



## 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
- Health Insurance Coverage
- Waiver Programs, if applicable \_\_\_\_\_

	Primary Family Health/Insurance Plan (% covered for specific services, if known)	Primary Family Health/Insurance Plan (% covered for specific services, if known)
Carrier Address		
Policy/Program Number		
Enrolled Family Member/Employee		
Phone#		
Services Policy Covers CMS Coordinators Only	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Ambulance <input type="checkbox"/> Doctor's Visit <input type="checkbox"/> Dental <input type="checkbox"/> Prescriptions <input type="checkbox"/> Vision	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Ambulance <input type="checkbox"/> Doctor's Visit <input type="checkbox"/> Dental <input type="checkbox"/> Prescriptions <input type="checkbox"/> Vision
Co-pay or % Covered Services CMS Coordinators Only		

**Child's Name** \_\_\_\_\_  
**Children and Youth with Special Needs  
 Financial Analysis Form – DPH 9/2014**

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Number of persons in family:		
2. Household Gross Earned <b>Monthly</b> or <b>Yearly</b> Income (see pages 5-6): \$ (Circle Monthly or Yearly)		
Unearned Income Amount	Sources of Unearned Income (see pages 5-6) (State specific source and if monthly, annual, one-time)	
3. \$		
4. \$		
5. \$		
6. \$		
7. Total <b>Monthly</b> or <b>Yearly</b> Income (Add lines #2 through #6): \$ (Circle Monthly or Yearly)		
<p><b>List below the average monthly or yearly "out of pocket" extraordinary expenses that are related specifically to the child's disability and/or eligible medical condition(s):</b>  <i>(Identify specific purchases, expenses, modifications, and alterations that family members <b>have made</b> within the previous month or year to accommodate the extended/additional needs of the child's disability and/or eligible medical condition(s). Extraordinary expenses <b>cannot</b> include anticipated or future costs or family's anticipated out-of-pocket cost participation expenses.) (see pages 7-8)</i></p>		
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. Total <b>Monthly</b> or <b>Yearly</b> Extraordinary Expenses (Add lines #8 through #15): \$ (Circle Monthly or Yearly)		
17. <b>Adjusted Monthly</b> or <b>Yearly</b> Family Income (Subtract line #16 from line #7): \$ (Circle Monthly or Yearly)		
<p>18. <b>Babies Can't Wait: Using Adjusted Family Income from line #17 and the number of family Members from line #1, determine ___% of family cost participation using the Cost Participation Chart (see page 12).</b>  <b>Family Cost Participation = _____%</b></p>		
<p>19. <b>Children's Medical Services: To determine Family Cost Participation, use the following formula:</b>  <b>If line #17 is <u>Monthly</u>, multiply Adjusted Family <u>Monthly</u> Income x 12 = Adjusted Annual Family Income</b>  <b>(Adjusted Family Income – Baseline) x .10 = Annual Cost Participation</b>  <b>Note: CMS Baseline is 150% of Federal Poverty Level (FPL) (see page 4).</b>          _____ - _____ = _____ x .10 = \$_____ (family cost participation)          Adjusted Annual Income                      Baseline</p>		

**VERIFICATION:** To verify family income, CYSN Staff or designee (i.e., service coordinator, care coordinator) must obtain a copy of or visually verify payroll slips, income tax return, or W2 forms. For multiple sources of income, the previous year's income tax return must be verified or one document from each source of income. The document(s) verified must be those that illustrate the most accurate estimate of the family's income. Total gross income must be written in the box below. Declaration of "unknown" will not be accepted for families eligible for medical services.

Most Recent Payroll Slips Verifying One Month's Income	Income Tax Return from Previous Year	W2 Form from Previous Year	Self-Declaration
\$	\$	\$	\$

**CMS Coordinators Only:**

*\*Self -Declaration is only available for families who are unable to provide any of the documents listed below.*

If the above documents are not available for each parent, one of the following documents must be visually verified for each parent. Please check (✓) the document verified.

- Employer written verification of gross monthly income
- Child Support payments documents
- Award letters to verify support payments
- Statement on company letterhead from current employer if employment is seasonal
- Social Security Check
- Notarized Letter of Support
- Notice of termination of employment
- Unemployment check or documentation of amount

I verify that all information above is true and correct.

X \_\_\_\_\_ X \_\_\_\_\_ / / /  
 Printed Name of Parent/Patient Signature of Parent/Patient 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 1<sup>st</sup> of each calendar year. I understand that I will receive at least 5 calendar 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. I understand that if I do not pay my family cost, my child's services will be suspended until a payment is received.

