



STATE OF MISSOURI
DEPARTMENT OF ELEMENTARY AND SECONDARY
EDUCATION
DIVISION OF SPECIAL EDUCATION



Family Cost
Participation (FCP)
Program Guide

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

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I. Introduction

The Family Cost Participation (FCP) system will go into effect on February 1, 2006. Family cost participation was created by the Missouri General Assembly with the passage of Senate Bill 500, 2005. This bill codifies the early intervention program (known as Missouri First Steps) for the first time and provides for system-wide structural elements as well as two revenue components: Family cost participation and mandated private insurance coverage for Occupational Therapy, Physical Therapy, Speech/Language Therapy and Assistive Technology within the First Steps System. This document will address procedures and processes for Family Cost Participation (FCP).

II. Responsibilities

A. SYSTEM POINT OF ENTRY (SPOE) RESPONSIBILITY

- Data entry of financial and insurance information for the purpose of cost participation and access to insurance.
- Document the family's monthly cost participation fee as calculated by MOFS.
- Maintain all completed forms, along with supporting documentation of income, insurance, and expenses in the child's electronic and paper early intervention file located at the SPOE.
- Calculate a family's "ability to pay" to determine whether or not a family must pay a monthly fee.
- Discuss Missouri First Steps FCP guidelines and responsibilities with First Steps families.
- Inform the family of the amount of monthly fee required based on family size and household adjusted gross income.
- Collect appropriate financial information from the family in order that the "correct" monthly fee can be calculated.

- Notice of Family Documents Required: THE FAMILY MUST BE NOTIFIED IN ADVANCE OF THE FIRST MEETING which documents must be available for the meeting and which documents the service coordinator must take (copies) with them (for inclusion into the child's paper file) from that meeting.

If the family attends the meeting and does not have the required financial documents with them, cannot find them, etc., they will be placed on the Monthly Fee Schedule at \$100 per month until they provide the required documents.

When the appropriate documents are provided, the Service Coordinator will enter into MOFS, correct AGI data and print a new "Monthly Fee Notice". (See listing of documents to check and give to family. NOTE: the monthly fee that will be invoiced to the family (and is due and payable) is that financial information (or lack thereof) in the system as of the 27th of each month. (See Appendix –Attachment B).

- Advise families of the cost participation monthly fee amount within five (5) working days of the receipt of required documentation.

B. SERVICE COORDINATOR (Intake and On-going) RESPONSIBILITY

- During the intake process, explain the parent's rights and responsibilities within the First Steps System.
- Once eligibility has been established, further explain the First Steps cost participation program, requirements and guidelines.
- Collect income and insurance information from the family.
- Complete the appropriate fields in MOFS.
- Explain to the parent(s), how the monthly fee is calculated.
- Explain to the parent(s), that the calculated monthly fee may change each July as the FPL Guidelines are updated annually in February. The new monthly fee amount (based on the updated FPL) will begin with the first payment of the next fiscal year (July 1). A new Monthly Fee Calculation Notice, printed from MOFS must be provided to each family currently in a monthly fee status indicating how much the new fee will be beginning with the July billing cycle.
- Obtain consent(s) as appropriate. (Private Health Insurance and Medicaid Consent to Release Information)
- Make a determination of "inability to pay" / "ability to pay". This is

determination is automatic for most monthly fee determinations. However, a service coordinator may be required to make a decision in the case of a hardship determination. A manual determination will also be required for children in the old SPOE software system.

- Annually, the Service Coordinator will be responsible to explain the parent's rights and responsibilities within First Steps and document income and insurance information from the family, to verify the accuracy of the calculated monthly fee during the Annual Monthly Fee Review.
- Make a determination of "financial hardship" within two weeks of a family's request, based on documentation provided by the family. Family Hardship is defined as:
 1. Loss of Home
 2. Loss of Job (one or more income earners)
 3. Extensive medical costs incurred and documented in the current year and determined to be applicable by the SPOE

NOTE: Concerning Financial Hardship Determination

The service coordinator has much discretion in the determination of family hardship and the appropriate monthly fee associated with "hardship". It is important that each service coordinator/SPOE Director understand that not all families can or should qualify for a hardship exemption. The exemption for financial hardship is fairly restrictive and was purposely created in this manner. The legislature expects family cost participation to produce some level of off-setting program revenue and thus would not expect a large number of families to qualify for the exemption.

However, those families who do qualify for a "hardship" exemption must be given appropriate consideration.

The expectation is that each service coordinator and SPOE Director (if a decision review is requested) will make a reasonable analysis of the family situation based on approved program criteria in a timely manner.

C. FAMILY/HOUSEHOLD RESPONSIBILITY

- Provide a copy of federal income tax returns or other salary related documentation as requested by the service coordinator in order that the appropriate monthly fee can be calculated. This documentation must be provided during each meeting in which a fee determination will be made. At a

minimum, this would be during the intake process, annual IFSP review or any other time the family or SPOE requests a fee review. Note: Any recalculation of the monthly for any reason prior to the annual monthly fee review will require the use of the most recent financial records (federal income tax return, payroll check or other as appropriate).

- Notify the appropriate service coordinator when family income or circumstances significantly change. (by 10% of the prior AGI) This will require a new monthly fee review.
- Pay calculated monthly fee in a timely manner. The monthly family cost participation fee is the amount a family must pay pursuant to Section 160.900, - 160.025, RSMo., to participate in the Missouri First Steps System. The Monthly Fee is based on a sliding scale of family size and family/household income Family income must exceed 200 percent of the Federal Poverty Level before a family has an obligation to pay a monthly fee.
- Calculating the monthly fee amount: A Family can calculate its rate of Participation (the monthly fee amount). They will need to know the number of persons living in the family home (and listed as dependents on the family/household federal income tax return) and the adjusted gross annual income as indicated on the family's/household federal income tax return(s) for the prior year. (The appropriate income tax return is the last return filed as of April 15 in any given year).

Using the First Steps Sliding Fee Schedule:

1. Select the monthly fee schedule for the family/household size (number of persons living in the household).
2. Within the chart for the appropriate family size, move down the left hand income scale to find the annual adjusted gross income range for the family/household.
3. The amount in the second column reflects the family/household monthly payment.
4. The amount in the third column reflects the family/household "annual" payment based on twelve monthly payments found in item 3 above.

D. CENTRAL FINANCE OFFICE (CFO) RESPONSIBILITY

- Mail the Monthly Family Cost Participation fee statement to each family as appropriate.
- Process all revenue received through cost participation.
- Calculate and track payments received and due.

- Maintain appropriate data base
- Report to the lead agency as required.

III. Time Lines

A. Time Line for FPL Procedures within MOFS

- Close Date: The last date/time in a month in which new or revised fee data can be entered into the system in order for that data to impact the next months fee billing cycle. Data entered after this time/date will be included in the following months billing cycle. The close date for each month is the 27th day of the month (by midnight).
- Normal billing: First of each month (within the first week of each month).
- CFO receives new FPL Guidelines: Annually in February
- CFO will Load new FPL Guidelines to MOFS: No later than May 1

B. Timelines-Failure to Pay Monthly Fees

- Delinquent fees over 30 days will be reflected on the monthly fee invoice.
- Delinquent fees at 60 days will be reflected on the monthly fee invoice.
- The CFO will mail the "75 Day Letter" to the head of household indicating that services will be suspended at 90 days.
- The service coordinator must take action to suspend services on the 90th day or as close as possible to the 90th day.

IV. ADJUSTED GROSS INCOME DETERMINATION

Families must supply verification of income by the following method for all children being entered into the First Steps system.

