Thank you for taking the time from your busy schedule to complete the ITCA Family Cost Participation on behalf of your State's Part C system. The survey is divided into five different parts for the ease of the respondent, and depending upon your responses may move you to the next appropriate question automatically. There are a total of 87 questions in the survey for those of you who are using multiple forms of FCP. The survey is divided into individual pages, with large type and sufficient space for your text responses. If you would like to print your responses, you must print each page individually before moving on to respond to the next page. Please do take a few moments and read the briefing document found on the ITCA site requesting national participation. I think it will be helpful to you as you study these questions and complete your responses. You may choose to complete the survey all at once, or start the survey and return to complete it later on. It is suggested that you complete the entire survey, or individual sections completely at one time. If you answer a section or sections completely and stop, upon starting up again, you'll be directed to the next section. If you answer a section partially and stop, you'll be directed to the beginning of that same section. You can also start over again if needed. Please complete the entire survey and submit your responses no later than August 22nd so that we can conduct a preliminary analysis with sufficient time for follow-up verification with individual states as needed. If you have any questions while you are completing the survey, please call or e-mail me directly. We have a Research Associate, Sydney, who is also available for scheduled calling times to assist you to complete the survey. You can e-mail her to schedule a calling time at sydneyblythe@aol.com. Thanks! Sue Mackey Andrews Solutions Consulting Group LLC Phone: 207-564-8245 FAX: 207-564-7175 e-mail: sdmandrews@aol.com

1) Respondent Information

<table>
<thead>
<tr>
<th>Full State Name</th>
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<tbody>
<tr>
<td>Respondent Name</td>
</tr>
<tr>
<td>Position</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>Format: (999) 999-9999</td>
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<tr>
<td>Extension</td>
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<tr>
<td>E-Mail Address</td>
</tr>
<tr>
<td>Fax Number</td>
</tr>
<tr>
<td>Format: (999) 999-9999</td>
</tr>
</tbody>
</table>

2) How is your State paying for most IFSP services? Please check all that apply.

- Federal Part C funds
- State Part C funds
- Medicaid/Title XIX
- CSHCN/Title V
- State General Fund not designated specifically for Part C
- Temporary Assistance to Needy Families (TANF)
- Child Care Development Block Grant (CCDG)
- Local Municipality or County Funds
- Private Insurance
- Family Fees/Co-payments/Sliding Fee
3) If you know the dollar amounts for the above sources of payment for IFSP services, please insert these below.

- Federal Part C funds
- State Part C funds
- Medicaid/Title XIX
- CSHCN/Title V
- State General Fund not designated specifically for Part C
- Temporary Assistance to Needy Families (TANF)
- Child Care Development Block Grant (CCDG)
- Local Municipality or County Funds
- Private Insurance
- Family Fees/Co-payments/Sliding Fee
- State Children's Health Insurance Program (SCHIP)
- Title XXI (if not merged with Medicaid/Title XIX)
- Other

4) Is your State currently using any form of Family Cost Participation (FCP) in your Part C system of payments?

- Yes
- No
- Not Sure

5) Your response to the prior question indicates that your state is not using any form of FCP. Was FCP IN ANY FORM ever discussed in your State?
6) Please Discuss:


7) Is your State currently considering using any form of FCP in your Part C system of payments?

- Yes
- No
- Not Sure

8) Please discuss where the impetus for the discussion is coming from, and the nature and status of the discussion.


9) Is your State currently discussing, planning OR implementing CHANGES to the CURRENT FCP system?

- Yes
- No
- Not Sure

10) If Yes to 9, please answer the following questions:

- What are the specific changes that are being discussed or implemented?
- Please discuss where the impetus for the discussion is coming from, and the nature and status of the discussion.

11) How would you describe the FCP that your State utilizes for Part C?

- Private Insurance only
- Fees only
- BOTH Private Insurance and Fees

Additional comments:
12) When was this/these practice(s) implemented? If possible, please provide a date.

[Blank]

13) What prompted the/these State practices regarding FCP? Check the primary force behind this policy decision, please.

- Legislative order/decision
- State agency decision
- Other (please specify)

If you selected other please specify:

[Blank]

14) Does your State have written language regarding how the "inability to pay" is determined?

- Yes
- No
- Not Sure

Additional comments:

[Blank]

15) If Yes to 14, please check any and all that apply.

