

## Financial Assistance Policy and Procedure

**POLICY:** Easterseals Southern California (ESSC) provides financial assistance for families who meet certain requirements and who are unable to meet their financial obligations for services received at ESSC. This policy is not intended for those with third party insurance. This policy requires written denial by other potential payers such as the regional center.

**ELIGIBILITY:** Eligible families are those who:

- A. Receive medically necessary services from ESSC.
- B. Are underinsured and otherwise financially qualified.
- C. Have a household income (see attached schedule) less than 300% of the Federal Poverty level.
- D. Have been denied support by potential third party payers such as the regional center.

Individuals who elect not to apply for other sources of payment such as regional center or other third party insurance, may be excluded from receiving financial assistance.

**APPLICABLE TIME PERIOD:** The determination of this benefit is not retrospective; therefore, it cannot be applied to charges from a previous period. Your household income will be reviewed each year in April, to determine if you are still eligible for benefits. Any determination of benefit will apply prospectively to the current services.

**PROCEDURE:** Financial assistance is determined based on the financially responsible party's income in comparison to Federal Poverty rates/guidelines. See attached schedule.

This percentage may change from time to time as deemed appropriate by the Chief Operating Officer, Chief Financial Officer and/or the Board of Directors of ESSC. Before financial assistance is approved, families must apply for all other sources of payment, including regional center, Medicaid or other third party insurance.

The process for Financial Assistance is as follows:

1. Complete the application and submit with supporting documents.
2. Submit the completed application and all applicable documents in a sealed envelope or online to:

Tegria  
PO Box 4206  
Orange, CA 92863-4206  
Email: [billing@msmhealth.com](mailto:billing@msmhealth.com)  
Phone: 714-245-8872

3. Tegria will review the documentation for completeness. ESSC will make a determination of eligibility.
4. Approval will be determined based upon the income on the tax return as compared to the Federal Poverty Scale as provided with this policy.
5. If financial assistance is approved, approval status will be noted in the account.
6. If financial assistance is not approved, an appeal may be made to the Chief Operating Officer for final and binding determination of eligibility.

Attachment – Federal Poverty Guidelines with Discount Scale and Financial Assistance Application



## Financial Assistance Application

### Demographic Information

Name of person served: \_\_\_\_\_

MRN of person served: \_\_\_\_\_

Name of applicant(s): \_\_\_\_\_

Relationship to child/person served:  parent or guardian  self  spouse  other

Applicant address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone numbers (home): \_\_\_\_\_ (mobile): \_\_\_\_\_

Email: \_\_\_\_\_

### Income Information

Number of dependents living in the family household: \_\_\_\_\_

Annual Gross Income: Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Total Annual Household Gross Income: \$ \_\_\_\_\_ (income before taxes and other deductions)

### Document Information

Please attach copies of the following documents:

Copy of written denial letter from regional center. **(Required)\***

Copy of Federal Income Tax Returns for the prior year (IRS 1040, 1040A, 1040EZ). **(Required)\***

Proof of other sources on income (Social Security, unemployment benefits, child support). (If applicable)

**\*Applications not containing required documents will be returned to the applicant as incomplete.**

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND REFLECTS FINANCIAL INFORMATION AS OF THE DATE OF THE APPLICATION.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use: Received on: \_\_\_\_\_ Received by: \_\_\_\_\_ Decision: \_\_\_\_\_

Expires on: \_\_\_\_\_ Max Annual Value: \_\_\_\_\_



2024 HHS Poverty Guidelines (48 Contiguous States and D.C.)

	Category Cost  Income Level Reduction to Charges	A 15% Income at 100% 85% Reduction	B 25% Income at 200% 75% Reduction	C 50% Income at 250% 50% Reduction	D 75% Income at or below 300% 25% Reduction
<b>Persons in Family or Household</b>	<b>Federal Poverty Guidelines</b>				
1	15,060	15,060	30,120	37,650	45,180
2	20,440	20,440	40,880	51,100	61,320
3	25,820	25,820	51,640	64,550	77,460
4	31,200	31,200	62,400	78,000	93,600
5	36,580	36,580	73,160	91,450	109,740
6	41,960	41,960	83,920	104,900	125,880
7	47,340	47,340	94,680	118,350	142,020
8	52,720	52,720	105,440	131,800	158,160
<b>For each additional person added:</b>	5,380	5,380	10,760	13,450	16,140

If your family income is less than or equal to the amount in Categories A, B, C and D you are eligible for reduced cost health care services.

