Family Fee Training

June, 2003

Family Fee Policies

 Income and family size are documented for all families.

One fee is assessed per family.

Families are assessed fees based on their ability to pay.

FY 2004 Fee Calculation

FY 2004 FEE CALCULATION (Effective July 1, 2003)									
Find column where family size and gross income meet to determine child's monthly fee installment:									
Family Size	\$0 Fee/ Month	\$10 Fee/ Month	\$20 Fee/ Month	\$30 Fee/ Month	\$50 Fee/ Month	\$70 Fee/ Month	\$100 Fee/ Month	\$150 Fee/ Month	\$200 Fee/ Month
	0-185%	186-200%	201-250%	251-300%	301-350%	351-400%	401-500%	501-600%	above 600%
	FPL	FPL	FPL	FPL	FPL	FPL	FPL	FPL	FPL
2	\$0-	\$22,423-	\$24,241-	\$30,301-	\$36,361-	\$42,421-	\$48,481-	\$60,601-	Above
	22,422	24,240	30,300	36,360	42,420	48,480	60,600	72,720	\$72,720
3	\$0-	\$28,232-	\$30,521-	\$38,151-	\$45,781-	\$53,411-	\$61,041-	\$76,301-	Above
	28,231	30,520	38,150	45,780	53,410	61,040	76,300	91,560	\$91,560
4	\$0-	\$34,041-	\$36,801-	\$46,001-	\$55,201-	\$64,401-	\$73,601-	\$92,001-	Above
	34,040	36,800	46,000	55,200	64,400	73,600	92,000	110,400	\$110,400
5	\$0-	\$39,850-	\$43,081-	\$53,851-	\$64,620-	\$75,391-	\$86,161-	\$107,701-	Above
	39,849	43,080	53,850	64,620	75,390	86,160	107,700	129,240	\$129,240
For family sizes above 5, add the following to above income ranges for each additional family member:									
+1	\$0-	\$5,810-	\$6,281-	\$7,851-	\$9,421-	\$10,991-	\$12,561-	\$15,701-	\$18,840
	5,809	6,280	7,850	9,420	10,990	12,560	15,700	18,840	

^{**} Based on FFY 2003 Federal Poverty Level Guidelines. This table is updated annually.**

Policies (cont'd)

Families may request exemption from fees

 Families will not pay more in fees than services subject to fees paid by the State.

 Fees begin to accrue as of the earliest begin date for services subject to fees.

A level monthly payment plan is provided.

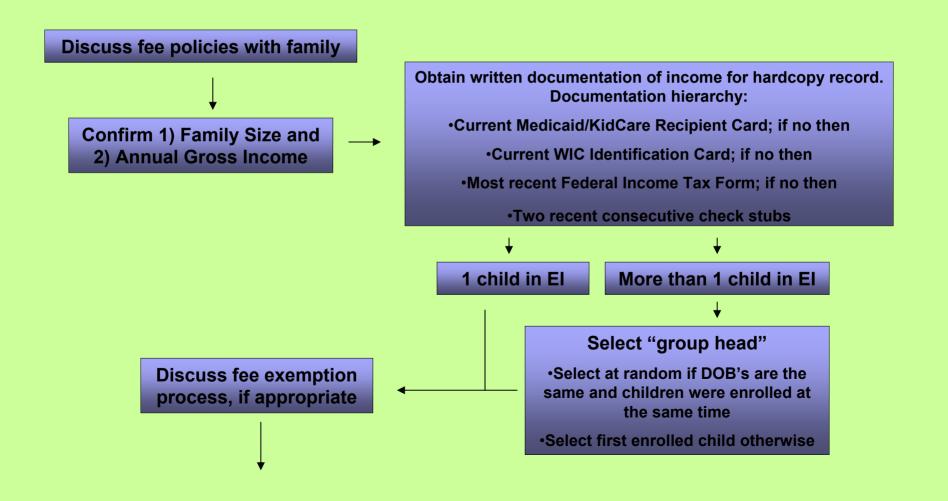
Policies (cont'd)

 Fee amounts may change <u>prospectively</u> if family fee information changes.

Fees are adjusted for partial months.

