

Attachment to Form 6000 Instructions

Updated 4/2017

Fee Schedule

Determine the family size (see Form 6000, Children's Autism Program Enrollment).

Family size—equals the sum of the number of:

- parent(s) or guardians, plus all minor siblings who reside in the home of the enrolled child; and
- other dependents, such as a child age 19 or older, parent, stepparent, grandparent, brother, sister, stepbrother, stepsister, or in-law whose gross income is less than \$3,900 a year and for whom more than half of the person's support is provided for by the parent(s) or guardian(s) during the calendar year.

Determine total annual income of the child's family (see Form 6000).

The family has three options to determine the adjusted gross income (AGI) amount:

Option 1: Use the AGI from the previous year's filed federal tax return, found on Internal Revenue Service (IRS) Form 1040, line 37.

Option 2: Use the gross income from the previous year's filed federal tax return minus allowable deductions. See below for the allowable deductions. The family must provide documentation of the allowable deductions.

Option 3: If the family did not file a federal tax return in the previous year, the family must provide proof of annual income and the allowable deductions. The provider calculates the AGI by subtracting the allowable deductions from the gross income. The gross income includes all income classified as taxable income by the IRS before federal allowable deductions are applied.

If the parent does not attest to the family's annual gross income, the contractor must bill the family the full cost of services. Contact the Texas Health and Human Services Commission (HHSC) prior to the enrollment of a child in all cases where AGI cannot be determined by following the process above.

Calculate the family's contribution by following these steps:

1. Locate the "Tab" in the fee schedule that corresponds to the correct family size.
2. Enter the monthly cost of the program for an individual child in cell I-6 (not to exceed \$5,000 unless prior approval is granted by HHSC).
3. Locate the amount in Column D, Family Contribution, that corresponds to the family's income range as derived from their AGI. This is the family contribution to be collected at the end of each month.
4. The HHSC fee for a single family with multiple children in service must be calculated for each child monthly. The family will owe 100 percent of the highest HHSC fee amount and 50 percent of each additional child's HHSC fee.
5. For a child in the conservatorship of the state, the cost share amount is \$0. If the child is in a voluntary foster care placement, the family would have an HHSC fee amount assigned like any other family.