

# **San Diego Regional Center**

## *Purchase of Service Standards*

### **Insurance copayments and coinsurance**

The San Diego Regional Center may pay, when necessary to ensure that the client receives a service or support, any applicable copayment or coinsurance associated with the service or support paid for by the health care service plan or health insurance policy of the client's parent, guardian, or caregiver and for which the parent, guardian, or caregiver is responsible when the service or support (a) is necessary because of the developmental disability or developmental delay and (b) is identified in a client's individual program plan (IPP) or individualized family service plan (IFSP).

The San Diego Regional Center shall not pay health care service plan or health insurance policy deductibles [subdivision (g) of Section 4659.1 of the Welfare and Institutions Code].

### **Criteria**

The San Diego Regional Center may pay any applicable copayment or coinsurance if all of the following conditions are met:

- (1) The client is covered by his or her parent's, guardian's, or caregiver's health care service plan or health insurance policy;
- (2) The family has an annual gross income that does not exceed 400 percent of the federal poverty level;
- (3) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10) of the Welfare and Institutions Code;
- (4) The parent, guardian, or conservator of the client submits an application for payment and certifies the family's gross annual income by providing copies of W-2 Wage Earners Statements, payroll stubs, a copy of the prior year's state income tax return, or other documents and proof of other income;
- (5) The parent, guardian, or conservator agrees to notify the San Diego Regional Center when a change in income occurs that would result in a change in eligibility for coverage of the health care service plan or health insurance policy copayments or coinsurance; and,
- (6) The parent, guardian, or conservator agrees that payment will be made directly to the provider of the service or support.

For clients 18 years of age or older that are the insurance policy holders, or identified in policies held by others, the San Diego Regional Center may pay any applicable copayment or coinsurance if all of the following conditions are met:

- (1) The client has an annual gross income that does not exceed 400 percent of the federal poverty level;
- (2) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10) of the Welfare and Institutions Code;
- (3) The client submits an application for payment and certifies her or his gross annual income by providing copies of W-2 Wage Earners Statements, payroll stubs,

a copy of the prior year's state income tax return, or other documents and proof of other income;

(4) The client agrees to notify the San Diego Regional Center when a change in income occurs that would result in a change in eligibility for coverage of the health care service plan or health insurance policy copayments or coinsurance; and,

(5) The client agrees that payment will be made directly to the provider of the service or support.

The San Diego Regional Center may pay a copayment or coinsurance associated with the health care service plan or health insurance policy for a service or support in the IPP or IFSP if the family's or client's income exceeds 400 percent of the federal poverty level, the service or support is necessary to successfully maintain the child at home or the adult client in the least-restrictive setting, and the parents or client demonstrate one or more of the following:

(1) The existence of an extraordinary event that impacts the ability of the parent, guardian, or caregiver to meet the care and supervision needs of the child or impacts the ability of the parent, guardian, or caregiver, or adult client with a health care service plan or health insurance policy, to pay the copayment or coinsurance. For purposes of this paragraph, extraordinary events may include, but are not limited to, bankruptcy, loss of employment of one or more of the household's primary wage earners, death of an immediate family member; or,

(2) The existence of catastrophic loss that temporarily limits the ability of the parent, guardian, or caregiver, or adult client with a health care service plan or health insurance policy, to pay a copayment or coinsurance, and creates a direct economic impact on the family or adult client. For purposes of this paragraph, catastrophic loss may include, but is not limited to, natural disasters and accidents involving major injuries to an immediate family member; or,

(3) Significant unreimbursed medical costs associated with the care of the client or another child who is also a regional center client.

In addition to the certification of gross annual income, the client, parent, guardian, or caregiver must submit written verification documenting the extraordinary event, catastrophic loss, or significant unreimbursed medical costs. Within 15 working days of receipt of the documentation, the decision to grant or deny copayment or payment of coinsurance will be made by the San Diego Regional Center Executive Director or the Executive Director's designee. If the decision is to deny the request, the client, parent, guardian, or caregiver will be notified via Notice of Proposed Action, DS form #1803.

If the San Diego Regional Center agrees to cover copayments or coinsurance because of an extraordinary event, catastrophic loss, or significant unreimbursed medical costs, the parent, guardian, conservator or client, as applicable will meet the following conditions:

(1) Notify the San Diego Regional Center when a change in income or circumstance occurs that would result in a change in eligibility for coverage of the health care service plan or health insurance policy copayments or coinsurance; and,

(2) Agree that payment will be made directly to the provider of the service or support.