[Source: Federal Register, January, 2024](#)



**Regional Center Directory:**

Regional Center	Areas Served	Early Start Intake Contact Info (Birth to Age 3)	Intake ages 3 and Above Contact Info
Eastern Los Angeles Regional Center (ELARC) <a href="http://www.elarc.org/">http://www.elarc.org/</a>	Eastern Los Angeles county including the communities of Alhambra and Whittier	(626) 299-4777 earlystartreferrals@elarc.org <a href="http://www.elarc.org/consumers-families/apply-for-services">http://www.elarc.org/consumers-families/apply-for-services</a> *Application available online	(626) 299-4770 or (626) 299-4759
Frank D. Lanterman Regional Center (FDLRC) <a href="https://lanterman.org/">https://lanterman.org/</a>	Central Los Angeles county including Burbank, Glendale, and Pasadena	(213) 252-8610 referrals@lanterman.org	(213) 252-8610 referrals@lanterman.org
Harbor Regional Center (HRC) <a href="http://www.harborrc.org/">http://www.harborrc.org/</a>	Southern Los Angeles county including Bellflower, Harbor, Long Beach, and Torrance	(310) 543-7927 <a href="http://www.harborrc.org/about/people/apply">http://www.harborrc.org/about/people/apply</a> *Application available online	(310) 540-1711 <a href="http://www.harborrc.org/about/people/apply">http://www.harborrc.org/about/people/apply</a> *Application available online
Inland Regional Center (IRC) <a href="https://www.inlandrc.org/">https://www.inlandrc.org/</a>	Riverside and San Bernardino Counties	Riverside: (909) 890-4763 San Bernardino: (909) 890-4711 Spanish: (909) 890-4763	Riverside: (951) 826-2648 San Bernardino: (909) 890-3148 <a href="https://www.inlandrc.org/eligibility/#intakeinfo">https://www.inlandrc.org/eligibility/#intakeinfo</a> *Application available online
Kern Regional Center (KRC) <a href="https://www.kernrc.org/">https://www.kernrc.org/</a>	Inyo, Kern, and Mono counties	(661) 852-3220	(661) 852-3220
North Los Angeles Regional Center (NLARC) <a href="https://www.nlacrc.org/">https://www.nlacrc.org/</a>	Northern Los Angeles county including San Fernando and Antelope Valleys	(818) 778-1900 <a href="https://www.nlacrc.org/about-us/eligibility">https://www.nlacrc.org/about-us/eligibility</a> *application available online	(818) 778-1900 <a href="https://www.nlacrc.org/about-us/eligibility">https://www.nlacrc.org/about-us/eligibility</a> *application available online



Regional Center of Orange County (RCOC) <a href="http://www.rcocdd.com/">http://www.rcocdd.com/</a>	Orange County	(714) 796-5354 intake@rcocdd.com	(714) 796-5354 intake@rcocdd.com *call or email
San Diego Regional Center (SDRC) <a href="http://www.sdrc.org/">http://www.sdrc.org/</a>	Imperial and San Diego Counties	(858) 496-4318 esint@sdrc.org	(858) 576-2938 intake@sdrc.org
San Gabriel/Pomona Regional Center (SGPRC) <a href="https://www.sgprc.org/">https://www.sgprc.org/</a>	Eastern Los Angeles county including El Monte, Monrovia, Pomona, and Glendora	(909) 620-7722 esintakereferrals@sgprc.org	(909) 620-7722 lantermanintakereferrals@sgprc.org
South Central Los Angeles Regional Center (SCLARC) <a href="http://www.sclarc.org/">http://www.sclarc.org/</a>	Southern Los Angeles county including the communities of Compton and Gardena	(213) 744-7068 or (213) 744-8809 earlystartintake@sclarc.org	(213) 744-8880 or (213)744-8872 lantermanintake@sclarc.org
Tri-Counties Regional Center (TCRC) <a href="https://www.tri-counties.org/">https://www.tri-counties.org/</a>	San Luis Obispo, Santa Barbara, and Ventura counties	(800) 515-2229 earlystart@dds.ca.gov	(805) 962-7881 or (800) 322-6994 <a href="https://www.tri-counties.org/connect-intake-coordinator/">https://www.tri-counties.org/connect-intake-coordinator/</a>
Westside Regional Center (WRC) <a href="https://westsiderc.org/">https://westsiderc.org/</a>	Western Los Angeles county including the communities of Culver City, Inglewood, and Santa Monica	(310) 258-4 <a href="https://westsiderc.org/intake-eligibility/intake-process-birth-to-3/">https://westsiderc.org/intake-eligibility/intake-process-birth-to-3/</a> *application available online	(310) 258-4000 <a href="https://westsiderc.org/intake-eligibility/intake-process-3-and-older/">https://westsiderc.org/intake-eligibility/intake-process-3-and-older/</a> *application available online
Department of Developmental Services (DDS) <a href="https://www.dds.ca.gov/">https://www.dds.ca.gov/</a>		Phone: (916) 654-1690 <a href="https://www.dds.ca.gov/RC/">https://www.dds.ca.gov/RC/</a>	