



Extraordinary Medical Expenses (EME)

Some parents who would otherwise be able to pay for EI services may have difficulty doing so because of the family’s extraordinary medical expenses (EME). Extraordinary medical expenses are defined as non-reimbursable costs paid during the IFSP Year by the family of the eligible child for medical and related care including, but not limited to, hospital stays, physician visits, dental care, vision care, prescribed medications/supplies/therapies, health insurance premiums/copayments/deductibles, and modifications to the child's home to make the home accessible. These expenses start with the signature date of your initial or annual IFSP and can be collected until the end of your IFSP Year. Your cost participation that you need to meet is based on your income and the following formula. Your service coordinator will help you determine what your anticipated family participation is should you choose to submit extraordinary medical expenses. DODD will make the final determination of whether your extraordinary medical expenses are sufficient to determine you unable to pay for EI services. This determination will be based on your completed EME Medical Expense Tracking Worksheet (form EI-18) and your most recent income. Documentation of Extraordinary Medical Expenses will only be needed if you are determined able to pay for EI services and have exceeded the initial 55 units.

Family unit is defined by the family when they are being determined unable to pay for early intervention services using EI-15. The family unit must be household members, but does not need to include all household occupants. If identified as part of the family unit, all working adults will need to verify their income. All members of the family unit can then claim their non-reimbursed out of pocket medical expenses toward meeting the family’s EME.

If family income is:	Family's Extraordinary Medical Expenses is:
Less than or equal to 210% of FPL	1% of income (.01)
211% -220% of FPL	2% of income (.02)
221% -230% of FPL	3% of income (.03)
231%-240% of FPL	4% of income (.04)
241%-270% of FPL	5% of income (.05)
271%-300% of FPL	6% of income (.06)
301%-400% of FPL	7% of income (.07)
401% or more of FPL	8% of income (.08)

For a calculation of your EME, take the gross family income calculated by your Service Coordinator on form EI-17 and use the Extraordinary Medical Expense Worksheet on the Early Intervention website:

<http://ohioearlyintervention.org/system-of-payments/service>