

Children and Youth with Special Needs (CYSN) Financial Analysis Form

The CYSN Financial Analysis Form must be completed prior to the development of the initial and annual IFSP for Babies Can't Wait eligible children and at the time of admission to the program and annually for Children's Medical Services eligible children. In addition, this form must be completed when the family's financial situation changes and/or per parent request.

Child's Legal Name: _____

Child's Date of Birth: ____/____/____

Please check (√) all programs child is currently enrolled in:

- Medicaid #: _____
- PeachCare for Kids #: _____
- Indicate CMO, if applicable _____
- Babies Can't Wait
- Children's Medical Services
- First Care
- Health Insurance Coverage

	Primary Family Health/ Insurance Plan (% covered for specific services, if known)	Secondary Family Health/ Insurance Plan (% covered for specific services, if known)
Carrier/Address		
Policy/Program Number		
Enrolled Family Member/Employee		
Phone #		

Children and Youth with Special Needs January 2012

BCW-App-C; CMS-App D

Child's Name _____

Date of Birth ____/____/____

1. Number of people in family:

2. Household (Gross) Earned **Monthly** or **Yearly** Income (see Appendix C-D, page 8-10): \$
(Circle monthly or yearly)

Unearned Income Amount	Sources of Unearned Income (see Appendix C-D, page 8-10) (State specific source and if monthly, annual, one-time)
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3. \$

4. \$

5. \$

6. \$

7. **Total Monthly or Yearly Income: Add lines # 2 through 6** \$
(Circle monthly or yearly)

List below the average monthly or yearly "out of pocket" extraordinary expenses that are related specifically to the child's disability: (Identify 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 child's disability. Extraordinary expenses **cannot** include anticipated or future costs or family's anticipated out-of-pocket cost participation expenses.) (See Appendix C-D, page 11)

Expense	Cost	Description of Costs
8. Child Care Special Costs (Difference)	\$	
9. Materials, Supplies		
10. Equipment		
11. Medical/Health		
12. Medications		
13. Special Food Supplements		
14. Transportation/Parking		
15. Other - list specifics:		

16. Add lines # 8 - 15 for total Monthly or Yearly Extraordinary Expenses: \$
(Circle monthly or yearly)

17. Subtract line # 16 from line # 7: \$ = **Adjusted Family Income**
(Circle monthly or yearly)

18. **Babies Can't Wait:**
Using Adjusted Family Income from line #17 and # of family Members from line # 1, determine % of family cost participation using the Cost Participation Scale.

Family Cost Participation = %

19. Children's Medical Services:

To determine family cost participation, use the following formula:

If line #17 is monthly, multiply Adjusted Family (monthly) Income x 12 = Adjusted Family Income
(Adjusted Family Income – Baseline) x .10 = Annual Cost Participation

Note: CMS Baseline is 150% of Federal Poverty Level. (See CMS-App D, page 7)

$$\frac{\text{Income} - \text{Base}}{\text{Income} - \text{Base}} = \text{Income} \times .10 = \text{Family Cost Participation} = \$$$

VERIFICATION: (Only one form of verification is required.) CYSN Staff or designee (i.e., service coordinator, care coordinator) must obtain a copy of one of the four documents below for each parent. The document(s) verified must be those that illustrate the most accurate estimate of the family's total gross income. Total gross income must be written in the box below.

2 Most Recent Payroll Slips <hr/> \$	OR	Income Tax Return From Previous Year <hr/> \$	OR	W2 Form from Previous Year <hr/> \$	OR	Self Declaration <hr/> \$
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I verify that all information above is true and correct.

X	X	/ /
Printed Name of Parent/Client	Signature of Parent /Client	Date
		/ /
Printed Name of CYSN Staff/Designee	Signature of CYSN Staff/Designee	Date

Babies Can't Wait:

I understand that the information provided on this form is used to determine my ability or inability to pay for early intervention services for my child(ren). I understand that Babies Can't Wait reserves the right to modify Fiscal Policies at any time and will modify Fiscal Policies at least annually, to be effective July 1st of each calendar year. I understand that I will receive at least 5calendar days written notice of any change in policy that will affect my child and/or family. My service coordinator has explained the financial obligations of third party resources that may be available for the cost of my child's IFSP services. In addition, I understand that my family is responsible for _____% of the cost of my child's IFSP services.

