is subject to Family Participation Fees, the use of private insurance can reduce the amount EI pays which can reduce the amount of Family Fees paid. Families with private health insurance will not be charged disproportionately more than families who do not have private health insurance.

Families agree to check with their private health insurance to determine coverage and share any concerns with their EI Service Coordinator.

### **All Kids**

All Kids is the state public benefits program. For certain All Kids eligible families, EI receives funds from All Kids to pay for EI services. The use of All Kids to reimburse EI for a portion of the cost for an eligible child's services will not: (1) decrease available lifetime coverage or any other insured benefit for your child under All Kids; (2) result in fees for services that would otherwise be covered by All Kids; (3) result in any increase in premiums or discontinuation of All Kids for you or your child; or (4) risk loss of eligibility for you or your child for home and community based waivers based on aggregate health related expenditures. You will not incur premiums, co-pays or deductibles as a result of using All Kids for EI services.

If your child is already enrolled in All Kids when entering EI, EI does not need to obtain consent to utilize All Kids. If your child is not All Kids-enrolled when entering EI, EI may not require a parent to sign up for or enroll in All Kids as a condition of receiving EI services and must obtain a family's consent to utilize All Kids. If you do not consent, the State lead agency must still make available EI services on the IFSP for which you have consented.

EI must obtain your consent to disclose personally identifiable information (PII) for billing purposes to the Illinois Department of Healthcare and Family Services (HFS), the state public agency responsible for administration of All Kids. EI services, as specified in your child's IFSP, and to which you have consented, cannot be denied due to your refusal to disclose your child's PII to HFS. You have the right to withdraw your consent to disclose your child's PII at any time without affecting the EI services your child is receiving as specified in your child's IFSP. If you would like to withdraw your consent, notify your EI Service Coordinator.

If you have private insurance in addition to All Kids, All Kids will require the use of private insurance as the primary insurance. You will be provided a copy of the *CFC Consent to Use Private Insurance/Healthcare Plan Benefits and Assignment of Rights* to explain those no-cost protections.

Families with public insurance or benefits will not be charged disproportionately more than families who do not have public insurance or benefits.

You may contact your Service Coordinator if you are interested in more information about All Kids eligibility.

### **Family Participation Fees**

EI requires that families help pay for EI services when financially able. The fee assessment calculates how much your family is able to pay (see *Illinois Family Participation Fees Program Fact Sheet*) and is recalculated annually or at any time reported changes could impact your family fee calculation. You are not required to pay more than the maximum out-of-pocket calculated based on their ability to pay.

To determine ability to pay, EI compares household size and taxable reported income to the Federal Poverty Level on a sliding scale and considers out-of-pocket medical/disaster expenses. A family meets the definition of ability to pay if the family falls within the scale and does not have proven out-of-pocket medical (allowable as Internal Revenue Service (IRS) deductions) or disaster (fire, flood or act of nature) expenses in excess of 15% of the reported income.

Inability to pay is defined as a family whose household size and taxable reported income does not fall within the sliding scale and/or has proven out-of-pocket medical (allowable as Internal Revenue Service (IRS) deductions) or disaster (fire, flood or act of nature) expenses in excess of 15% of reported income. A family will not experience a delay or denial of services for an inability to pay if the family meets the State's definition of inability to pay. These families must be provided all EI IFSP approved and consented services at no cost.

Families will not be charged any more than the actual cost of the EI services subject to fees (factoring in any amount received from other sources for payment such as private health insurance). If a private insurance EOB indicates no insurance payment, a reduced payment due to deductibles or established insurance reimbursement rates lower than EI rates, the Bureau will make the necessary payments to the provider. These costs paid by EI will be counted towards the actual cost of EI services subject to fees. However, the family will not be charged more than the actual cost of EI services subject to fees OR the maximum out-of-pocket calculated for their Family Participation Fees, WHICHEVER IS LESS. This means if the Family Participation Fee is calculated to be more than the actual cost EI pays for services, then EI will only charge the amount EI paid out for services and not the full Family Participation Fee. If the Family Participation Fee is calculated to be less than the actual cost EI pays for services, then EI will only charge the Family Participation Fee.

Fees will not be charged for the services that a child is otherwise entitled to receive at no cost. (See below, EI Services Provided at No Cost)

A family may decline to provide the requisite income information and documentation. Any family who declines to provide the required income information and documentation will be charged the highest amount on the fee scale.

If a family wishes to contest the imposition of a fee or the State's determination of the ability to pay, they may do one of the following:

- 1) Request Mediation;
- 2) Request a Due Process Hearing
- 3) File a State Complaint

They may request a form from their EI Service Coordinator.

#### **EI Services Provided at No Cost**

- Child Find
- Evaluations and Assessments
- Service Coordination Services (including but not limited to Transition, IFSP Meetings, etc.)
- Development, review and evaluation of IFSPs and interim IFSPs
- Developmental Screenings
- Medical Diagnostic Services
- Interpretation
- Translation Services
- Administrative and Coordinative activities related to Procedural Safeguards
- All EI services when the parent or family meets the State's definition of inability to pay

**EI Services Subject to One or More of the Following: Family Participation Fees, Insurance Billing and/or All Kids Reimbursement**

- Assistive Technology (Durable Medical Equipment and Supplies)
- Audiology
- Aural Rehabilitation and Other Related Services
- Developmental Therapy
- Health Consultation
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychological and/or Other Counseling Services
- Social Work and Counseling Services
- Speech Language Therapy
- Transportation
- Vision Services

**Payor of Last Resort**

Illinois Department of Human Services is the Payor of Last Resort. In other words, the Department will pay for services to prevent a delay in the timely provision of EI Services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment. Part C funds may be used for this purpose.