

## **A GUIDE TO THE ANNUAL FAMILY PROGRAM FEE (AFPF)**

### **WHAT IS AN ANNUAL FAMILY PROGRAM FEE?**

On July 1, 2011 a new section (WIC §4785) of the Lanterman Developmental Disabilities Act went into effect establishing the Annual Family Program Fee (AFPF). For parents of minor children living at home, an annual fee in the amount of \$200.00 may be assessed to your family if you are receiving one or more purchased service(s) from the regional center.

### **WHO MUST PAY AN ANNUAL FEE?**

If your son or daughter is under 18 years of age, is an active client of the regional center, AND receives a purchased service through the regional center as identified in their individual/family program plan (IFSP) other than assessment, respite or day care, you may be assessed a \$200.00 annual family program fee.

### **IS THIS FEE ASSESSED ONLY ONE TIME?**

As currently written, the law requires the AFPF to be assessed *each year* on the anniversary date of the initial fee assessment. Families will be re-assessed to determine if they meet the criteria for the AFPF and will have the opportunity to request an adjustment or exemption.

### **ARE THERE EXEMPTIONS TO THE ANNUAL FEE?**

Yes, there are several exemptions. You will **not be assessed an annual family program fee when:**

1. your son/daughter receives Medi-Cal.
2. *your family's adjusted gross income<sup>1</sup> (AGI) is verified to be below 400% of the federal poverty level (FPL)<sup>2</sup>.*
3. your family receives case management/service coordination provided by HRC and your child's individual family program plan (IFSP) **does not include a service purchased by the regional center** other than assessment and/or evaluation service(s).
4. your family receives *only respite* service and/or *only day care* service purchased by HRC *and you have a cost for such service(s) assigned under the Family Cost Participation Program (FCPP).*

You may **request an exemption by letter<sup>3</sup> to the HRC Executive Director,** if you believe:

5. *a catastrophic loss* has occurred that created a direct economic impact on your family and your ability to pay the annual fee is temporarily limited.
6. *an extraordinary event* has created a direct economic impact on your family and your ability to pay the annual fee is temporarily limited.
7. *a special circumstance exists* and the exemption is necessary to maintain your child at home with family.

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<sup>1</sup> Parent(s) must provide current financial records to the regional center for review, as specified in WIC§4785(j)(1).

<sup>2</sup> Federal poverty level is an income-based guideline adjusted for family size and is updated annually by the Department for Health & Human Services

<sup>3</sup> Such letter must contain sufficient information to consider and determine if cause exists for an exemption.

**CAN AN ADJUSTMENT BE MADE TO THE \$200.00 ANNUAL FEE?**

The annual fee is set at \$200.00. The \$200.00 fee *may be adjusted* if you meet criteria. Your most recent tax return verifying your family size and annual adjusted gross income (AGI) will be compared to the *federal poverty level (FPL)*.  
 ■ If family income ≥ 800% FPL: **remain** at \$200 fee.     ■ If family income 400% to 799% FPL: **adjusted** to \$150 fee.     ■ Family income <400% FPL: will be **adjusted** to \$0 fee.

Please see the table below. **If you believe your fee should be adjusted to \$150.00 or \$0, CONTACT YOUR HRC COUNSELOR.**

FAMILY SIZE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE	ANNUAL INCOME	FEE
2	\$0 - \$ 63,719	\$0	\$ 63,720 - \$127,439	\$150	\$127,440 - Over	\$200
3	\$0 - \$ 80,359	\$0	\$ 80,360 - \$160,719	\$150	\$160,720 - Over	\$200
4	\$0 - \$ 96,999	\$0	\$ 97,000 - \$193,999	\$150	\$194,000 - Over	\$200
5	\$0 - \$113,639	\$0	\$113,640 - \$227,279	\$150	\$227,280 - Over	\$200
6	\$0 - \$130,279	\$0	\$130,280 - \$260,559	\$150	\$260,560 - Over	\$200

\*For family size larger than above, please see DDS website: [https://dds.ca.gov/AnnualFamilyProgram/docs/AFP\\_Schedule](https://dds.ca.gov/AnnualFamilyProgram/docs/AFP_Schedule)

Your HRC Counselor will help you identify the **tax return information you must submit** to the HRC Executive Office ([afpf.fcpp@harborrc.org](mailto:afpf.fcpp@harborrc.org)) to be reviewed in order to approve an adjustment to a \$150 fee or a \$0 fee.

**WHAT IF I DISAGREE?**

As outlined in the Lanterman Act (WIC§4700) and the Early Intervention Services Act (Government Code 95007), a parent may initiate due process proceedings when (1) you disagree with ***the fee amount assessed***; and when (2) ***the regional center denies your request for exemption***. During the appeal process, the fee will be suspended.

**DOES HRC RECEIVE THE ANNUAL FAMILY PROGRAM FEE PAYMENT?**

No, do **not** mail your fee payment to HRC. A family who is assessed a fee will ***mail a check or money order to the Department of Developmental Services (DDS) in Sacramento*** (addressed envelope enclosed).

**WHAT IF A FEE WAS ASSESSED AND I DO NOT SEND A PAYMENT TO DDS?**

The current law provides the State Department of Developmental Services with the authority *to initiate collection efforts* through the Franchise Tax Board for any assessed fee that is unpaid after 60 days.

**WHAT CAN I DO TO BE EXEMPT FROM AFPF FOR SERVICES RECEIVED NOW AND IN THE FUTURE?**

***You may enroll your son/daughter in MediCal.*** Clients of the regional center who are receiving a purchased service to address a need/achieve an outcome as written in their individual family service plan (IFSP) are often eligible to receive MediCal services through a process known as “institutional deeming”. Your Counselor can assist you with obtaining and completing the necessary documents to enroll in MediCal. If your child receives MediCal, you will not be liable for the AFPF.