Children's Medical Services:

CMS has explained to me the financial obligations of third party resources that may be available for the cost of my child's services. I understand that my family is responsible for \$_____/year of the cost of my child's services.

I agree/disagree (please circle) to this assignment of cost participation.

X	X	/ /
Printed Name of Parent /Client	Signature of Parent /Client	Date
		/ /
Printed Name of CYSN Staff/Designee	Signature of CYSN Staff/Designee	Date
		/ /
Printed Name of BCW/CMS Coordinator	Signature of BCW/CMS Coordinator	Date

Child's Name _____

Date of Birth / /

**FY 2012
BABIES CAN'T WAIT
EARLY INTERVENTION SERVICES FUNDS
COST PARTICIPATION SCALE
200% of POVERTY**

		Family Size								
Income		1	2	3	4	5	6	7	8	9
Annual	21,780									
Monthly	1,815	0	0	0	0	0	0	0	0	0
Weekly	419									
Annual	29,420									
Monthly	2,452	5	0	0	0	0	0	0	0	0
Weekly	566									
Annual	37,060									
Monthly	3,088	10	5	0	0	0	0	0	0	0
Weekly	713									
Annual	44,700									
Monthly	3,725	15	10	5	0	0	0	0	0	0
Weekly	860									
Annual	52,340									
Monthly	4,362	20	15	10	5	0	0	0	0	0
Weekly	1,007									
Annual	59,980									
Monthly	4,998	25	20	15	10	5	0	0	0	0
Weekly	1,153									
Annual	67,620									
Monthly	5,635	30	25	20	15	10	5	0	0	0
Weekly	1,300									
Annual	75,260									
Monthly	6,272	35	30	25	20	15	10	5	0	0
Weekly	1,447									
Annual	82,900									
Monthly	6,908	40	35	30	25	20	15	10	5	0
Weekly	1,594									
Annual	90,540									
Monthly	7,545	45	40	35	30	25	20	15	10	5
Weekly	1,741									
Annual	98,180									
Monthly	8,182	50	45	40	35	30	25	20	15	10
Weekly	1,888									
Annual	100,000									

Income		1	2	3	4	5	6	7	8	9
Monthly Weekly	8,333 2,083	55	50	45	40	35	30	25	20	15
Annual Monthly Weekly	107,200 8,933 2,233	60	55	50	45	40	35	30	25	20
Annual Monthly Weekly	114,400 9,533 2,383	65	60	55	50	45	40	35	30	25
Annual Monthly Weekly	121,600 10,133 2,533	70	65	60	55	50	45	40	35	30
Annual Monthly Weekly	128,800 10,733 2,683	75	70	65	60	55	50	45	40	35
Annual Monthly Weekly	136,000 11,333 2,833	80	75	70	65	60	55	50	45	40
Annual Monthly Weekly	143,200 11,933 2,983	85	80	75	70	65	60	55	50	45
Annual Monthly Weekly	150,400 12,533 3,133	90	85	80	75	70	65	60	55	50
Annual Monthly Weekly	157,600 13,133 3,283	95	90	85	80	75	70	65	60	55
Annual Monthly Weekly	164,800 13,733 3,433	100	95	90	85	80	75	70	65	60
Annual Monthly Weekly	172,000 14,333 3,583	100	100	95	90	85	80	75	70	65
Annual Monthly Weekly	179,200 14,933 3,733	100	100	100	95	90	85	80	75	70
Annual Monthly Weekly	186,400 15,533 3,883	100	100	100	100	95	90	85	80	75
Annual Monthly Weekly	193,600 16,133 4,033	100	100	100	100	100	95	90	85	80