A. Verification of Income (Use Attachment G to record income data from income tax records)

- A family's adjusted gross income must exceed 200% of poverty before they are required to pay a monthly participation fee in Missouri First Steps. The primary documentation to determine AGI is a family/household federal income tax form. The appropriate federal income tax form is required in all

cases including:

1. Child eligible for Medicaid.
2. Family/households receiving Supplemental Security Income (SSI). (Benefit Verification Form MUST be provided by the family. Income eligibility for SSI is below the 200% threshold for First Steps monthly fee participation. Until this SSI verification form is provided, it is assumed that the family is NOT receiving SSI and must therefore qualify based on income. If only the First Steps eligible child is receiving SSI and the family is otherwise qualified to make a monthly fee payment, the family shall be on the monthly fee schedule.
3. Family/household is receiving food stamps. An electronic Benefits Transfer Card (EBT) MUST be provided as evidence of food stamp participation. Income eligibility for Food Stamps is below the 200% threshold for First Steps monthly fee participation. Until an EBT is provided, it is assumed that the family is NOT receiving food stamps and must therefore qualify based on income.

- **Income verification must be maintained in the child's paper file.**

This verification can be accomplished as follows:

1. The most recent available federal income tax form must be used if federal income tax form was filed. For example, if the monthly fee calculation is completed between May 2005 and the middle of March 2006, the service coordinator should expect to review the federal income tax return filed on April 2005 (for tax year 2004).

If the review occurs after April 2006, the service coordinator should expect to review the income tax form filed by April 2006 for tax year 2005.

2. Check stubs from the four most recent consecutive pay periods (should not be used if the family (head-of-household/father/mother) filed a prior year federal income tax form).
3. If recent pay stubs are not available, or in instances when income may not be accurately assessed by the last four pay stubs (ex. Self employed, seasonal worker, farm income, families with supplemental income, etc.) the family may furnish a statement signed by the employer regarding salary/wages indicating. This form should indicate an annualized wage based on the current level of income. This income amount may be used in lieu of income tax return AGI (should not be used if the family filed a prior year federal income tax form).

- **Income records if OTHER than federal income tax returns used in the income determination.** If documentation other than federal income tax returns are used to verify income for purposes of the monthly fee calculation, the service coordinator must make note of this documentation and check it against the next available federal income tax form, AGI amount for the next annual recalculation of the monthly fee.

If there is a significant difference (\$1,000) between the annual income amounts, an adjusted monthly fee may be required in the next year.

- **All income information must be verified at least annually** or when a family reports a reduction in income or change in family size or as requested by the SPOE or state agency. A change to the monthly fee schedule should not be made without adequate documentation indicating a significant change in income.

B. Other Required Documentation During Any FCP/Insurance Determination Meeting:

- a. Medicaid card
- b. Health insurance card(s)
- c. SSI Benefit Verification Form
- d. Food Stamp Electronic Benefits Transfer Card (EBT)

V. MONTHLY FEE DATA ENTRY (accomplished during any monthly fee review)

A. DATA TO BE ENTERED INTO MOFS

1. During any monthly fee review, the service coordinator must determine annual adjusted gross income (AGI). This requires a review of the most recently filed federal income tax return for the father and mother (or individual(s) serving in the function of father and mother. We will typically review a maximum of two income tax returns (if files individually, or one if a combined form was filed)
2. The **federal** income tax form is the primary document used to determine AGI. Review the immediate prior year (or last available) federal income tax form(s) for this family unit. The AGI is found on:
 - Form 1040, line 37,
 - Form 1040 A, line 21
 - Form 1040EZ, line 4,
3. MOFS will not collect individual income data by family member. Adjusted Gross Income (AGI) is used to calculate the applicable monthly fee. The service coordinator will review appropriate income documentation (might

be one or more income tax returns) and enter a 'total family/household AGI on the Monthly Fee Screen.

4. Enter the appropriate income information into MOFS. MOFS will calculate and can generate a "Monthly Fee Notice" that indicates the family monthly fee which will be billed until the next scheduled/requested FCP review. The printed "fee notice" will indicate data used to calculate the monthly fee.
5. If it becomes known at a later date that all income tax forms used in the monthly fee were not provided or misleading documentation was provided by the family, the monthly fee was likely calculated incorrectly.

In this case, an adjustment of the monthly fee must be made.

- (1) The monthly fee will be recalculated beginning at the point in time at which the "with held" tax form or other misleading documentation was used to generate a lower, incorrect monthly fee.
- (2) All amounts in arrears from the point of incorrect calculation becomes due and payable. In this case the service coordinator must enter an adjusted monthly fee amount that will be in place until the next annual fee review.
- (3) Calculate the monthly fee difference between what the fee should have been if accurate information had been provided and the fee that was billed. Divide this difference by the number of whole months remaining until the next annual review period to calculate the adjustment fee per month.

Example:

- a. Fee based on incorrect data - \$5 per month.
- b. Fee should have been based on correct data- \$15 per MO
- c. Difference- \$10 per month
- d. Period of time in which incorrect fee was assessed: 6 mo
 $6 \text{ months} \times \$10 = \$60$ (amount of shortage billed to First Steps)
- e. Whole months until next annual fee review: 6
- f. Monthly correction over 6 remaining months: $\$60/6 = \10
- g. Actual Annual Monthly Fee Review fee calculation based on current Data: \$15 /mo
- h. Current Monthly Fee: $\$15 + \$10 = \$25$ /mo until the next annual review.
- i. The service coordinator must enter this "adjusted fee amount" (\$25) into the SPOE Fee Override filed on the

- Monthly Fee Screen. Amounts entered into this field overrides any other "basis" for determining the monthly fee.
- j. Any time an amount is entered into the "SPOE Fee Override" field, a text explanation must be entered into the associated text box for this field describing the reason for the entry and the calculation methodology.
 - k. The state agency may specify in that the service coordinator enter the maximum allowable monthly fee in certain circumstances (Family provided false information). This directive may only come from the state agency (based on the recommendation of the SPOE, and should not be entered unless there is written documentation from the State indicating the monthly fee to be set at \$100. The associated text box should refer to the written department directive.
 - l. The \$100 fee for providing false information will typically be in force for a minimum of six (6) months or until the next monthly fee review. The duration of the \$100 assessment by the state will be indicated on the state documentation.
6. First Steps participants (children served) will be included in the total number of family members within each household for FCP cost assessments and is based on the dependency status as indicated on the appropriate federal income tax return. This is the "Base" family/household number data. If a child is added to the family (birth/adoption) or is lost (death) after the federal income tax return is filed, the service coordinator will add or subtract this child to the number of family members for FCP purposes.
 7. Various factors affect the amount of calculated monthly fee. A service coordinator must determine if a family has (1) an "ability to pay", or (2) an "inability to pay". Ability to pay equates to a calculated monthly fee amount of \$5 or greater. Inability to pay equates to a monthly fee amount of \$0. The reasons for inability to pay include:
 - A. First Steps child is Medicaid enrolled
 - B. Family is receiving Supplemental Security Income (SSI)
 - C. Family is receiving Food stamps
 - D. Financial Hardship (if fee is determined by service coordinator to be \$0.00)
 - E. AGI < 200% FPL
 8. Monthly fee determinations are generally considered to be in place until the next scheduled FCP review. This includes the Hardship determination.
-

9. If a family has an “inability to pay”, the family monthly fee amount will be \$0 or the aging process (to determine delinquent payments) will continue. The State may also apply a State Adjustment to the monthly fee amount due to get the family to a \$0 amount due.

NOTE: The family may receive an “inability to pay” determination at any time with a monthly fee of \$0, BUT if the family has an outstanding monthly fee amount due from a previous calculation, the ageing process WILL CONTINUE and at 90 in arrears, services will be suspended.

