

School Readiness (SR) Required Parent Copayment Frequently Asked Questions (FAQ)

The purpose of this FAQ is to provide guidance on assessing SR parent copayments effective July 1, 2025, and reflects only the components of the rule that have changed. View Rule 6M-4.400, Florida Administrative Code (F.A.C.), [here](#).

1. When will Rule 6M-4.400, F.A.C., take effect?

Implementation of the rule will take effect July 1, 2025.

2. Must coalitions amend and submit an annual sliding fee scale to DEL for approval?

No. Section (s.) 1002.84(9), Florida Statutes (F.S.), removed this responsibility from the coalition. Coalitions must implement the DEL issued sliding fee scale each fiscal year.

3. Why was the 10% threshold on the sliding fee scale reduced to a 7% threshold?

Amended federal regulations mandate that the assessed parent copayment not exceed 7% of a family's income. See 45 Code of Federal Regulations (CFR) section (§) 98.45(l)(3).

4. Is each copayment set at the 7% threshold?

No, the sliding fee scale will have tiered percentages not to exceed 7%.

5. How will copayment amounts be transitioned to 7%?

Families who newly enroll on or after July 1, 2025, will be assessed copayments with the new threshold percentage. Families who redetermine on or after July 1, 2025, will have the new threshold percentage applied at that time. EFSM will calculate the copayment.

6. What are the criteria for assessing copayments?

The criteria remain unchanged: household income, household size and authorized hours of care are used to assess parent copayments.

7. Will each enrolled child within the household be assessed a copayment?

If more than one child within the household receives SR services, only one child is assessed a copayment for the household. Coalitions are to continue current practice regarding determining BG3-28A, BG1-14R, BG1-13, BG1-OUT and BG3R-RCG children as separate households and assessing copayments based on their household size and income.

8. If one child has multiple enrollments with different providers, how does the ELC assess the copayment?

There is no prescribed mandate on which enrollment or provider to assess the single copayment. This allows coalitions utmost flexibility; however, DEL encourages coalitions to assess the single copayment to the enrollment with the highest cost of care. Coalitions are to use the repair feature on the enrollment screen to set the copayment amount to \$0.00 at subsequent providers.

9. What happens if the child with the assessed copayment does not attend the provider?

The coalition must then assess the copayment to an active child in the family.

10. Which child is selected for the assessed copayment for families with multiple children in care?

There is no prescribed mandate on which child or enrollment to assess the single copayment. This allows coalitions utmost flexibility; however, DEL encourages coalitions to assess the single copayment to the child with the highest cost of care.

11. How do we assess a copayment when there are multiple family units within the same household account? For example, how do we assess a copayment when there is a household account that includes a family with children eligible under BG8-ECON and a child-only family of a foster child eligible under BG1-13?

Assess a copayment for one child in each family unit in the household account. In the example, assess a copayment to one of the children eligible under BG8-ECON and assess a copayment to the foster child eligible under BG1-13. Since EFSM's functionality does not recognize these distinct families within one household account, use the existing functionality to increase or reduce a copayment as needed and create a case note to document the action and rationale.

12. If a sibling is added to care, will the assessed copayment be reassigned to the newly added child?

See question #9. DEL encourages coalitions not to reassign the single copayment when a family is in the midst of its authorization period. DEL also continues to encourage coalitions to align authorization periods for children in the same family.

13. Who is responsible for collecting the copayment?

The authorized provider remains responsible for collecting the parent copayment and the coalition deducts the copayment from that provider's SR reimbursement.

14. If the child(ren) attends more than one SR provider, which provider will collect the copayment?

See question #13. The provider that accepts the child's enrollment to whom the coalition affixed the copayment collects the copayment. Any required copayment remains reflected on the certificate.

15. For families with more than one (1) enrolled child, what will the payment certificates indicate for children 2 and 3?

The payment certificate for the child who has the assessed copayment will reflect that copayment. The payment certificates for children 2 and 3 will reflect a copayment of \$0.00, unless the other children constitute a household of one.

16. When a child is enrolled with more than one provider, will the provider that is not required to collect the copayment receive the "full" reimbursement rate?

Yes, the provider that is not required to collect the parent copayment will be reimbursed based on the authorized hours of care and care level of the child served. The coalition does not deduct the parent copayment from the provider's SR reimbursement as no copayment was associated with that child's enrollment.

17. Will sibling discounts apply when copayments are a percentage of income?

No. The 7% maximum threshold for an assessed parent copayment provides additional affordability for care.

18. Can the assessed copayment be waived or temporarily reduced?

Yes, a temporarily reduced or waived copayment continues to be allowable in accordance with Rule 6M-4.400, F.A.C., and criteria outlined in the coalition's fee waiver policies within its approved SR plan.

19. Do the procedures about not increasing copayments during a family's initial authorization period and increasing or decreasing copayments during graduated phase-out still apply?

Yes.

20. Is it required for a coalition to post the sliding fee scale and DEL approved fee waiver policies on its website?

Yes.

21. Will DEL send instructions to families and providers about the new copayment process?

DEL has provided email communication to ELCs to share with families and providers. ELCs are to communicate copayment changes to families and providers in as many ways as possible and as often as needed.

22. When a current family adds a new child after July 1, 2025, which copayment process does the ELC assess?

See question #5. The new percentage copayment occurs only at redetermination. First, establish the appropriate authorization period for the new child; most children must have a 12-month authorization period. Next, push out the previously established 12-month care authorization end date for any other children in the household to align with the end date for the new child. Then create new eligibility assignments that align with the updated care authorization end date for the other children.

23. What does an ELC do when a provider terminates a child with the assessed copayment and the other children in the family without the assessed copayment continue attending providers?

See question #9. The coalition must assess the copayment to an active child in the household. Coalitions are to continue their current processes for identifying when providers terminate children's enrollments and when providers should terminate children's enrollments (for non-attendance) but have not. Coalitions will need to bolster current processes and possibly employ new processes to capture such instances as of July 1, 2025. Options include:

- Reiterating to parents that copayments are required and that if the child with the assessed copayment stops attending the parent is to notify the coalition so the coalition can then reassess the copayment to a different child.
- Reiterating to providers that if a child with an assessed copayment stops attending the provider is to notify the coalition so the coalition can then reassess the copayment to a different child, if needed.
- Enhancing a current form or creating a new form for providers and/or parents to communicate this information (termed enrollments or a child who has stopped attending) easily to coalitions.
- Regularly reviewing providers' monthly attendance and taking necessary actions.
- Running routine reports to identify these circumstances.

As always, any time there is an enrollment change within a family, best practice is to review all child records for any adjustments that may be needed.

24. What are an ELC's options for assessing a copayment for a family with at-risk children that provides no income documentation at the time of eligibility determination?

See question #18. Typically, fee waivers accompany referrals for families with at-risk children. ELCs have three options when preparing to waive the copayment. These options are:

- Set the copayment at 85% State Median Income (SMI) initially to incentivize the family to provide income documentation with the additional enticement of lowering the copayment if the family income is lower than 85% SMI.
- Set the copayment at the most common copayment amount for the coalition, then:
 - Decrease the copayment if the family's copayment would be lower than the originally assessed copayment or
 - Maintain the initially assessed copayment if the family's copayment would be higher than the originally assessed copayment.
- Set the copayment at \$0 initially and the family continues to have a \$0 copayment until redetermination.