Income		1	2	3	4	5	6	7	8	9
Annual	200,800									
Monthly	16,733	100	100	100	100	100	100	95	90	85
Weekly	4,183									
Annual	208,000									
Monthly	17,333	100	100	100	100	100	100	100	95	90
Weekly	4,333									
Annual	215,200									
Monthly	17,933	100	100	100	100	100	100	100	100	95
Weekly	4,483									
Annual	222,400									
Monthly	18,533	100	100	100	100	100	100	100	100	100
Weekly	4,633									

DRAFT

**Children's Medical Services
COST PARTICIPATION SCALE
150% of Poverty**

Examples of CMS Cost Participation

All Families must complete a CYSN Financial Analysis Form to determine eligibility and to determine if they will be cost participating. Clients and their families at 150% of Federal Poverty Level or below do not cost participate. The formula used for all clients for the CMS Program will be their adjusted family income - 150% (baseline for cost participation) x 0.10. The resulting number will be the amount that the client and family will pay out of pocket during the year.

Example # 1 - A family of three with an adjusted family income of \$57,881 and has a child on a Medicaid Waiver is over the maximum income level of 236% (\$41,536):

$$\$57,881 - \$26,400 \times 0.10 = \$3,188/\text{per year}$$

This means that this family must pay out of pocket \$3,188 during the year.

Example # 2 - A family of two with an adjusted family income of \$30,000 and has a child on a Medicaid waiver is over the maximum income level of 236% (\$33,040):

$$\$30,000 - \$21,000 \times 0.10 = \$900/\text{per year}$$

This means that this family must pay out of pocket \$900 during the year.

Example # 3 - A family of six with an adjusted family income of \$47,516 has a child on Medicaid is not over the maximum income level of 236% (\$58,528):

$$\$47,516 - \$42,600 \times 0.10 = \$492/\text{per year}$$

This means that this family must pay out of pocket \$492 during the year.

CMS FY 2012 FINANCIAL PARTICIPATION RANGE

Family Size	2011 Federal Poverty Guideline	CMS Base 150% of Federal Poverty Guideline	CMS Maximum 236% of Federal Poverty Guideline
1	\$10,890	\$16,335	\$25,700
2	\$14,710	\$22,065	\$34,715
3	\$18,530	\$27,795	\$43,730
4	\$22,350	\$33,525	\$52,745
5	\$26,170	\$39,255	\$61,760
6	\$29,990	\$44,985	\$70,775
7	\$33,810	\$50,715	\$79,790
8	\$37,630	\$56,445	\$88,805
For families with more than 8 persons, add \$3,820 for each additional person			

Guidelines for Completion of CYSN Financial Analysis Form

Definitions:

Family – a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered to be members of one family.

Resources Included as "Income"

(Line #2) Earned Income (Prior to Deductions) means the receipt by an individual or any property or service that can be applied, either directly or by sale or conversion, to meeting basic needs. It can include:

Wages – Earnings received in exchange for work performed as an employee, including armed services pay, tips, commissions, piece rate payments, advances of wages/salary, vacation pay, overtime, sick pay, strike benefits, contract employment, and cash bonuses. When a parent is out of the home because of military assignment, only that portion of his/her gross income that is allocated to the family as income will be considered.

Net Earnings from Self-employment – gross receipt minus expenses from one's own business. Gross receipts equal the value of all goods and services rendered. Expenses include the cost of goods purchases, wages and salaries paid, business taxes, and business expenses including rent, heat, light, and power.

Severance funds – money received from an employer upon termination from employment.

Unemployment Compensation – money received from government unemployment insurance agencies or private companies during times of unemployment and any strike benefits received from union funds.

Worker's Compensation – money received periodically from private or public insurance companies for injuries incurred at work; the cost of the insurance must have been paid by the employer and not the employee.

(Line #3-6) Unearned Income (Prior to Deductions) is an income that is not earned, and may be related to a prior work or service. It can include:

Annuities, pensions and other periodic payments

Alimony – money paid by a spouse pending or after a legal separation or divorce

Capital Gains – proceeds from the sale of capital goods or equipment, reported as capital gains for tax purposes; includes items such as real estate, securities, machinery, etc., held as an investment for a set period of time. A capital gain is realized when the item(s) sold have appreciated in value from the original purchase price.