10. MOFS will record the Type of “Inability to Pay”. A text box is provided (entry of up to 1000 characters) that allow the Service Coordinator/SPOE director to enter specific details regarding the reasons for the inability to pay. This field should always have some note or summary information concerning the family’s inability to pay. The documentation and supporting information for an inability to pay will be kept in a hard copy at the SPOE. Only one “inability to pay” reason will be applicable for the inability to pay time period.
11. Monthly fee statements will only be mailed to families with an ability to pay (calculated monthly fee of \$5 - \$100). A families current monthly fee due may indicate \$0 if the family has paid in advance.
12. Monthly fee statements will not be mailed to families that have an inability to pay (calculated/or service coordinator determined) which equates to a monthly fee amount of \$0. (If the family has a previous amount due in arrears, it will receive a monthly statement until amounts in arrears are brought current. NOTE: the account ageing process will continue and at 90 days in arrears, services will be suspended.)
13. Families may elect to decline to provide information that may impact the amount of the monthly fee. If one of the following reasons is selected, MOFS will assess to highest fee assessment possible for the Monthly Fee Review period. These reasons are:
 - A. Family **declines to provide financial information** (monthly fee automatically set at \$100/Mo) unless Medicaid eligible and signs Medicaid consent. If the family does not sign Medicaid consent, the monthly fee will be \$100 because Medicaid enrollment cannot be determined.
 - B. Family **declines private insurance information or authorization information** (monthly fee automatically set at \$100/Mo) unless

Medicaid eligible and signs Medicaid consent. If the family does not sign a Medicaid consent, the monthly fee will be \$100 because Medicaid enrollment cannot be determined.

- C. Family **declines to provide Medicaid Consent of Release Information**. In this case, the child is assumed to not be Medicaid eligible (because we do not have family approval to send the child's eligibility file for determination) and the family fee determination depends on all other monthly fee criteria.

If reason a or b above is notated within the FCP Review period record, the system will automatically assess the highest charge applicable (\$ 100). A family may change their minds about providing this information and may provide this access at a later date. MOFS will maintain the history of these selections. New or revised data entered into the system by the 27th of each month will be used to calculate the next months fee amount, due and payable the first of the next month.

14. MOFS will provide a dropdown menu to allow the service coordinator to select the income substantiation documents that were used to verify income. The types of documents the service coordinator used may vary per Monthly Fee Review period. One or more types of documents must be entered by the user. The documents types will be:
- A. Income Tax Records (Always to be used if a federal tax form was filed)
 - B. Payroll Information
 - C. Other - "Other" must have a text description. A 500 characters text box will be available to describe what "other" records were used to calculate the monthly fee. It is anticipated that "other" will be used very seldom.
15. Criteria to assess a fee: The following criteria need to be present in order for a monthly fee to be assessed by MOFS:
- (1) At least one child within the household needs to be active within the FS Program
 - (2) The active child needs to be in IFSP status.
 - (3) The IFSP must have services authorized *other than* evaluation or service coordination.
 - (4) The family/household should not have an 'inability to pay' reason notated within the household record. (FS Child Medicaid eligible, Family receiving Food Stamps, Family receiving SSI, etc)

- (5) Household members must have an income record in the system.
 - (6) The number of applicable family members and their income need to be within the income/family ranges as identified in the current sliding fee scale. The income included within the family household determination is the sum of the AGI of the applicable family members' income. This is typically the father and mother or other family members assuming the commonly accepted responsibilities of a father and mother.
 - (7) If a First Steps child is Medicaid eligible and the family does not provide consent to bill their private insurance, the family will be assessed a monthly fee if it meets the criteria.
 - (8) If a family has private insurance and does not sign a consent to allow First Steps to access their insurance, the family will be placed on the monthly fee schedule at the highest statutory level (\$100 per month).
 - (9) If the family does not provide financial information required to determine appropriate monthly cost participation fee, the family will be placed on the FCP fee schedule at the highest statutory level (\$100 per month).
 - (10) If the family provides false or misleading financial information that generates a monthly fee that is less than the fee should have been if accurate documentation had been provided, an adjusted monthly fee will be calculated by the service coordinator and entered into MOFS. The state agency could direct the SPOE to set the monthly fee at the highest statutory amount (\$100).
16. The state agency may request a change or adjustment to a monthly fee calculation. In this case, the service coordinator will be required to enter an amount in the SPOE Fee Override field. This change request by the state agency should not be made without written documentation from the state agency. A copy must be maintained in the child's paper file.

B. Fee Determination Entry Screen (for children in MOFS)

1. **Monthly Fee Reviews:** Required "monthly fee reviews" are (1) initial, and (2) annual but may be conducted at various other times

during the year. The **annual** "monthly fee review will coincide with the annual IFSP review and is a required component of that review. During the annual "Monthly Fee Review", all financial data must be reviewed including the most recent federal income tax return. (Keep in mind the federal tax filing deadline of April 15 annually)

Annual Review with Multiple Children in First Steps: Two children or more in the same household may be receiving services in First Steps. The monthly fee review process is a family process as opposed to a child specific process. Therefore, the "Annual Monthly Fee Review" will be tied to the annual IFSP meeting of the first child in the family entering the First Steps system.

2. The following data must be hand entered and/or confirmed on the Monthly Fee Screen by the service coordinator for the initial, annual or other "monthly fee reviews".
 - a. **Household Adjusted Gross Income (AGI)** (SC must review the most recently filed income tax returns. This could include tax returns from both applicable household members if filed separately. The TOTAL FAMILY/HOUSEHOLD" adjusted gross income from each form must be entered into the Monthly Fee Screen. (in the field called "Household AGI") Documentation required.
 - b. **Total household members** (for monthly fee purposes) must be entered in the field called "Household Member Count". This can be a difficult determination as the family/household size for FCP purposes may differ from program identified family members or even differ from individual actually living in the household.

The basic premise for FCP purposes is that a family consists of Father, mother and children OR individuals serving in the role of father/mother.

This could also be grandpa/grandma, brother/sister, aunt uncle, etc. WE must identify the income from the mother/father (or individuals serving that role) from the federal income tax return(s) AND identify the number of dependents listed on the tax return. This will typically (but not always include the first steps child (ren)).

If the First Steps child (ren) are not included on the tax forms used to calculate AGI for this family/household (in the case where the non-custodial parent claims the child for income tax purposes), the service coordinator must add the child (ren) to the family size count

to determine the monthly fee.

The purpose of this methodology is to provide a consistent basis statewide for determining family size used in the calculation of the monthly fee.

