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**IDAPA 16
TITLE 04
CHAPTER 06**

**16.04.06 - RULES GOVERNING FEES FOR ADULT AND CHILD
DEVELOPMENT CENTER SERVICES**

000. LEGAL AUTHORITY.

Pursuant to Section 56-1007, Idaho Code, the Board of Health and Welfare is authorized to adopt rules for the charging of fees for services provided by the state-operated Regional Adult and Child Development Centers.

(9-20-91)

001. TITLE AND SCOPE.

These rules govern the assessment of fees by the Department of Health and Welfare, Adult and Child Development Centers, for services rendered to persons eligible to receive services and are to be cited as Idaho Department of Health and Welfare Rules, IDAPA 16.04.06, "Rules Governing Fees for Adult and Child Development Center Services."

(9-20-91)

002. POLICY.

Persons with a developmental disability receiving services from an Adult and Child Development Center or the responsible party will pay for the cost of services provided. However, by these rules it is required that the amount charged for each service be in accordance with the person's or responsible party's ability to pay as determined by a discount schedule. In addition, liable third-party sources including, but not limited to, private, Medicaid, and Medicare, must be included in determining the ability of the person receiving services or the responsible party's to pay.

(9-20-91)

003. DEFINITIONS.

For the purposes of the rules contained in IDAPA 16.04.06, the following terms are used, as herein defined: (5-1-82)

01. Ability to Pay. The financial capacity that is available to pay for the program services after allowable deductions in relation to gross income and family size exclusive of any liability of third party payor sources. (5-1-82)

02. Adjusted Gross Income. Total family annual income less allowable annual deductions. (5-1-82)

03. Adult and Child Development Center. Pursuant to Section 39-4601, Idaho Code, a community facility of the Department of Health and Welfare the purpose of which is to provide for area, space, personnel and equipment for diagnostic and therapy services to children and adults with developmental disabilities. (9-20-91)

04. Allowable Deductions. In determining the ability of a person with a developmental disability receiving services to pay for services, acceptable adjustments to income which are limited to the following:(9-20-91)

a. Court-ordered obligations paid annually; and (5-1-82)

b. Annual dependent support payments; and (5-1-82)

c. Annual child care payments necessary to availability of employment; and (5-1-82)

d. Annual medical expenses; and (1-7-94)

e. Annual transportation; and (5-1-82)

f. Annual extraordinary rehabilitative expenses; and (5-1-82)

g. Annual state and federal tax payments, including FICA taxes. (5-1-82)

05. Annual Charge Period. The month of admission into the program and the subsequent eleven (11) calendar months, and each twelve (12) month period thereafter during which the person with a developmental

disability continues to receive services. Admissions and/or readmissions to the programs during the twelve (12) month period do not change the period. (9-20-91)

06. Charge. The determined dollar amount the person with a developmental disability receiving services is expected to pay for each service received during the annual charge period. (9-20-91)

07. Charge Adjustment. Any change in an established charge. (5-1-82)

08. Cost. The amount equal to total cost of services provided. (5-1-82)

09. Court-Ordered Obligations. Those obligations upon which a court has made a decision and a written order of liability has been issued. Such liabilities paid on a monthly basis can be allowed as a deduction from annual gross income as long as the amount is currently being paid. (5-1-82)

10. Department. The Idaho Department of Health and Welfare. (5-1-82)

11. Dependent. A person dependent on the family income for over fifty percent (50%) of his support. The discount schedule is based on the number of dependents in household, including the head of household (applicant). (5-1-82)

12. Developmental Disability. A disability which: (5-1-82)

a. Is attributable to an impairment such as an intellectual disability, cerebral palsy, epilepsy, autism, or other condition found to be closely related to or similar to one of these impairments that requires similar treatment or services or is attributable to dyslexia resulting from such impairments; and (9-20-91)

b. Has continued or can be expected to continue indefinitely; and (5-1-82)

c. Constitutes a substantial handicap to such person's ability to function normally in society; and (5-1-82)

d. Has occurred and been diagnosed prior to age twenty-two (22). (5-1-82)

13. Director. The Director of the Department of Health and Welfare or his designee. (12-31-91)

14. Equity. Just and uniform treatment for all persons. (5-1-82)

15. Extraordinary Rehabilitative Payments. Those expenses incurred as a result of the developmental disability of the person receiving services. They include annual costs for items including, but not limited to, wheelchairs, adaptive equipment, medication, treatment, or therapy which were not included in the medical payments deduction, and the annual estimate of the cost of services received from the Adult and Child Development Centers by a person with a developmental disability. The estimate is to be based upon the service plan. (1-7-94)