Child Support payments – maintenance allowance paid by the absent parent

Dividends – a share of profits received by a policyholder or shareholder

Interest – income received on investments

Military Allotments – payment received by a family unit member who is a dependent/spouse of a military staff member

Royalties – shares or proceeds from the sale or performance of work or from the rights to use inventions or services

Rental Income – money received on property owned and rented to others

Boarder Income – direct payments for food and related shelter expenses

Roomer Income – direct payments for room only

Retirement/Pension – a sum of money paid regularly as a retirement benefit

Death benefits – a sum of money paid as a result of another's death, such as proceeds from life insurance policies, lump sum death benefits from Social Security Administration, Veterans Administration burial benefits, inheritances in cash or kind, Railroad burial benefits, or cash or in-kind gifts to cover expenses related to the death.

Prizes and awards – including but not limited to lottery payments (sum of money received as a result of purchasing a winning ticket in a game of chance; divide the amount of money anticipated to be received by the number of months in a certification period)

Gifts & Inheritances

Trust Fund – monies in a trust that are distributed, including any dividend that is reinvested in the Trust

Support and maintenance in kind

Veterans benefits – includes pensions or benefits paid to a retired veteran; also includes money paid periodically by the Veteran's Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, as well as so-called refunds paid to ex-servicemen as GI insurance premiums.

Social Security payment to parent, guardian, or child

Employment-related housing assistance

Resources NOT Included as Earned or Unearned Income:

1. Temporary Assistance to Needy Families (TANF) cash assistance
2. Supplemental Security Income (SSI) (Title XVI)
3. Value of Food Stamps or coupons under Food Stamp Act of 1977, Sec. 1301 of P.L. 95-113 (91 Stat. 968, 7 U.S.C. 2017 (b)).
4. Value of federally donated foods distributed under Sec. 32 of P.L. 74-320 (49 State. 774) or Sec. 416 of the Agriculture Act of 1949 (63 Stat. 1058, 7 CFR 250.6 (e)(9)).
5. Value of free or reduced price of food for women and children under:
 - a. Child Nutrition Act of 1966 Sec. 11(b) of P.L. 89-942 (80 Stat. 889, 42 U.S.C. 1780(b) and Sec. 17 of that Act as added by P.L. 92-433-(86 Stat. 729, 42 U.S.C. 1786); and
 - b. National School Lunch Act, Sec. 13(h)(3), as amended by Sec. 3 of P.L. 90-302 (92 Stat. 119, U.S.C. 1761(h)(3)).
6. Housing and Assistance:
 - a. Assistance to prevent fuel cut-offs and to promote energy efficiency under the Emergency Energy Conservation Services Program or the Energy Crisis Assistance Program as authorized by Sec. 222(a)(5) of the Economic Opportunity Act of 1964, as amended by Sec.5(d)(1) of P.L. 93-644 and Sec. 5(a)(2) of P.L. 95-568 (88 Stat. 2294 as amended, 42 U.D.S. 2809(a)(5)).
 - b. Home energy assistance payments or allowances under Title XXVI of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, as amended (42 U.S.C. 8624(f)).
 - c. Value of any assistance paid with respect to a dwelling unit under:
 1. The United States Housing Act of 1937;
 2. The National Housing Act;
 3. Sec. 101 of the Housing and Urban Development Act of 1965; OR
 4. Title V of the Housing Act of 1949.
7. Education and Employment:
 - a. Grants or loans to undergraduate students made or insured under programs administered by the Secretary of Education under Sec. 507 of the Higher Education Amendments of 1968, P.L. 90-575, (82 Stat. 1063)
 - b. Any wages, allowances or reimbursement for transportation and attendant care costs when received by an eligible individual with a disability(s) employed by a project under