- c. **Medicaid enrolled:** (yes/no) Enter based on written family statement of Medicaid eligibility. (See Section IX, Medicaid Issue for more information concerning Medicaid) Actual billing amount will be based on Medicaid eligibility determination as determined by the CFO. The service coordinator will be provided a CRI (critical information edit) of the children designated by the family as Medicaid eligible, but who turn out to NOT be eligible after the CFO submits their name. The service coordinator must then do a monthly fee review to update any changed Medicaid data. (i.e., change the Medicaid selection to "not Medicaid eligible") (yes = \$0 monthly fee)

Yes = Monthly fee is system set at \$0
No = Monthly fee calculated on all other factors
- d. **Medicaid consent** (yes/no/NA)
No = consider child as non-Medicaid and calculate monthly fee accordingly.
NA = Parent indicate child will not be eligible for Medicaid. Monthly fee calculated on all other factors.
- e. **Insurance consent** (yes/no/pending/NA)
Yes = Monthly fee calculated on all other factors
No = Monthly fee system set at \$100
- f. **Supplemental Security Income (SSI)** (yes/no)
Yes = Monthly fee system calculated at \$100
No = Monthly fee calculated on all other factors
- g. **Food Stamps** (yes/no)
Yes = Monthly fee system set at \$0
No = Monthly fee calculated on all other factors
- h. **Provided required Financial info** (Line 12)
Yes = Monthly fee calculated on all other factors
No = Monthly fee system set at \$100
- i. **Reason for the Fee Calculation** (line 13) (Selected by

- service coordinator)
- Initial
- Annual
- Family Request
- Financial Hardship
- Other

j. **Fee Basis:** The service coordinator must select a basis for which the monthly fee is calculated. This designation is for statistical purposes only and will be determined and entered by the service coordinator. There are several reasons for which a monthly fee may be based and multiple reasons will likely exist for any given family. The service coordinator must select a single "basis" from a drop down menu on the Monthly Fee Screen, the fee basis MOST applicable. These include:

- AGI
- No Insurance Consent
- No Family Financial Data
- Hardship
- Family-False Information
- Medicaid Enrolled
- AGI is < 200% FPL
- SSI
- Food Stamps
- Foster Parents

k. **Hardship Determination** (SELECT one option as applicable)
(line 14)
(Documentation required)

- Monthly Fee at \$5
- Recalculate AGI based on reduced household income
- Monthly Fee at \$0
- No Action Taken

l. **Foster Parent Family** (yes/no)
Yes = Monthly fee system set at \$0
No = Monthly fee based on all other factors

m. **False Data Provided** By Family (enter only if applicable)
(line 15)
(Documentation required)
Yes = Manual entry required by service coordinator in SPOE
Override Field (enter recalculated/adjusted fee or

\$100)

No = Calculate monthly fee based on all other factors

- n. **Monthly Fee Amount** (system calculated)
 - o. **SPOE Override amount** (Line 17) An amount in this field is hand entered by the service coordinator to accommodate a forced monthly fee based on specific circumstances. An amount entered here **overrides all other calculations of the monthly fee**. Be Careful in entering amounts in this field.
3. Once the required data is entered in the Monthly Fee Screen, the service coordinator should print two copies of the Monthly Fee Notice (printed from SMR-015). One copy should be given to the family. One copy placed in the child file. If multiple children are enrolled in First Steps, print a copy for each child file. Maintain copies of all monthly fee calculations (including changes/recalculations).
4. The service coordinator must inform the family that the fee determination of \$0 due to Medicaid eligibility is preliminary until the CFO actually sends the Medicaid file for eligibility determination. The actual monthly fee will be based on actual Medicaid eligibility. The service coordinator must review the Medicaid Ineligible screen and Critical Information Edits and take action as appropriate to insure the proper Medicaid designation is made in the system. This means that if you select, based on the family certification of eligibility) that the child is Medicaid eligible, the initial monthly fee calculation will be \$0. If the child is determined to be INELIGIBLE based on the CFO eligibility analysis, the service coordinator must do a "Monthly Fee Review" and select "Medicaid Enrolled" - NO

If a change is made to the Medicaid eligibility status by the service Coordinator based on CFO eligibility determination, the revised "Monthly Fee Notice" should be reprinted and provided to the family as soon as possible.
5. The completed cost participation worksheets, insurance consents, along with supporting documentation for SSI, Food Stamps, Hardship, Family-False Information, etc., are to be maintained in the child's paper file.

D. Data Entry for Children NOT in MOFS

1. Monthly fee calculation for children NOT in MOFS will be a manual process completed each month on a spread sheet provided by the

CFO.

2. The spread sheet will include the minimum family information and the service coordinator will be required
 - A. Child's first, middle and last name
 - B. Child's DOB
 - C. Child's present age in months
 - D. Child's state ID
 - E. Child's next forecasted meeting date (6 months from the EI Date start date or the EI Date end date if the 6 month date is historical)
 - F. SPOE name
 - G. OSC (if known)
 - H. Head of Household name
 - I. Head of Household phone number
 - J. Mailing Address
 - K. FCP invoice amount (to be filled in by SPOE personnel)
 - L. Fee start date(to be filled in by SPOE personnel)
 - M. Fee end date (date of transition) - (to be filled in by SPOE personnel)
3. The CFO will send out the initial SPOE Software spread sheet that will include all children (by SPOE) not on MOFS. Updates or corrections to the spread sheet will be entered by the SPOE as they occur to include monthly fee changes, transition from First Steps, etc.
4. The SPOE will email the spreadsheet to the CFO monthly. This data will generate the monthly fee invoice for this group of families.
5. The service coordinator must make a monthly fee decision using the same Rules, documentation and thought process used for the children in MOFS.

VI. FINANCIAL HARDSHIP

A. Service Coordinator Discretion:

The service coordinator has much discretion in the determination of family hardship and the appropriate monthly fee associated with "hardship". It is important that each service coordinator/SPOE Director understand that not all families can or should qualify for a hardship exemption. The exemption for financial hardship is fairly restrictive and was purposely created in this manner. The legislature expects family cost participation to produce some level of off-setting program revenue and thus would not expect a large number of families to qualify for the exemption.

However, those families who truly have a "hardship" must be given appropriate consideration.

The expectation is that each service coordinator and SPOE Director (if an "administrative review" is requested) will make a reasonable analysis of the family situation based on approved program criteria in a timely manner.

B. What is Financial Hardship? Hardship is defined as: Loss of Home; Loss of Job (or one wage earner salary); or Extensive Current Year Medical Costs. Documentation must be provided by the requesting family indicating:

1. Loss of home-destruction (insurance claim of total loss or significant loss to the extent that the family had to move out),
2. Loss of home-bank repossession
3. Loss of job-fired (and not working in another job) (evaluate for one or two workers/lost jobs and compare to prior year income to see if AGI was based on the worker for which the loss-of-income is being claimed)
4. Loss of job for/extended time not able to work-medical/physical reasons (evaluate for one or two workers/lost jobs and compare to prior year income to see if AGI was based on the worker for which the loss-of-income is being claimed)
5. Loss of job-business closed or stopped operation
6. Loss of job-temporary or long term lay-off.
7. Extensive Medical Costs that occur in the current calendar year that were not included in the submission of the prior year income tax form calculation of AGI that amount to 10% of the current AGI.

C. Service Coordinator Options When Hardship is Claimed

If a determination of financial hardship is requested, the service coordinator has four options depending on the nature of the hardship and apparent duration. The service coordinator must evaluate and make a decision to:

1. Reduce monthly fee amount to the lowest allowable amount (\$5 per mo).
2. Recalculate to the appropriate fee amount based on a reduced adjusted gross income due to loss of one wage earner. (Income change by more than 10%)
3. Reduce monthly fee to \$0.00.

4. No change/action taken.

If a monthly fee adjustment is determined by the SPOE to be appropriate, based on documentation provided by the family, the adjusted fee will be implemented in the next monthly billing cycle based on the appropriate monthly end date for data entry. **This adjusted monthly fee amount must be hand-entered in the field called "SPOE Override"**. The SPOE Override field overrides the normal monthly fee calculation which is based on AGI or other factors.