16. Family Unit. Husband (man) and/or wife (woman) and their dependent children. (5-1-82)

17. Flat Fee. The total charge for a service regardless of the amount of time spent in providing that service. (9-20-91)

18. Gross Income. Total family income before deduction of state and federal income taxes, FICA taxes and other deductions. In the case of self-employed persons, it is total income after business expenses have been deducted. (5-1-82)

19. Annual Child Care Payments. The annual expense to a family for necessary child care as a result of a parent working. (5-1-82)

20. Annual Dependent Support Payments. The annual expense to a family for dependent support.

This can be for children, spouse, or parents. This deduction is not allowed when the same person or persons are claimed as members of the household unit. (5-1-82)

21. Annual Medical Expense Payments. The amount of gross annual income that is being paid for medical expense. (9-20-91)

22. Annual Tax Payments. The amount paid annually for state and federal income taxes, including FICA taxes. (5-1-82)

23. Present Balance. Any monies owed by a person with a developmental disability receiving services or responsible parties to the program for current or previous services. (9-20-91)

24. Provider. The Adult and Child Development Center responsible for providing the services. (5-1-82)

25. Responsible Party. The spouse of a married person with a developmental disability receiving services, the parents of a minor, or a guardian or conservator of his estate. (9-20-91)

26. Services. The diagnostic, therapeutic, or support programs offered by the Adult and Child Development Center to assist persons suspected of or having a developmental disability. Such programs include, but are not limited to, the following: (5-1-82)

a. Medical services such as diagnosis of health problems and prescription for treatment including diet, medication, laboratory tests, and special therapies; and (5-1-82)

b. Psychological services such as intellectual evaluation, child counseling, parent education, group therapy; and (5-1-82)

c. Social work services such as assessment of medical/social needs, referral and coordination of services, case management, family counseling, parent training and residential placement services; and (5-1-82)

d. Speech services such as evaluation and treatment of disorders of voice, language and articulation; and (5-1-82)

e. Audiology services such as assessment and treatment of hearing problems and use of hearing aids; and (5-1-82)

f. Physical therapy services such as assessment and treatment of motor and muscle problems related to the coordination of arms and legs; and (5-1-82)

g. Occupational therapy services such as diagnosis and treatment of sensorimotor deficiencies including the use of adaptive equipment (splints, wheelchairs); and (5-1-82)

h. Developmental/behavioral services such as diagnosis and treatment of deficiencies involving self-help, social, and learning skills; and (5-1-82)

i. Therapeutic recreation services such as evaluation and treatment for muscular weakness, poor posture, low endurance, gross motor deficits, and use of leisure time; and (5-1-82)

j. Transportation services such as van or car ride to the Center for treatment, medical appointments, and recreational activities. (5-1-82)

27. Third Party Payor. A payor other than a person with a developmental disability receiving services or responsible party who is legally liable for all or part of that person's care. (9-20-91)

004. -- 099. (RESERVED)

100. FEE DETERMINATION.

The parent(s) or guardian must make application for Adult and Child Development Center services and complete a "Fee Determination Form" (HW-0733) prior to delivery of services. The fee determination process includes the following procedures: (5-1-82)

01. Ability to Pay. Charges are organized into a discount schedule based upon the number of dependents and income. (5-1-82)

a. Ability determination will be made on the first visit, if possible, utilizing a fee determination form. (5-1-82)

b. Redetermination of ability will be made: (5-1-82)

i. At least annually; or (5-1-82)

ii. Upon request of the person receiving services; or (9-20-91)

iii. At any time changes occur in family size, income, allowable deductions. (9-20-91)

c. Information regarding third-party payors and other resources including, but not limited to, Medicaid, Medicare, or insurance, must be identified and developed in order to determine fully the responsible party's ability to pay and to maximize reimbursement for the cost of service provided. (9-20-91)

d. A follow-up system will be established and maintained by the Adult and Child Development Center to obtain required information not available at the time of the initial financial interview. (5-1-82)

e. Persons with a developmental disability receiving services may be required to produce necessary supporting documentation. (9-20-91)

02. Time of Payment. Normally charges for services will be due upon delivery of the service unless other arrangements are made, such as for monthly billing. (5-1-82)

03. Charges. An amount will be charged based on family size, resources, income assets and allowable deductions, exclusive of third-party liable sources, but in no case will the amount charged exceed the cost of the services. (9-20-91)

04. Equity. To achieve equity in determining amounts to be charged, a "Discount Schedule" will be employed. The "Discount Schedule" takes into consideration income, family size, and average expenditures by family size, and is shown in the TABLE in Subsection 100.05. (1-7-94)

05. Discount Schedule - Table. Incomes below the five percent (5%) level are to be charged zero percent (0%) minimum rate.