Extraordinary Expenses

*Extraordinary expenses are those average monthly or yearly "out of pocket" expenses that are related specifically to the child's disability. **Deductibles 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 child's disability. If a family reports monthly income in line #2, extraordinary expenses should be reported for the most recent month; If a family reports yearly income in line #2, extraordinary expenses should be reported for the previous twelve months. Extraordinary expenses **cannot** include anticipated or future costs or family's anticipated out-of-pocket cost participation expenses. Extraordinary expenses **cannot** include out of pocket expenses for anticipated services or any expense for which CMS and/or BCW funds have been requested to assist in paying for the same products and services.*

Allowable Extraordinary Expenses

Child Care Special Costs:

Any cost for child care that is above and beyond the usual and customary/average costs of child care for a child without special needs being cared for in the same manner, in a similar setting (community-based child care, home/family child care, etc.) or by a comparable provider. Only the difference between what is charged for the child with special needs and charges for typical children may be deducted.

Materials/Supplies:

Expenses for materials and/or supplies may be deducted if they are specifically needed and utilized due to the child's special needs and if the family has paid out of pocket to purchase such items.

Equipment:

Expenses for equipment may be deducted if it is specifically needed and utilized due to the child's special needs and if the family has paid out of pocket to purchase such items.

Medical/Health:

Expenses for medical/health care, included but not limited to fees for medical tests/procedures, appointments with medical specialists, and bills for hospitalizations, may be deducted if they are specifically related to the child's special needs and if the family has paid out of pocket for such services.

Medications:

Expenses for medications may be deducted if they are specifically needed and utilized due to the child's special needs, prescribed by a physician or practitioner, and if the family has paid out of pocket to purchase such medications. Over the counter medications and prescriptions for routine treatment such as but not limited to common colds, ear infections, etc. are not deductible.

Special Food Supplements:

Expenses for special food supplements may be deducted if they are specifically needed and utilized due to the child's special needs, prescribed by a physician or practitioner, and if the family has paid out of pocket to purchase such items.

Transportation/Parking:

Expenses for transportation and/or parking may be deducted if required to access services or care specifically related to the child's special needs and if the family has paid out of pocket for such services. Transportation and/or parking expenses incurred while accessing services such as routine pediatric care are not deductible.

Other:

Other expenses that might be deducted include but are not limited to catastrophic illness or long term care insurance coverage, specialized dental care that might be needed due to craniofacial anomalies, specialized or orthotic shoes, environmental or vehicle modifications, etc. These expenses must be specifically needed and utilized due to the child's special needs and paid for out of pocket by the family. Health insurance premiums that would be purchased for a child for basic medical care coverage are not deductible. Routine pediatric dental care is not deductible.

**Babies Can't Wait
Use of Private Insurance - Consent/Decline**

The use of private insurance may result in a cost to your family including deductibles, co-payments, increase in premiums, decrease in available lifetime coverage, and/or discontinuation of the policy. Babies Can't Wait (BCW) requires your informed, written consent to use your private insurance to assist in paying for early intervention services.

Consent to Use Private Insurance:

I understand that BCW will be responsible for co-payments and deductibles for covered IFSP services. I further understand that my family will not have cost participation for these covered IFSP services.

I understand that if my private insurance policy limits the frequency or has a cap on the number of visits, that my family will have no cost participation for these partially covered IFSP services. When insurance coverage is exhausted, my family will be responsible for cost participation for these services. BCW will assist in covering co-payments and deductibles that are required by the insurance company for these covered IFSP services.

In addition, I understand that if my private insurance does not cover IFSP services, my family will be responsible for cost participation for IFSP services according to the Financial Analysis for Cost Participation. BCW will not assist my family with any deductibles or co-payments on IFSP services that are not covered by insurance.

I give my informed consent for BCW service providers to use my private insurance for covered IFSP services. I understand that I may reconsider this decision at any time prior to _____, the end date of my child's current IFSP, by calling my service coordinator at _____.

Parent Signature

Date

Service Coordinator Signature

Date

Decline Use of Private Insurance:

I understand that BCW will not be responsible for any co-payments or deductibles. I also understand that my family will be responsible for cost participation for all IFSP services according to the Financial Analysis for Cost Participation.