- State Regulations
- State Procedures
- State Policy
- Local Procedures
- Local Policy
- Other (please specify)

If you selected other please specify:

[Blank]

16) Is the SAME policy/procedure followed statewide related to the determination of family "inability to pay?"

- Yes
- No
- Not Sure
Additional comments:

17) If No to 16, please explain why not:

18) Are standardized and consistent FCP policies and procedures implemented statewide?
   - Yes
   - No
   - Not Sure

19) Is there a STANDARD FORMAT or FORMS that are completed by/with each family for the purposes of determining cost participation?
   - Yes
   - No
   - Not Sure

20) If Yes to 19, What happens if a family refuses/declines to complete this documentation?

21) Who is responsible for collecting the information used to determine the family’s “inability to pay?” Please check all that apply.
   - Intake Coordinator
   - Service Coordinator
   - Individual Service Provider
   - Service Provider Agency
   - Local Lead Agency
   - State Lead Agency
   - Financial Office
   - Computer Software
   - Central Finance/Billing/Reimbursement Office
   - Other (please specify)

   If you selected other please specify:
22) Is training specific to FCP provided for persons completing the paperwork regarding FCP?

- Yes
- No
- Not Sure

23) IF YES to 22, is this training specific to FCP required for persons completing the paperwork regarding FCP?

- Yes
- No
- Not Sure

24) Who is responsible for determining if the family demonstrates an "inability to pay?" Please check all that apply.

- Intake Coordinator
- Service Coordinator
- Individual Service Provider
- Service Provider Agency
- Local Lead Agency
- State Lead Agency
- Financial Office
- Computer Software
- Central Finance/Billing/Reimbursement Office
- Other (please specify)

If you selected other please specify:

Additional comments:

25) There are a variety of approaches used to obtain family income information. Using the descriptions below, please identify the one that more accurately describes how this information is obtained from families in your State.

- Families provide their income information verbally. We do not ask for any verification in writing. (Skip to question 28)
- Families show income verification to the person identified above, but do not have to submit copies of this verification to the Part C system. (Skip to question 28)
- Families must provide written income information, copies of which are retained by the Part C system. If you check this response, please provide what kind(s) of information is required below, question 27.
26) If you responded either "no documentation is required" or "other" to the previous question, please describe your current practice or intended procedure.

[Blank space for response]

27) Please check what kind(s) of information is required to obtain family income. Please check all that apply.

- Income Tax return(s)
- Financial statement/investments
- Weekly/bi weekly pay stubs
- Monthly budget of expenses, by category
- Bank statements
- Other (please specify)

If you selected other please specify: [Blank space for response]

28) Does your State require families to make application for enrollment with Title XIX/Medicaid and/or Title V/CSHCN or Title XXI (the State’s Childrens Health Insurance Program or S-CHIP) if they appear to be eligible?

- Yes
- No
- Not Sure

29) If so, how does this requirement actually work?

[Blank space for response]

30) Is the FCP being ACTIVELY implemented now? We understand that some States have policy and procedures but are not currently enforcing these statewide.

- Yes
- No
- Not Sure
31) If NO to 30, Please explain why NOT:


32) Are there State policies that address the relationship between family fees and the use of private insurance for Part C services? (For example, would a family who declined the use of their private insurance be determined to have ability to pay and be assigned a fee of some sort for some/all of their Part C services? Or, if a family consents to the use of their private insurance, are they then exempt from any other form of cost participation?)

  ○ Yes  
  ○ No  
  ○ Not Sure

Additional comments:

33) Requested Documents: Please indicate if the supporting document(s) can be located on your State's website. If the document(s) are available electronically, please send these file(s) to sydneyblythe@aol.com. If the document(s) are available in hardcopy only, please send a copy of the document(s) to Solutions, PO Box 218, Dover-Foxcroft, ME 04426-0218.

  Policy
  Legislation
  Procedures

34) Does your State have INSURANCE LEGISLATION regarding the use of insurance for Part C?

  ○ Yes, continue with the next question.  
  ○ No, skip to question 39.

Additional comments:

35) What was the initial date of passage of this legislation?

  Format: YYYY-MM-DD

36) Have there been updates or changes to this legislation since initial passage?

  ○ Yes  
  ○ No
37) If Yes to 36, Please describe the changes:

38) Who does the legislation apply to?