D. Hardship Calculation Examples

1. Hardship and Recalculation of Fee due to significant AGI change (10% or more)

When a fee change/recalculation is required due to a 10% change in annual income as compared to the prior years income tax form, consider these instances:

- a. Annual income decreases: Recalculate monthly fee. **How to recalculate annual income for this purpose and what documentation should be used?**
 - (1) Calculate the 10% threshold based on the prior years AGI as used in the monthly fee calculation ($AGI \times .90 = \text{Threshold}$) A change in annual income to this threshold or less means a recalculation of fee might be necessary.
 - (2) Look at the previous four weeks (1 month) payroll checks, annualize that amount (if four months remain in the year, 4 week payroll checks x 4 months added to the total income to date (the amount paid to date should be available on the payroll stub). If the total annual salary differs from the previously entered AGI by more than 10%, a lower monthly fee should be calculated if requested by the family.
 - (3) Service coordinator must enter the "reason for recalculation) (Hardship) and then select one of the four options listed VI, C above.
 - (4) If the determination is made to select option 1 (set to \$5), 2 (Enter adjusted AGI and let system recalculate the monthly fee, or 3 (set to \$0), the Service coordinator will be required to "tag" this file and compare this adjusted AGI to the AGI indicated on the next federal income tax return.

If the follow-up review during the next annual fee calculation shows the actual AGI basically agrees with your calculation of annualized income based on checks (within \$1,000), the previous adjustment (lower fee) stands. If the actual AGI for the year in which Hardship was claimed was significantly higher (or nearly the original AGI was, (within \$1,000), an adjustment should be made in the next fee calculation. If the new income tax form

- (5) If the family income did not decrease from the prior year or increased, the fee adjustment was made in error and the difference in fee between the original fee and the lowered fee from the point in year in which it occurred (the total amount of difference in the adjustment) is the positive adjustment to be added to the next annual fee calculation and spread out over the full year. **We must encourage families to be very careful when claiming a 10% change in income.**

If the family's income does change significantly during the year, they should receive a lower monthly fee. If they claim it and the income does not reduce (as indicated on the next income tax return) it does not occur, they must make up the difference.

EXAMPLE:

- a. In June, the family of 4 had an AGI of \$46,000. (\$3,800/month)
- b. The calculated Monthly Fee was \$6.66
- c. In December, the family states a job change occurred and monthly income fell to \$2,000 per month. (Documentation must be provided)
- d. $\$3,800/\text{mo} \times 6 \text{ mo} = \$22,800$; $\$2,000 \times 6 \text{ mo} = \$12,000$; TOTAL for year = \$34,800 planned income in this calendar year.
- e. The 10% threshold is $\$46,000 \times 90\% = \$41,400$. If annualized income is less than \$41,400, an adjustment in the monthly fee should be made.

GO to MOFS and enter \$41,400 as the AGI and print a new "Monthly Fee Notice". The new fee is \$5.00 per month.

- f. At the next annual when the latest federal income tax form is available (for the previous year that was adjusted in June), compare the AGI with the "adjusted/annualized" AGI.

If the adjusted/annualized AGI is reasonably comparable (i.e., \$41,400 plus or minus \$1,000), the recalculated fee stands.

If the adjusted/annualized AGI indicated something close to the original AGI (\$46,000 plus or minus \$1,000), then the request for recalculation by the family due to 10% change in income was in error and adjusted amounts from June through December must be added to the fee for the next year.

Original fee was \$6.66; Recalculated fee was \$5.00. Difference is \$1.66 x 6 months of reduced fee. Total \$9.96. \$9.96 divided by 12 months = \$.83 monthly adjustment rounded to \$1.00.

The new monthly fee based on an AGI of \$46,000 is \$6.66 + \$1.00 = \$7.66 per month until the next annual recalculation.

- (6) If there is no check (loss of job), this would qualify under "hardship" but the family must inform the SPOE as soon as employment is found. If the next income tax form indicates that there was qualifying income in the year a "hardship" was granted, the fee that should have been calculated in the previous year will be added to the current year fee using the methodology in (2) above.
2. Hardship determination due to "significant current year medical costs" defined as paid medical costs that equal or exceed 10% of the previous years AGI paid in lump sum or on a monthly payment schedule. **The family must make a hardship request in writing providing the rationale and documentation for the request.** The family hardship request must remain in the child file as a permanent document.
 - a. Documentation: Medical bills, financing agreements, monthly payment stubs. The service coordinator should review the last "full" calendar year of paid medical bills as well as the paid medical bills to date in the current calendar year.
 - b. How to calculate:
 - (1) Current year AGI (from the most recent federal income tax form) x .10 = _____
 - (2) Medical cost in current year: Defined as "actual out-of-pocket costs" in the current year (between January 1 and December 31 of the current year or last full calendar year). Do not look at the total expense "obligation" for a particular procedure or procedures as this

cost can be spread over multiple years. Allowable costs include medical costs paid, co-pays, deductibles, hospital bills, specialist bills (**only amounts paid and NOT reimbursed by medical insurance or other program.**)

The service coordinator must review paid medical bills for reasonableness.

Total out-of-pocket cost in current year minus insurance Reimbursement = _____.

- (3) If the line (2) amount of medical costs exceed the line 1 calculation of 0% of AGI, then the service coordinator must make a determination of the impact of medical costs to the monthly fee calculation.
- (4) If line 3 is applicable, subtract the line 2 amount of current medical costs from the current year AGI to arrive at a Medical revised AGI.
OPTIONS:

Use the Medical Revised AGI to calculate a new monthly fee based on the lower AGI.

If Medical Revised AGI is less than 200% of FPL, set monthly fee at \$0.00.

Service coordinator judgment: If unreimbursed medical costs in the current year significantly exceed 10% of AGI, the service coordinator may elect to set the monthly fee to the statutory minimum (\$5)

The service coordinator may make the determination that no action or change is required at this time.

If a change is made to the monthly fee due to medical costs in the current year, the service coordinator must review the monthly fee calculation no later than April 15 of the following year (when the family's income tax form is filed).

3. Hardship determination due to loss of job – The Calculated monthly fee is based on family income as reported on the previous federal income tax form. Job loss is defined as being fired, business going out of business, lay-off, destruction of employment facility, etc. If the AGI is based on multiple salaries and one loses a job, hardship could be considered **if the family requests a hardship determination in writing** providing the rationale

and documentation for the request. The family hardship request must remain in the child file as a permanent document.

4. One Salary Remaining: If there is one salary remaining, one option is to recalculate the family/household income and revise the monthly fee based on the Job Loss Revised AGI. Another option is to move the family to the lowest fee amount (\$5) if the family is currently on the fee schedule at a higher amount. If the family is currently on the fee schedule at \$5, the revised fee may be \$0.00.

a. Documentation – Notice from employer, pay stubs, personal knowledge of a business shutting down. Remember to check the current year (year in which “hardship” is approved tax form AGI with the previous year. If there is no significant reduction in income (when compared to the prior year), the determination may have been made in error. In this case, the fee that should have been in place for the remainder of the year will be added to the new annually calculated fee and spread over the whole year. It is important that families understand this issue if a hardship adjustment to the fee is approved.

b. How to calculate:

(1) Current year AGI (**from the most recent federal income tax form**) minus the amount of salary remaining in the year to be paid for the family member who was employed (and a part of the AGI calculation) but is no longer employed. For example, if a person lost their job in July, calculate the amount of income from July to December 31 and reduce the AGI by that amount. This becomes the JOB Reduced AGI.

Options:

a. Use the JOB Revised AGI to calculate a new monthly fee based on the lower AGI at the appropriate position on the fee scale.

b. If the JOB Revised AGI is less than 200% of FPL, set monthly fee at \$0.00.