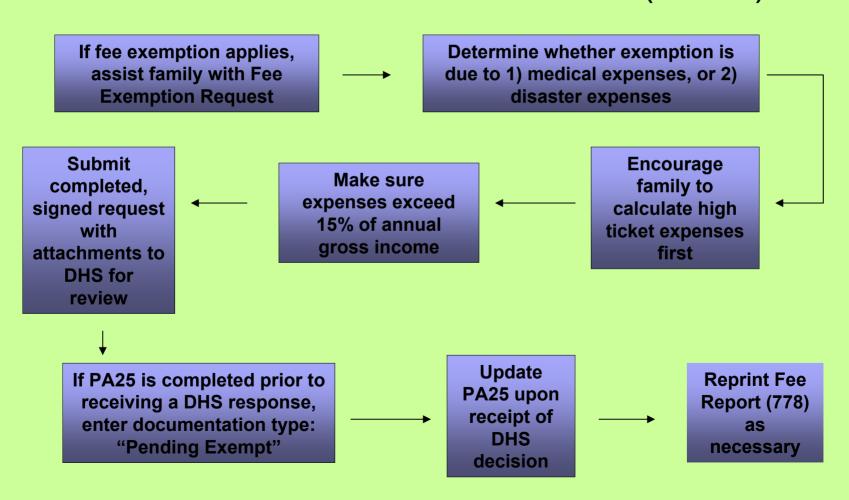
Family Fee Flow Chart

Initial/Annual Fee Assessment



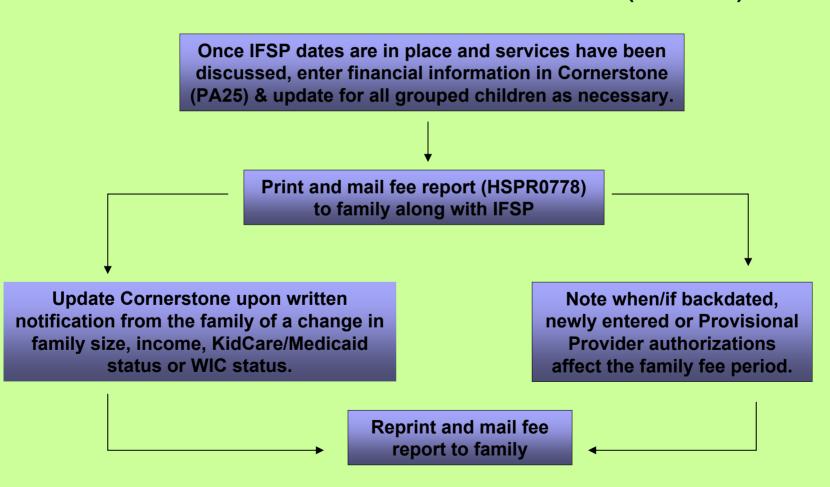
Family Fee Flow Chart

Initial/Annual Fee Assessment (cont'd)



Family Fee Flow Chart

Initial/Annual Fee Assessment (cont'd)



Example A

- Family Size = 4
- Income = \$78,500.00
- Documentation Type = Federal Income Tax Return
- IFSP Period = 07/01/03 06/30/04
- No auths for services subject to fees

Example B

 Services subject to fees scheduled to begin 08/01/03

Example C

- Family has twins (income has not changed).
 - ID Group Head
 - Group children in Cornerstone
 - Edit Fee information

Fee Payment Policies

- Families must pay at least the Minimum Due amount on the monthly statement, but are encouraged to pay the level payment amount.
- Payments are applied to the oldest Minimum Due amount and are account specific.
- Overpayments are credited to the next IFSP period, or refunded, if applicable.
- Families receive monthly statements on old accounts until they are closed.
- DHS initiates collection procedures against families based on unpaid Minimum Due amounts.

Sample Monthly Fee Statement

Sample Invoice

STATEMENT DATE: 06/01/03

MR AND/OR MRS TESTCASE 712 SOME DRIVE ANYTOWN, IL 60002 Eligible Children: Terry Testcase Megan Testcase

Child's Name:	TERRY TESTCASE						
Child's El #	Account #	Invoice #	Billing Month	Payment Due Date			
960746	960746/01	CB900965	May 2003	06/25/03			
IFSP F	eriod	Current Charges	Minimum Payment	Account Balance			
01/04/03 –	01/03/04	100.00	.00	100.00			

SUMMARY OF ACCOUNT ACTIVITY	<u>Amount</u>	<u>Date</u>	<u>Description</u>
Total Due From Last Statement	100.00		
Payment:	-100.00	05/21/03	
Charges This Month:	100.00		
Account Balance:	100.00		
MINIMUM PAYMENT CALCULATION			
1. Total CBO Services Paid To Date:	253.00		
2. Total Family Payments to Date:	400.00		
3. Difference if line 2 less than line 1:	.00		
Minimum due:	.00		
(lesser of line 3 or Account Balance)			

Monthly Fee Statements

 Monthly fee statements are mailed on the first working day of each month.

 Invoices are mailed to the Financially Responsible Adult (as identified in Cornerstone on the Secondary Address screen)

Sample Delinquency Report

REPORT NUMBER: RSR95A EARLY INTERVENTION CBO SORT: CFC/NAME DELINQUENCY REPORT BY CFC (DEBIT ACCOUNTS)						PAGE: DATE: TIME:	1 05/01/2003 09:47	
CFC: 00 CHILD AND FAMILY CONN CHILD/ADULT/ADDRESS	ECTIONS EI #	IFSP	As Of: 04/30/2 CURRENT ====================================		31-60 DAYS	61-90 DAYS	90+ DAYS	TOTAL
TEST, JAMES MOTHER TEST 100 MAIN STREET MAKE UP A TOWN, IL 60000	111111	11/01/01-10/29/02	.00	.00	.00	.00	30.00	30.00
SAMPLE, PARKER V MOTHER SAMPLE 10 EAST SOUTH ST ANYTOWN, IL 60000	222222	09/30/01-09/29/02	.00	.00	.00	.00	70.00	70.00

- DHS sends monthly delinquency notices to families and reports to the CFC.
- Service Coordinator follows-up, as needed, in writing and/or by phone.
- Service Coordinator discontinues services subject to fees if account becomes 90 days or more delinquent.
- CFC Manager completes Delinquency Report Follow-Up form and submits to DHS on or before the 28th of the month.
- DHS sends accounts to the Bureau of Collections when a total liability is calculated.

Fee Credit Requests

- Request credit <u>only</u> if family has been billed in error ... <u>NOT</u> if services didn't start when they were supposed to.
- Required documentation:
 - Service Coordinator's name;
 - CFC #, phone # and fax #;
 - Child name and EI #;
 - Month for which credit is requested;
 - Reason credit is requested; and
 - What has already been done to correct the problem.

Fee Dispute Policies

 Families may dispute the findings of their financial assessment.

 Fee disputes must be submitted to DHS within 30 days of the family's initial receipt of the Family Fee Report.