- Indemnity
- ERISA
- Managed care plans
- State employee health insurance plan
- Other (please specify)

If you selected other please specify:

Additional comments:

39) How are payments for Part C services determined?

- Individual service reimbursement
- Annual per child amount
- Other (please specify)

If you selected other please specify:

40) If applicable, What is the annual per child amount that can be billed for Part C services?

41) Are payments for Part C services made by private insurance exempt from the lifetime benefit cap for each child/family?

- Yes
- No
- Not Sure

Additional comments:

42) What are the conditions for using private insurance? Please check all that apply.
43) If applicable, please describe the defined situations where insurance must not be used.

[Blank space]

44) Does your State have policies and procedures REQUIRING the use of the family's private insurance for Part C covered services?

- Yes
- No
- Not Sure

45) Which Part C services are typically covered by private insurance? Please check all that apply.

- Assistive Technology Services/Devices
- Physical Therapy
- Audiological Services
- Service Coordination/Case Management
- Evaluation/Assessment Services
- Social Work Services
- Health Services
- Special Instruction/Developmental Therapy
- Medical/diagnostic services only
- Speech/Language Therapy
- Nursing Services
- Transportation
- Nutrition Services
- Vision Services
- Occupational Therapy
- Other (please specify)

If you selected other please specify:
46) Do you know what percentage of families and children enrolled in your State's Part C system are using their private insurance to support some or all of their Part C services?

- Yes
- No
- Not Sure

47) If Yes to 46, What percentage of families and children enrolled in your State's Part C system are using their private insurance to support some or all of their Part C services?

Actual: 

Estimate: 

48) Do individual service providers/agencies have the ability to decide locally NOT to collect the co-payment, either on an individual family basis or local community/agency basis?

- Yes
- No
- Not Sure

49) Does your State offer to pay the family co-pay amount if applicable, if insurance is utilized?

- Yes
- No
- Not Sure

50) If so, does your State ACTUALLY pay the co pay?

- Yes
- No
- Not Sure

51) Do you know how much the State/Part C system pays in co-payments annually?

- Yes


52) If so, how much does the State/Part C system pay in co-payments annually?

Actual: 
Estimated: 

53) Does your State offer to pay the monthly premium for the child in order to obtain private insurance coverage for the purposes of funding some/all of the Part C services?

- Yes
- No
- Not Sure

Additional comments:

54) Are you able to quantify the dollar amount of the insurance proceeds actually received annually statewide?

- Yes
- No
- Not Sure

Additional comments:

55) If Yes to 54, What is the dollar amount of the insurance proceeds actually received annually statewide?

Actual: 
Estimate: 

56) Who bills for the insurance payment?

- Intake Coordinator
- Service Coordinator
- Individual Service Provider
- Service Provider Agency
- Local Lead Agency
- State Lead Agency
- Financial Office
- Computer Software
- Central Finance/Billing/Reimbursement Office
57) Who collects the insurance payment?

- Intake Coordinator
- Service Coordinator
- Individual Service Provider
- Service Provider Agency
- Local Lead Agency
- State Lead Agency
- Financial Office
- Computer Software
- Central Finance/Billing/Reimbursement Office
- Family
- Other (please specify)

If you selected other please specify:

Additional comments:

58) Please provide specific examples of how insurance revenue is being used.

State Level:

Local Level:

59) Does the State have procedures that the provider must follow to report the money earned from the insurance reimbursements?

- Yes
- No
- Not Sure
60) Are these earnings from insurance subtracted from the funds that are distributed from the lead agency (Part C State and/or Federal funds)? This would typically apply if your state has a grants/contracts system for Part C services?

- Yes
- No
- Not Sure

61) What happens in the situation where the family declines access to their private insurance?

62) What percentage of your State's total Part C budget is generated from private insurance?

63) Does your State have an agreement with Title XIX/Medicaid that permits them to "forgive" the use of private insurance coverage for dually enrolled children for the purposes of funding IFSP services?

- Yes
- No
- Not Sure

Additional comments:

64) If YES to 63, is this agreement in writing (e.g., your interagency agreement)?

- Yes
- No
- Not Sure

65) Does your State have an agreement with Title V/CSHCN that permits them to "forgive" the use of private insurance coverage for dually enrolled children for the purposes of funding IFSP services?

- Yes
- No
- Not Sure

Additional comments:
66) If YES to 65, is this agreement in writing (e.g., your interagency agreement)?