I further understand that if my child is enrolled in Medicaid and also has private insurance, my family will be responsible for cost participation, according to the Financial Analysis for Cost Participation, for IFSP services that would have been covered by Medicaid or private insurance.

I do not give my informed consent for BCW service providers to use my private insurance for covered IFSP services. I understand that I may reconsider this decision at any time prior to _____, the end date of my child's current IFSP, by calling my service coordinator at _____.

Parent Signature

Date

Service Coordinator Signature

Date

Effective 07/99

BCW007

**Babies Can't Wait
DECLINING TO COMPLETE FINANCIAL ANALYSIS FOR COST PARTICIPATION**

Child's Name _____

- I understand that my child is eligible for the Babies Can't Wait (BCW) Program and has a right to early intervention services in accordance with an Individual Family Service Plan (IFSP).
- I understand that, by declining to provide my income information to the BCW Program, I am assuming full financial responsibility for all early intervention costs that may be incurred during the course of my child's enrollment in BCW, with the exception of BCW evaluation and assessment activities, service coordination, Individualized Family Service Plan development and monitoring, and procedural safeguards protections, which are provided at no cost to all families of eligible infants and toddlers.
- I understand that should my private insurance deny payment for early intervention services listed on the IFSP, BCW will not be liable for payment of these services. This includes deductibles and co-pays.
- I understand that I may re-consider this decision at any time prior to the end date of my child's current IFSP by contacting my service coordinator at _____ and completing the Children an Youth with Special Needs Financial Analysis Form.
- I understand that if at a later date I provide my financial information for cost participation, any expenses incurred prior to this financial analysis will not be covered.

My signature below indicates that I do not choose to complete the Children and Youth with Special Needs Financial Analysis Form at this time.

_____ Parent Signature	_____ Date
_____ Parent Signature	_____ Date
_____ Service Coordinator Signature	_____ Date

I have received a copy of my rights under Part C of IDEA (Notice of Infant/Toddler and Family Rights under BCW booklet) along with this notice. These rights have been explained to me and I understand them.

_____ (Parent) _____ (Date)

Attachment: *Notice of Infant/Toddler and Family Rights under Babies Can't Wait*
Effective 09/01/02

Disclosure of Personally Identifiable Information for Public Benefits or Insurance Program - Consent/Decline

Babies Can't Wait (BCW) requires your informed, written consent to disclose, for billing purposes, a child's personally identifiable information to the State agency responsible for administering the State's public benefits or insurance program. In the state of Georgia the Department of Community Health is responsible for administering the State public benefit or insurance program.

Consent to Disclose Personally Identifiable Information for Public Benefits:

I understand that checking consent to disclose personally identifiable information I am stating that I give consent for BCW to disclose my child's personally identifiable information to the Department of Community Health for the purposes of billing for services rendered to my child.

In addition, I understand that if my public benefits do not cover IFSP services, my family will be responsible for cost participation for IFSP services according to the Financial Analysis for Cost Participation.

I give my informed consent for BCW service providers to use my public benefits or insurance program for covered IFSP services. I understand that I may reconsider this decision at any time prior to the end date of my child's current IFSP, by calling my service coordinator at _____.

Parent Signature

Date

Service Coordinator Signature

Date

Decline Consent to Disclose Personally Identifiable Information for Public Benefits

I understand that checking decline consent to disclose personally identifiable information I am stating that I do not give consent for BCW to disclose my child's personally identifiable information to the Department of Community Health for the purposes of billing for services rendered to my child. I also understand that my family will be responsible for cost participation for all IFSP services according to the Financial Analysis for Cost Participation.

I do not give my informed consent for BCW service providers to use my public benefits or insurance program for covered IFSP services. I understand that I may reconsider this decision at any time prior to , the end date of my child's current IFSP, by calling my service coordinator at .

Parent Signature

Date

Service Coordinator Signature
Effective 01/2012

Date

BCW008