**Children's Medical Services:** My care coordinator has explained that third party resources will be utilized if 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/Patient Signature of Parent /Patient 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 \_\_\_\_\_  
 Children and Youth with Special Needs  
 Financial Analysis Form – DPH 9/2014

Date of Birth \_\_\_\_\_

**Children's Medical Services  
COST PARTICIPATION SCALE**

All families must complete a financial analysis form to determine: 1) eligibility for the program and 2) cost participation fee for CMS services. Patients and their families with adjusted incomes at or less than 150% of Federal Poverty Level (FPL) for their family size will receive services at no charge. Cost participation fees are assessed for families with adjusted incomes greater than 150% FPL. Those families with adjusted incomes over 236% of the FPL do not qualify for the CMS program unless they have a Medicaid Waiver or are a Katie Beckett program participant.

**Word Formula:** (Adjusted family income for the family size) **minus** (150% FPL for the same size family) **times** 10 percent **equals** the yearly cost participation fee.

**Formula:** (Adjusted income) – (150% FPL) x 0.10 = (yearly cost participation fee)

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% (\$46,507):

$$\$57,881 - \$29,685 \times 0.10 = \$2,819/\text{per year}$$

This means that this family must pay out of pocket \$2,819 during the year.

Example # 2 - A family of two with an adjusted family income of \$33,000 and has a child on PeachCare for Kids.

$$\$33,000 - \$23,595 \times 0.10 = \$940/\text{per year}$$

This means that this family must pay out of pocket \$940 during the year.

Example # 3 - A family of six with an adjusted family income of \$49,500 has a child with private insurance. Income is over baseline (\$47,955).

$$\$49,500 - \$47,955 \times 0.10 = \$154.50/\text{per year}$$

This means that this family must pay out of pocket \$154.50 during the year.

**CMS FY 2015 FINANCIAL PARTICIPATION RANGE**

<b>Family Size</b>	<b>100% FPL</b>	<b>CMS Base 150% of FPL</b>	<b>CMS Maximum 236% of FPL</b>
1	\$11,670	\$17,505	\$27,541
2	\$15,730	\$23,595	\$37,122
3	\$19,790	\$29,685	\$46,704
4	\$23,850	\$35,775	\$56,286
5	\$27,910	\$41,865	\$65,868
6	\$31,970	\$47,955	\$75,449
7	\$36,030	\$54,045	\$85,031
8	\$40,090	\$60,135	\$94,612
*	\$4,060	\$6,090	\$9,582

\*For families units over 8, add the amount shown for each additional family member.

## 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"

**Earned Income (Prior to Deductions) (see page 2, Line #2)** - 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.

**Unearned Income (Prior to Deductions) (see page 2, Line #3-6)** - 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 Title VI of the Rehabilitation Act of 1973 as added by Title II of P.L. 95-602 (92 stat. 2992, 29 U.S.C. 795(b)(c)).
  - c. Student financial assistance for attendance costs received from a program funded in whole or in part under Title IV of the Higher Education Act of 1965, as amended, or under Bureau of Indian Affairs student assistance programs if it is made available for tuition and fees normally assessed a student (includes purchase or rental of equipment, materials, supplies and miscellaneous personal expenses if attending the institution on a least a half-time basis (determined by the institution) under Section 14 (27) of P.L. 100-50, the Higher Education Technical Amendments Act of 1987 (20 U.S.C. 1087 uu.)
8. Native Americans:
- a. Generally all revenue from Alaska Native Claims Settlement, Indian Claims Commission or the Court of Claims, Indian tribal revenue, (e.g. Blackfeet, Gros Ventre, Papago, Ottawa, Yakima, Apache, Wyandot, Shawnee, Miami Tribe of Oklahoma, Clallam Tribe, Chippewa Indians, Confederated Tribes of Warm Springs Reservation, Assiniboine Tribes, Pueblo, Shoshone and Arapahoe, Maine Indian Land Claims Act recipients, Seneca Nation).
9. Other Revenue to be Excluded:
- a. Compensation provided volunteers in foster grandparents program, similar programs, and others under the Domestic Volunteer Service Act of 1973 (87 Stat. 409,413) as amended by P.L. 96-143; (93 Stat. 1066); 42 U.S.C. 5044(g) and 5058).
  - b. Any assistance to an individual (other than wages or salaries) under the Older Americans Act of 1965, as amended by Sec. 102(h)(1) of P.L. 95-478 (92 Stats. 1515,42 U.S.C. 3020a).
  - c. Amounts paid as restitution to certain individuals of Japanese ancestry and Aleuts for losses suffered during World War II.
  - d. Payments made on or after January 1, 1989 from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.) under P.L. 101-201 (103 Stat. 1795) and section 10405 of P.L. 101-239 9103 Stat. 2489).
  - e. Payments made under section 6 of the Radiation Exposure Compensation Act, P.L. 101-426 (104 Stat.925, 42 U.S.C. 2210).
10. **Adoption Subsidy:** A short-term or long-term financial payment, either in the form of cash or services, that designed to help assist an adoptive family in providing for the on-going care of an adopted child with special needs, by offsetting some of the additional expenses that they are required to assume as part of the adoption. GA Medicaid does not include adoption subsidy as income when verifying eligibility.
11. **Foster Children:** Income of foster parents/family should not be considered when completing the Financial Analysis for Cost Participation for children in foster care in Georgia. The Financial Analysis for Cost Participation should be based upon the child's income and resources.