- Yes
- No
- Not Sure

67) Requested Documents: Please indicate if the supporting document(s) can be located on your State's website. If the document(s) are available electronically, please send these file(s) to sydneyblythe@aol.com. If the document(s) are available in hardcopy only, please send a copy of the document(s) to Solutions, PO Box 218, Dover-Foxcroft, ME 04426-0218.

<table>
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<th>Procedures</th>
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<tbody>
<tr>
<td>Insurance Legislation</td>
</tr>
<tr>
<td>Policy</td>
</tr>
<tr>
<td>Medicaid/Title XIX and/or Title V/CSHCN Agreement:</td>
</tr>
</tbody>
</table>

68) How are the family fees in your State organized?

- Co-payments
- Contribution or Donation
- Sliding Fee Scale
- Other (please specify)

If you selected other please specify:

69) Which Part C services are typically covered under the family cost policy/schedule?

- Assistive Technology Services/Devices
- Physical Therapy
- Audiological Services
- Service Coordination/Case Management
- Evaluation/Assessment Services
- Social Work Services
- Health Services
- Special Instruction/Developmental Therapy
- Medical/diagnostic services only
- Speech/Language Therapy
- Nursing Services
- Transportation
- Nutrition Services
- Vision Services
- Occupational Therapy
- Other (please specify)
70) Who collects the family fee in your State for Part C?

- Intake Coordinator
- Service Coordinator
- Individual Service Provider
- Service Provider Agency
- Local Lead Agency
- State Lead Agency
- Financial Office
- Computer Software
- Central Finance/Billing/Reimbursement Office
- Other (please specify)

If you selected other please specify:

Additional comments:

71) How frequently are fees collected?

- Never
- At time of service
- Weekly
- Monthly
- Quarterly
- Annually
- Other (please specify)

If you selected other please specify:

Additional comments:

72) There is a difference between "inability" to pay and "willingness" to pay. Does your State have policies and procedures when a family is assigned a fee but refuses or does not pay?

- Yes
- No
- Not Sure

73) What happens or would happen in this situation?
74) What percentage of families and children enrolled in your State's Part C system are assigned fees?

75) Can you quantify the dollar amount of your State's annual revenue/receipts earned from family fees statewide?

- Yes
- No
- Not Sure

76) If Yes to 75, please state the ACTUAL or ESTIMATED dollar amount of your State's annual revenue/receipts earned from family fees statewide?

Actual $: __________________

Estimate $: __________________

77) What percentage of your total Part C budget do family fees represent?

78) Does the State have procedures that the provider must follow to report the money earned from the family fees or contributions?

- Yes
- No
- Not Sure

Additional comments: __________________

79) Are these earnings from family fees or contributions subtracted from the funds that are distributed to the provider from the lead agency (Part C State and/or Federal funds)?

- Yes
- No
- Not Sure

Additional comments: __________________
80) Requested Documents: Please indicate if the supporting document(s) can be located on your State's website. If the document(s) are available electronically, please send these file(s) to sydneyblythe@aol.com. If the document(s) are available in hardcopy only, please send a copy of the document(s) to Solutions, PO Box 218, Dover-Foxcroft, ME 04426-0218.

Policy
Legislation
Procedures
Inter-relationship of family fees and insurance access
Policies/procedures related to parent refusal to pay

81) Has your State had any complaints, mediations or due process hearings regarding family cost, including the use of private insurance?

- Yes
- No
- Not Sure

82) If Yes to 81, please describe?

83) What are the statewide benefits related to FCP?

84) What are the statewide concerns related to FCP?

85) Please state any additional comments or questions here.

86) Is there someone else that you would recommend we speak with?
87) If yes to 86, please provide the following information:

Name: 
Position: 
Email Address: 
Telephone Number: 
Format: (999) 999-9999
Extension: 

Name: 
Position: 
Email Address: 
Telephone: 
Format: (999) 999-9999
Extension: 

Thanks again for sending your completed ITCA FCP survey! Please remember to provide your policy, procedures and/or regulation files electronically or the web address where they can be found. We look forward to seeing you in November and having the opportunity to discuss this important public policy topic together. Thanks! Sue Mackey Andrews Solutions Consulting Group LLC Phone: 207-564-8245 FAX: 207-564-7175 e-mail: sdmandrews@aol.com