VII. EXIT FROM THE FIRST STEPS SYSTEM CONFERENCE:

a. Discuss donations to the FS System

b. Discuss overpayments

(1) Donations to the FS System (not refundable)

(2) Overpayments

-refundable at family request

-request made through SC to CFO

-must be within 3 months of exit date of last child

c. Outstanding balance amounts

VIII SLIDING FEE SCHEDULE (effective February 1, 2006)

A. Schedule

Family Size = 2

| If annual adjusted gross income is: | Maximum Monthly Cost Share | Maximum Annual Cost Share |
|-------------------------------------|----------------------------|---------------------------|
| \$25,659 or under | \$0.00 | \$0.00 |
| \$25,660 to \$30,470 | \$5.00 | \$60.00 |
| \$30,471 to \$35,282 | \$6.66 | \$79.92 |
| \$35,283 to \$40,093 | \$13.32 | \$159.84 |
| \$40,094 to \$44,904 | \$19.98 | \$239.76 |
| \$44,905 to \$49,715 | \$26.64 | \$319.68 |
| \$49,716 to \$54,527 | \$33.30 | \$399.60 |
| \$54,528 to \$59,338 | \$39.96 | \$479.52 |
| \$59,339 to \$64,149 | \$46.62 | \$559.44 |
| \$64,150 to \$68,960 | \$53.28 | \$639.36 |
| \$68,961 to \$73,772 | \$59.94 | \$719.28 |
| \$73,773 to \$78,583 | \$66.60 | \$799.20 |
| \$78,584 to \$83,394 | \$73.26 | \$879.12 |
| \$83,395 to \$88,205 | \$79.92 | \$959.04 |
| \$88,206 to \$93,017 | \$86.58 | \$1,038.96 |
| \$93,018 to \$97,828 | \$93.24 | \$1,118.88 |
| \$97,829 to \$102,639 | \$99.90 | \$1,198.80 |
| \$102,640 or over | \$100.00 | \$1,200.00 |

Family Size = 3

| If annual adjusted gross income is: | Maximum Monthly Cost Share | Maximum Annual Cost Share |
|-------------------------------------|----------------------------|---------------------------|
| \$32,179 or under | \$0.00 | \$0.00 |
| \$32,180 to \$38,213 | \$5.00 | \$60.00 |
| \$38,214 to \$44,247 | \$6.66 | \$79.92 |
| \$44,248 to \$50,280 | \$13.32 | \$159.84 |
| \$50,281 to \$56,314 | \$19.98 | \$239.76 |
| \$56,315 to \$62,348 | \$26.64 | \$319.68 |
| \$62,349 to \$68,382 | \$33.30 | \$399.60 |
| \$68,383 to \$74,415 | \$39.96 | \$479.52 |
| \$74,416 to \$80,449 | \$46.62 | \$559.44 |
| \$80,450 to \$86,483 | \$53.28 | \$639.36 |
| \$86,484 to \$92,517 | \$59.94 | \$719.28 |
| \$92,518 to \$98,550 | \$66.60 | \$799.20 |
| \$98,551 to \$104,584 | \$73.26 | \$879.12 |
| \$104,585 to \$110,618 | \$79.92 | \$959.04 |
| \$110,619 to \$116,652 | \$86.58 | \$1,038.96 |
| \$116,653 to \$122,685 | \$93.24 | \$1,118.88 |
| \$122,686 to \$128,719 | \$99.90 | \$1,198.80 |
| \$128,720 or over | \$100.00 | \$1,200.00 |

Family Size = 4

| If annual adjusted gross income is: | Maximum Monthly Cost Share | Maximum Annual Cost Share |
|-------------------------------------|----------------------------|---------------------------|
| \$38,699 or under | \$0.00 | \$0.00 |
| \$38,700 to \$45,956 | \$5.00 | \$60.00 |
| \$45,957 to \$53,212 | \$6.66 | \$79.92 |
| \$53,213 to \$60,469 | \$13.32 | \$159.84 |
| \$60,470 to \$67,725 | \$19.98 | \$239.76 |
| \$67,726 to \$74,982 | \$26.64 | \$319.68 |
| \$74,983 to \$82,238 | \$33.30 | \$399.60 |
| \$82,239 to \$89,495 | \$39.96 | \$479.52 |
| \$89,496 to \$96,752 | \$46.62 | \$559.44 |

Family Size = 5

| If annual adjusted gross income is: | Maximum Monthly Cost Share | Maximum Annual Cost Share |
|-------------------------------------|----------------------------|---------------------------|
| \$45,219 or under | \$0.00 | \$0.00 |
| \$45,220 to \$53,698 | \$5.00 | \$60.00 |
| \$53,699 to \$62,176 | \$6.66 | \$79.92 |
| \$62,177 to \$70,655 | \$13.32 | \$159.84 |
| \$70,656 to \$79,134 | \$19.98 | \$239.76 |
| \$79,135 to \$87,612 | \$26.64 | \$319.68 |
| \$87,613 to \$96,091 | \$33.30 | \$399.60 |
| \$96,092 to \$104,570 | \$39.96 | \$479.52 |
| \$104,571 to \$113,049 | \$46.62 | \$559.44 |

| | | |
|------------------------|----------|------------|
| \$96,753 to \$104,008 | \$53.28 | \$639.36 |
| \$104,009 to \$111,265 | \$59.94 | \$719.28 |
| \$111,266 to \$118,521 | \$66.60 | \$799.20 |
| \$118,522 to \$125,778 | \$73.26 | \$879.12 |
| \$125,779 to \$133,034 | \$79.92 | \$959.04 |
| \$133,035 to \$140,291 | \$86.58 | \$1,038.96 |
| \$140,292 to \$147,547 | \$93.24 | \$1,118.88 |
| \$147,548 to \$154,804 | \$99.90 | \$1,198.80 |
| \$154,805 or over | \$100.00 | \$1,200.00 |

| | | |
|------------------------|----------|------------|
| \$113,050 to \$121,527 | \$53.28 | \$639.36 |
| \$121,528 to \$130,006 | \$59.94 | \$719.28 |
| \$130,007 to \$138,485 | \$66.60 | \$799.20 |
| \$138,486 to \$146,963 | \$73.26 | \$879.12 |
| \$146,964 to \$155,442 | \$79.92 | \$959.04 |
| \$155,443 to \$163,921 | \$86.58 | \$1,038.96 |
| \$163,922 to \$172,399 | \$93.24 | \$1,118.88 |
| \$172,400 to \$180,878 | \$99.90 | \$1,198.80 |
| \$180,879 or over | \$100.00 | \$1,200.00 |

Family Size = 6

| If annual adjusted gross income is: | Maximum Monthly Cost Share | Maximum Annual Cost Share |
|-------------------------------------|----------------------------|---------------------------|
| \$51,739 or under | \$0.00 | \$0.00 |
| \$51,740 to \$61,440 | \$5.00 | \$60.00 |
| \$61,441 to \$71,141 | \$6.66 | \$79.92 |
| \$71,142 to \$80,843 | \$13.32 | \$159.84 |
| \$80,844 to \$90,544 | \$19.98 | \$239.76 |
| \$90,545 to \$100,245 | \$26.64 | \$319.68 |
| \$100,246 to \$109,946 | \$33.30 | \$399.60 |
| \$109,947 to \$119,647 | \$39.96 | \$479.52 |
| \$119,648 to \$129,349 | \$46.62 | \$559.44 |
| \$129,350 to \$139,050 | \$53.28 | \$639.36 |
| \$139,051 to \$148,751 | \$59.94 | \$719.28 |
| \$148,752 to \$158,452 | \$66.60 | \$799.20 |
| \$158,453 to \$168,153 | \$73.26 | \$879.12 |
| \$168,154 to \$177,854 | \$79.92 | \$959.04 |
| \$177,855 to \$187,556 | \$86.58 | \$1,038.96 |
| \$187,557 to \$197,257 | \$93.24 | \$1,118.88 |
| \$197,258 to \$206,958 | \$99.90 | \$1,198.80 |
| \$206,959 or over | \$100.00 | \$1,200.00 |