## **Extraordinary Expenses**

*Extraordinary expenses are those average monthly or yearly "out of pocket" expenses that are related specifically to the child's disability and eligible medical condition(s). **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 (see page 2), extraordinary expenses should be reported for the most recent month; If a family reports yearly income in line #2 (see page 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  
Effective 07/99

\_\_\_\_\_  
Date  
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 child find, evaluation and/or assessment activities, service coordination services, administrative and coordinative activities related to procedural safeguards and the development, review, and evaluations of IFSPs and interim IFSPs and all Part C services when the parent of family meets the State's definition of inability to pay (303.521(a)(4)(ii), (b), and (c))
- 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 and 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

**Babies Can't Wait**

**Disclosure of Personally Identifiable Information for Public Benefits (Medicaid, CMO) - Consent/Decline**

The purpose of this consent is to be able to use your child's personally identifiable information (i.e. child's name, DOB, Medicaid number etc) to bill your child's public benefits (Medicaid, CMO etc). 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 also understand that I have the right under 303.414 to withdraw my consent to disclosure of personally identifiable information to the State public agency responsible for the administration of the State's public benefits or insurance program (e.g. Medicaid) at any time.

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. If I do not provide consent for use of public insurance or benefits when required under 34 CFR 303.520(a)(2)(ii), the State must still make available those part C services on the IFSP to which I, the parent have provided consent (303.520(a)(2)(iii).

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

\_\_\_\_\_  
Date

BCW008

# Babies Can't Wait Family Cost Participation Chart

Increase vs. 200% Poverty for Family of 2	Participation Percentage by Family Size																							
	Annual	Monthly	Weekly	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 or greater**	
\$ 8,120	\$ 31,460	\$ 2,622	\$ 605	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 8,120	\$ 39,580	\$ 3,298	\$ 761	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 8,120	\$ 47,700	\$ 3,975	\$ 917	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 8,120	\$ 55,820	\$ 4,652	\$ 1,073	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 8,120	\$ 63,940	\$ 5,328	\$ 1,230	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 8,120	\$ 72,060	\$ 6,005	\$ 1,386	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 8,120	\$ 80,180	\$ 6,682	\$ 1,542	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 8,120	\$ 88,300	\$ 7,358	\$ 1,698	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 8,120	\$ 96,420	\$ 8,035	\$ 1,854	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 7,680	\$ 104,100	\$ 8,675	\$ 2,002	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 7,680	\$ 111,780	\$ 9,315	\$ 2,150	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 7,680	\$ 119,460	\$ 9,955	\$ 2,297	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 7,680	\$ 127,140	\$ 10,595	\$ 2,445	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%	0%
\$ 7,680	\$ 134,820	\$ 11,235	\$ 2,593	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%	0%
\$ 7,680	\$ 142,500	\$ 11,875	\$ 2,740	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%	0%
\$ 7,680	\$ 150,180	\$ 12,515	\$ 2,888	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%	0%
\$ 7,680	\$ 157,860	\$ 13,155	\$ 3,036	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%	0%
\$ 7,680	\$ 165,540	\$ 13,795	\$ 3,183	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%	0%	0%
\$ 7,680	\$ 180,900	\$ 15,075	\$ 3,479	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%	0%
\$ 7,680	\$ 188,580	\$ 15,715	\$ 3,627	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%	5%
\$ 7,680	\$ 196,260	\$ 16,355	\$ 3,774	100%	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%	10%
\$ 7,680	\$ 203,940	\$ 16,995	\$ 3,922	100%	100%	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%	15%
\$ 7,680	\$ 211,620	\$ 17,635	\$ 4,070	100%	100%	100%	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%	20%
\$ 7,680	\$ 219,300	\$ 18,275	\$ 4,217	100%	100%	100%	100%	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%	25%
\$ 7,680	\$ 226,980	\$ 18,915	\$ 4,365	100%	100%	100%	100%	100%	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%	30%
\$ 7,680	\$ 234,660	\$ 19,555	\$ 4,513	100%	100%	100%	100%	100%	100%	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%	35%
\$ 7,680	\$ 242,340	\$ 20,195	\$ 4,660	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%	40%
\$ 7,680	\$ 250,020	\$ 20,835	\$ 4,808	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%	45%
\$ 7,680	Above***	\$ 20,835	\$ 4,808	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%

\* The income amount listed is the starting amount. All amounts equal to or greater than this amount, up to the next listed amount, will receive the same cost participation percentage. \*\*  
 \*\*If there are more than 20 family members the cost participation percentage will be the same as if there were 20 family members.  
 \*\*\*The cost participation percentage will be the same for all income amounts equal to or greater than \$250,020.