TABLE 100.05
Poverty Guidelines per the Federal Register as of February 12, 1993
Standard Fee Percentage Schedule (Sliding Fee Scale)

Number of Persons in Household									
1	2	3	4	5	6	7	8	9	Client%
\$26,406	\$36,862	\$45,045	\$54,364	\$63,684	\$73,004	\$82,323	\$91,943	\$100,963	100%
\$25,244	\$35,241	\$43,064	\$51,974	\$60,883	\$69,793	\$78,703	\$87,613	\$96,522	95%
\$24,088	\$33,627	\$41,091	\$49,593	\$58,095	\$66,597	\$75,098	\$83,600	\$92,102	90%
\$22,941	\$32,025	\$39,135	\$47,232	\$55,328	\$63,425	\$71,522	\$79,619	\$87,719	85%

Number of Persons in Household									
1	2	3	4	5	6	7	8	9	Client%
\$21,849	\$30,500	\$37,271	\$44,982	\$52,964	\$60,405	\$68,116	\$75,828	\$83,539	80%
\$20,808	\$29,048	\$35,469	\$42,840	\$50,185	\$57,529	\$64,873	\$72,217	\$79,561	75%
\$19,798	\$27,638	\$33,774	\$40,762	\$47,749	\$54,737	\$61,725	\$68,712	\$75,700	70%
\$18,082	\$26,247	\$32,074	\$38,710	\$35,346	\$51,982	\$58,618	\$65,254	\$71,890	65%
\$17,805	\$24,855	\$30,373	\$36,657	\$42,941	\$49,225	\$55,509	\$61,794	\$68,078	60%
\$16,813	\$23,471	\$28,681	\$34,615	\$40,549	\$46,483	\$52,417	\$58,351	\$64,285	55%
\$15,817	\$22,080	\$26,981	\$32,563	\$38,146	\$43,728	\$49,310	\$54,893	\$60,475	50%
\$14,823	\$20,693	\$25,287	\$30,519	\$35,750	\$40,982	\$46,214	\$51,446	\$56,678	45%
\$13,841	\$19,321	\$23,611	\$28,495	\$33,380	\$38,265	\$43,150	\$48,035	\$52,920	40%
\$12,851	\$17,940	\$21,923	\$26,458	\$30,994	\$35,530	\$40,065	\$44,601	\$49,137	35%
\$11,866	\$16,565	\$20,242	\$24,430	\$28,619	\$32,807	\$36,995	\$41,183	\$45,371	30%
\$10,876	\$15,183	\$18,554	\$22,393	\$26,231	\$30,070	\$33,909	\$37,748	\$41,568	25%
\$9,888	\$13,803	\$16,867	\$20,357	\$23,847	\$27,337	\$30,826	\$34,316	\$37,806	20%
\$8,900	\$12,424	\$15,182	\$18,323	\$21,464	\$24,605	\$27,746	\$30,888	\$34,029	15%
\$7,911	\$11,044	\$13,495	\$16,287	\$19,079	\$21,871	\$24,664	\$27,456	\$30,248	10%
\$6,970	\$9,730	\$11,890	\$14,350	\$16,810	\$19,271	\$21,730	\$24,190	\$26,650	5%

(9-20-91)

06. Determination of Ability to Pay. To achieve simplicity of operation, two (2) basic documents are used to determine ability to pay -- a "Fee Determination Form" and a "Discount Schedule." (5-1-82)

a. The "Fee Determination Form," when properly completed, contains the economic factors -- income/allowable deductions/size of family -- necessary to determine the charge by easy referral to the "Discount Schedule." (5-1-82)

b. The "Discount Schedule" reflects variations in the cost of living by family size and adjusted gross income. (5-1-82)

07. Review of Fees. A review of ability determinations will be made: (5-1-82)

a. On petition of the person with a developmental disability receiving services; or (9-20-91)

b. If circumstances are known to have changed; or (5-1-82)

c. Annually for the purpose of updating the determinations to current conditions which may or may not have changed during the previous year. (5-1-82)

08. Allowable Deductions From Income. The only allowable deductions from income are for expenses projected to occur during the annual charge period: (5-1-82)

a. Court-ordered obligations paid annually; and (5-1-82)

b. Annual child care expenses necessary to availability for employment; and (5-1-82)

- c. Annual dependent support payments for children not included in dependents for calculating percent of fee; and (5-1-82)
- d. Annual medical expenses; and (1-7-94)
- e. Transportation expenses of twenty-six cents (\$.26) per mile or the prevailing rate approved by the State Board of Examiners multiplied by the estimate of annual miles of transportation to the Center provided by parent(s) or guardian(s); and (9-20-91)
- f. Annual extraordinary rehabilitative expenses; and (9-20-91)
- g. Annual state and federal income tax payments, including FICA taxes. (5-1-82)