Family Size = 7+

| If annual adjusted gross income is: | Maximum Monthly Cost Share | Maximum Annual Cost Share |
|-------------------------------------|----------------------------|---------------------------|
| \$58,259 or under | \$0.00 | \$0 |
| \$58,260 to \$69,183 | \$5.00 | \$60 |
| \$69,184 to \$80,106 | \$6.66 | \$80 |
| \$80,107 to \$91,030 | \$13.32 | \$160 |
| \$91,031 to \$101,954 | \$19.98 | \$240 |
| \$101,955 to \$112,877 | \$26.64 | \$320 |
| \$112,878 to \$123,801 | \$33.30 | \$400 |
| \$123,802 to \$134,724 | \$39.96 | \$480 |
| \$134,725 to \$145,648 | \$46.62 | \$559 |
| \$145,649 to \$156,572 | \$53.28 | \$639 |
| \$156,573 to \$167,495 | \$59.94 | \$719 |
| \$167,496 to \$178,419 | \$66.60 | \$799 |
| \$178,420 to \$189,343 | \$73.26 | \$879 |
| \$189,344 to \$200,266 | \$79.92 | \$959 |
| \$200,267 to \$211,190 | \$86.58 | \$1,039 |
| \$211,191 to \$222,113 | \$93.24 | \$1,119 |
| \$222,114 to \$233,037 | \$99.90 | \$1,199 |
| \$233,038 or over | \$100.00 | \$1,200 |

NOTES:

Schedule based on the 2005 HHS

1. Poverty Guidelines
Minimum and Maximum family participation based on statutory amount in
2. Section 160.920, RSMo.
Range adjustments make allowance for family size based on
3. Federal Poverty Guidelines

B. Sliding Fee Scale Update Process:

1. The sliding fee schedule will be annually updated with current FPL data for implementation on July 1 of each year.
2. The CFO will annually update the sliding fee schedule poverty level from the Federal HHS FPL Guidelines typically made available in February of each year.
3. The CFO will provide DESE with a DRAFT Sliding Fee Schedule for review (based on new HHS data) annually by May 1 (to be implemented July 1).
4. DESE will review and approve the revised sliding fee schedule to be used in all Monthly Fee Calculations/Reviews occurring after July 1 of each year.
5. All monthly fee calculations with a Monthly Fee Calculation Date prior to July 1 will continue using the FPL data and sliding fee schedule in effect on June 30 until the next monthly fee review after July 1.
6. The CFO must maintain two sliding fee schedules. The schedule in place on June 30, until all families have had a Fee review after July 1. After all families have transitioned to the July 1 schedule, only the current schedule needs to be maintained until the next annual update cycle begins the following July 1.

IX. MEDICAID ISSUES

A. Determining Eligibility for Public Insurance (Medicaid) Attachments E & F includes Medicaid Information, Consent to Release, Medicaid enrollment, and MC+ enrollment forms.

- (1) First Steps families will **not** be charged a monthly participation fee if they have an adjusted gross income (AGI) at or below 200 percent of poverty. For families with an AGI between 200 and 300 percent of poverty, a monthly family fee will **not** be assessed, **if they are enrolled** in Missouri's Medicaid program **and provide First Steps with consent** to bill Medicaid for eligible services. These two factors make it critical that all service coordinators discuss Medicaid enrollment with potentially families at the beginning of their First Steps eligibility and periodically during their time in the program.
- (2) While federal Medicaid rules "assume" that Medicaid consent to release information has been given in order to participate in Medicaid, the Individuals with Disabilities Education Act (IDEA) prohibits a state agency from requiring a family to enroll in a

public insurance program (such as Medicaid) and in addition, IDEA requires the state agency to receive signed Medicaid consent to release information in order to determine Medicaid eligibility to receive services under Part C of IDEA. It would be very helpful if these two federal agencies could get their act together and cooperate on these Medicaid issues, but that is not the world we operate in. Therefore, we must operate under the more stringent rules.

- (3) Service coordinators may **not** direct or require a family to enroll in Missouri Medicaid but should provide information concerning the benefits of Medicaid. If the family requests, the service coordinator may assist the family with the Medicaid enrollment process. The following information is provided to assist the service coordinator in the discussion of potential Medicaid eligibility and to provide an overview of that enrollment process.

B. Medicaid Enrollment Process:

- (1) During the intake process, the service coordinator will collect information pertaining to the family's public or private medical insurance, financial status, household members, and other details that may be applicable to the child's eligibility for public insurance. If the family indicates that they are not enrolled in Medicaid and have never attempted to enroll, the service coordinator should look for any of these factors to determine if the child may be eligible for Medicaid coverage:
 - a. The family or child is a refugee
 - b. The child is blind
 - c. The family or child is homeless and neglected
 - d. The child is in the custody of the Children's Division of the Department of Social Services (DSS)
 - e. The child is eligible for a mentally retarded and developmentally disabled waiver
 - f. The child has a "Sarah Lopez" waiver
 - g. The family income is below the need standard established by DSS

NOTE: Additional descriptions of each of these potential Medicaid factors may be found in the Appendix, **Attachment E**.

- (2) An example of family size and income meeting the need standard would be a family of three with a monthly net income

of \$1,006 as of July 1, 2006. Attachment D includes a chart of the monthly income by family size that may meet the eligibility requirements.

- (3) Service coordinators will not be able to determine eligibility for Medicaid assistance; however, knowledge of the basic criteria used by the Division of Medical Services (DMS) in their determinations may help your discussion with the family and guide the service coordinator to a “more” correct initial Medicaid enrollment determination for Monthly Fee purposes.
- (4) If the service coordinator believes that child may be Medicaid eligible based on available information, inform the family of the impact their decision to enroll or not enroll for Medicaid will have on the assessment of the monthly fee for “Family Cost Participation.”
- (5) When explaining the monthly fee to the family:
 - A. Stress that families with incomes at 200% of the current Federal Poverty Guidelines (FPL) will not be required to pay a participation fee in First Steps.
 - B. Explain the roll Medicaid plays in helping to support the costs of First Steps services for eligible children and families.
 - C. Explain that with the combined support of public and private insurance, the First Steps program continues to support Missouri’s children and families.
 - D. Offer to assist the family with the enrollment process for Medicaid and **request their consent to release Medicaid information** in order that First Steps can bill Medicaid for applicable services on their child’s IFSP. **Attachment E** of this manual contains a listing of county Family Support Division (FSD) offices where individuals apply for Medicaid eligibility. If the family resides too far away from the applicable county office or if they have no transportation to that office, they may call the DMS office in Jefferson City to request an application be mailed to them for completion. This manual also contains a copy of the application for your information. Current Medicaid Application found at <http://www.dss.mo.gov/fsd/massist.htm> See Attachment G for example.
 - E. Explain that families with incomes between 200% and 300% of the Federal Poverty guidelines are **not**

automatically exempt from the monthly Family Cost Participation fee. In order for these families to have the fee waived, the First Steps child must be enrolled in Medicaid/MC+ **AND** the family must provide signed written "**Consent to Release Medicaid Information**" in order for First Steps to determine Medicaid enrollment and bill Medicaid/MC+ for the applicable services outlined on their child's IFSP.

- F. It is important to stress this distinction with the family during the First Steps intake and eligibility determination process. Families potentially eligible for Medicaid category refusing to enroll in Medicaid/MC+ will have a monthly fees assessment of \$5.00 to \$100 per month. A family that does not provide Medicaid "consent" will be treated as though it were not enrolled in Medicaid for purposes of calculating the monthly fee.

