

TCRC ABA COPAYMENTS, COINSURANCE & DEDUCTIBLES



Then TCRC may be able to fund copayments, coinsurance or deductibles

Info Needed to Get Started

What we need from you:

- ☐ Copy of Prior Year California State Income Tax Return (form 540/540a)
- ☐ Copy of Insurance
 Card (front and back)

Have Duestions? Contact your Service Coordinator

What you need to get from your health insurance:

- ☐ Name and Contact Information of ABA Provider Paneled by Insurance
- Plan Year (Effective date of health plan)
- ☐ Amount of Copayment and/or Coinsurance _____
- Amount of Deductible _____
- ☐ Total Number of Hours Authorized by Health Insurance
 - ✓ For the Assessment _____
 - ✓ And for Ongoing Services _____
 - ✓ Effective Dates of Assessment & Service Authorized by Insurance
- ☐ Documentation of Insurance Coverage

What you need to get from the ABA provider:

- $\hfill \square$ Number of Home Visits per Week the Behavior Provider Will Conduct
- Behavior Provider Dates of Service
 - ✓ For the Assessment _____
 - ✓ And for Ongoing Services _____

TCRC funding for copayments, coinsurance or deductible can only begin when your service coordinator has all the information and the funding is a part of your child's IPP.

Funding cannot be done retroactively.

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This flyer is in accordance with

TCRC Policy & Guideline 10601 – Behavior Intervention Guidelines.

Visit www.tri-counties.org to review TCRC policies.

What is FPL?

The federal government publishes income levels that are commonly used as guidelines for health programs. They are called the Federal Poverty Level (FPL). If your family income is less than four times the published Federal Poverty Guideline (400% of FPL) for your household size, then TCRC may be able to fund copayments or coinsurance.

If your family income is higher than 400% of FPL for your household size, TCRC may still be able to fund copayments or coinsurance under certain circumstances.

Over 400% FPL?

Per WIC 4659.1(c), under the following exceptional circumstances the regional center may pay the copayment, coinsurance or deductible for a family whose annual gross income **exceeds** 400% of the FPL.

If the service is necessary to successfully maintain the child at home and the parents demonstrate one or more of the following:

- 1. The existence of an extraordinary event that impacts the ability of the parent to meet the care needs of the child or impacts the ability to pay the copayment or coinsurance.
- 2. The existence of a catastrophic loss that temporarily limits the ability to pay of the parent and creates a direct economic impact on the family.
- 3. Significant unreimbursed medical costs associated with the care of the child served by the regional center.