09. Established Fee. The maximum hourly fee or flat fee charged for Adult and Child Development Center services shall be that established by the Department of Health and Welfare. It is anticipated that the fees will be reviewed at least every two (2) years and adjusted for inflationary increases. The current charges are set out in the TABLE in Subsection 100.10. The fees for services based on Medicaid reimbursement may vary according to inflationary increases. Fees will be reviewed and adjusted as the Medicaid rates vary. Current information regarding services and fee charges can be obtained from regional Adults and Child Development Centers. (1-7-94)

10. Hourly Charges for Adult and Child Development Center Services - Table.

Hourly Charges for Adult and Child Development Center Services	
a. Medical	
b. Psychological:	\$79
i. Individual	\$63
ii. Family	\$63
iii. Group	\$24
iv. Evaluation	\$63
c. Social Work:	
i. Individual	\$63
ii. Family	\$63
iii. Group	\$24
iv. Evaluation	\$63
d. Speech/Audiology:	
i. Individual	\$47
ii. Family	\$47
iii. Group	\$13
iv. Evaluation	\$47
e. Physical Therapy:	
i. Individual	\$47
ii. Group	\$10
iii. Evaluation	\$47
f. Occupational Therapy:	

Hourly Charges for Adult and Child Development Center Services		
i.	Individual	\$32
ii.	Group	\$10
iii.	Evaluation	\$32
g. Developmental/Behavioral:		
i.	Individual	\$24
ii.	Group	\$14
iii.	Evaluation	\$24
h. Therapeutic Recreation:		
i.	Individual	\$16
ii.	Group	\$9
iii.	Evaluation	\$16
i. Personal Care Service:		
i.	Case Management Ongoing-PCS	\$45
ii.	Case Management- Development Individual Community Services Plan (one-time flat fee only)	\$270
iii.	QIDP Plan Development and/or Evaluation (flat fee)	\$72
iv.	QIDP Visit	\$26
j. Deaf Interpretation:		
i.	Non-Certified	\$8
ii.	Partially Certified	\$10
iii.	Certified	\$12
k.	Transportation (or the prevailing rate approved by the State Board of Examiners).	\$.26/mile
l.	Collateral Contact (Interview with collaterals - service recipient seen or not seen).	* \$63

* This activity includes those instances in which collaterals having primary treatment relationship to the person receiving service are interviewed regarding him with him included or intentionally excluded. This category does not include case management and other agency collaterals or service coordination activities. (1-7-94)

11. Adjustments to Established Fee. Adjustments such as a waiver or reduction of fees may be made by authorization of the Director of the Department of Health and Welfare or his designee. Adjustments must be evidenced by written documents demonstrating the reasons or justifications for the adjustment. (9-20-91)

12. Waiver Under Public Law 99-457. If a child has an approved individualized education plan or an individualized family service plan under the rules and regulations of Public Law 99-457, the persons receiving services and families will not be charged fees for evaluations and services covered by those educational plans. However, if the child becomes ineligible under this law, a redetermination of services and parent fee obligations will be necessary. (9-20-91)

13. Obligation to Pay A/CDC Charges. The responsible person is liable for one hundred percent (100%) of the A/CDC charge and will be billed based upon their ability to pay as determined by the sliding fee

schedule. However, when the participant has insurance coverage, the private insurance obligation will be one hundred percent (100%) of the A/CDC charge, but not to exceed any maximums established in the insurance policy. Any balance remaining after payment by any available insurance, will be billed to the responsible party based upon their ability to pay as determined by the sliding fee schedule. (7-1-98)

101. -- 994. (RESERVED)

995. NON-DISCRIMINATION.

Adult and Child Development Centers shall not refuse service to any person because of race, color, religion or because of inability to pay. However, refusal to pay by someone who is determined able to pay may result in denial of services. (5-1-82)

996. ADMINISTRATIVE PROVISIONS.

Contested case appeals shall be governed by Idaho Department of Health and Welfare Rules, IDAPA 16.05.03, Sections 000, et seq., "Rules Governing Contested Case Proceedings and Declaratory Rulings." (12-31-91)

997. CONFIDENTIALITY.

Before any information about a patient, client, registrant, applicant, or recipient contained in Department records may be released to the person who is the subject of the record, to another Department unit, to another governmental agency, or to a private individual or organization, the unit of the Department with custody of the record must comply with Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, "Use and Disclosure of Department Records". (12-31-91)

998. INCLUSIVE GENDER.

For the purpose of these rules, words used in the masculine gender include the feminine or vice versa, where appropriate. (5-1-82)

999. SEVERABILITY.

Idaho Department of Health and Welfare Rules, IDAPA 16.04.06, are severable. If any rule, or part thereof, or the application of such rule to any person, or circumstance is declared invalid, that invalidity does not affect the validity of any remaining portion of this chapter. (5-1-82)

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