C. Monthly Fee Issues

- (1) Medicaid Consent to Release Information (Attachment F)
- (2) There is no consistent method of identifying Medicaid enrollment of a First Steps child. While there are procedures available to make a preliminary eligibility determination (by phone, computer, or specific equipment), the time it takes to do this preliminary eligibility check seems to be wasted staff time. It has been calculated that trying to determine eligibility using one of these methods would add over 1,000 hours of staff time annually and the accuracy result is less than 50%. For purposes of First Steps, Medicaid eligibility is determined by the CFO, based on a signed Medicaid Consent to Release Information.
- (3) For purposes of calculating the monthly fee, the service coordinator will ask the family if the child is Medicaid enrolled. If the family says yes, the Monthly Fee Screen for "Medicaid Enrolled" should be checked "YES". This will generate a monthly fee of \$0.
 - a. The next step is to ask the family to sign the Medicaid "consent to release information". The monthly Fee Screen entry is:

Yes = Medicaid enrolled based on written certification from the family. Simply have the family/Head of Household sign **Attachment C**, indicating the child is enrolled in Medicaid.

NO = Consent is not given. The service coordinator must inform the family that the child will be considered as not being Medicaid enrolled and the family will be subject to the monthly fee based on all other fee criteria.

NA = the family believes the child is not and will not be Medicaid eligible under any circumstances. The service coordinator must inform the family that the child will be considered as not being Medicaid enrolled and the family will be subject to the monthly fee based on all other fee criteria.

X. DENIAL OF ACCESS TO INFORMATION/CONSENTS

Denial of Access of Financial Information: (Attachment A) If the family refuses to provide the required financial the documents (will not provide; lost the tax form; dog ate tax return, tax return lost in the flood, ex-spouse has it, etc), inform the family that if it wishes to participate in First Steps, **the monthly fee will be \$100 per month** (the highest allowed monthly fee) until the proper financial documents are made available. The service coordinator will require the family to sign a “denial of financial information” form. The family may subsequently provide the required financial documents and a new monthly fee calculation will be made. Changes to the monthly fee amount will not be backdated but will take effect in the next billing cycle. See Attachment A- Denial of Financial Information Form

Denial of Access to Private Insurance: If the family has a SB500 accessible private insurance policy and refuses to provide the required Private Insurance Consent(s), the service coordinator must inform the family that if it wishes to participate in First Steps, **the monthly fee will be \$100 per month** (the highest allowed monthly fee). When insurance consent is given, the service coordinator will recalculate the monthly fee using the appropriate consents response. Changes to the monthly fee amount will not be backdated but will take effect in the next billing cycle. The signed Insurance consent must be maintained in the child file. Insurance consent once given is in force until the family takes action to withdraw consent.

Denial of Consent to Release Medicaid Information: (Attachment F) A family is not required to give First Steps “Consent to Release Medicaid Information”. However, Medicaid eligibility determination cannot be made without the family providing this “consent”. If the family does not provide “Consent to Release Medicaid Information”, the First Steps child is “assumed” to not be eligible for Medicaid. This means the Medicaid exemption to the monthly fee does not apply and the family must pay the

appropriate monthly fee as calculated based on the AGI of the family/household.

XI. REFUNDS OF FCP FEES

- A. Refunds of excess payments collected: The family will be counseled during the "Exit from the System Conference" by the Service Coordinator that an over-payment may be refunded, if the family wishes a refund. Excess may also be left in the system and will be used to provide services for other children in the system. The refund request (if desired by the family) will be made to the CFO, by the service coordinator, as a function of the exit process.

If the CFO does not receive the request by the family within three (3) months of the date the last child in the household exited the program, the CFO will consider the funds ineligible for refund. Any such funds will remain in the First Steps Fund and usable to pay for Early Intervention Services. The calculated monthly fee is due for any portion of a month a family is participating in eligible services.

Any refund amount due will be based on this assumption. ([Work with Vince to describe the procedures necessary for a refund](#)).

Refunds based on credit card payments will be refunded through the appropriate credit card.

- B. Refunds are eligible under the following conditions:
1. Payments are made in excess of current amount due and not required to satisfy a future obligation. (I.E., the child ages out of the system or otherwise leaves the system)
 2. Payments made in excess of current amount due and the child dies.
 3. Others as officially reviewed and approved by DESE
 4. If another child in the family is currently enrolled, there will be no refund.
- C. Families may make payments in excess of the current amount due; these will be first used to reduce any future payments and then reported as donations (Donations are considered non-refundable) upon reconciliation of the family account. The Service Coordinator must provide information during intake and annual IFSP updates explaining the refund process and what it means to "Donate" funds to the First Steps System.
- D. Voluntary, non-assessed payments (Donations) will not be considered part of the accounts receivable, but will be tracked separately by the system for reporting purpose and shall not be refunded.

XII. DONATIONS TO FIRST STEPS - Donations may be made to First Steps by private insurance carriers, families, businesses and other interested persons. Overpayments by a family at the point the families last child transitions out of First Steps can be considered a donation and left in the system to pay for services for other children. Donations may be paid by check/money order to:

Central Finance Office
Attn: First Steps Donations
Convansys
P.O. Box 29134
Shawnee Mission, KS 66201-9134

Donations to First Steps may not qualify as an eligible deduction for federal income tax purposes. Each individual must check with a tax professional to determine the tax status of a donation for this purpose.

XIII. METHODS OF MONTHLY FEE PAYMENTS. The only methods allowable for Monthly Acceptable Forms of Payment are:

- a. Check/Money Order
- b. Credit Card (specify which cards accepted)

XIV. FAILURE TO PAY MONTHLY FEES/SUSPENSION OF SERVICES

Considered Delinquent when: A family will be considered delinquent when fee amount due exceed 30 days unpaid. Each monthly fee statement will include the current total amount due as well as any past due amounts. If the prior month's payment is not received by the CFO prior to the generation of the current month's fee bill, the receipt of payment may not be included on the current month's bill. The monthly participation fee statement will indicate amounts in arrears at 30, 60 and 90 days. When a family is in arrears at 75 days, they will be mailed a letter informing them that services will be suspended at 90 days in arrears.

Suspension: If the SPOE suspends services for non-payment of applicable fees the SPOE/Service Coordinator will be required to cancel the applicable authorizations. A Team Meeting is **NOT** required to be held to suspend services for payment in arrears.

The SPOE director and/or the Service Coordinator will be able to cancel the services without a Team Meeting. The "**Authorizations Cancel Date**" is the date the service coordinator actually takes action to do the "en masse" cancellation of authorizations due to payment in arrears at 90 days. That is, the action (pushing the button) to cancel these authorizations establishes

the "Authorization Cancel Date".

When an authorization is cancelled, an email notification will automatically be sent to each service provider/agency. **Authorizations should be cancelled as close to the 90th day in arrears as possible.** However, the expectation is not for service coordinators to come in to work on an off-day (weekend/holiday, etc) to cancel authorizations on the 90th day.

While we would never cancel authorizations prior to 90 days in arrears as indicated by the system, cancellations may be made at the next convenient day but should not extend beyond 95 days. **SPOE Directors must monitor this time frame** and insure appropriate cancellations are accomplished prior to 95 days in arrears.

The following outlines the requirements for the CFO for actions corresponding to 90 Days Arrears by users within First Steps.

Children in MOFS

If a household is past 90 days and the SPOE/DMH Service Coordinator implements DESE policy to cancel services that are not publicly funded (services other than service coordination and evaluation) the Service Coordinator will be required to complete the FCP action of "cancellation of services *en masse*". This action establishes the "**authorization cancel date**". This cancel date is the end of business on the day of cancellation, therefore **any services provided after the "authorization cancel date" WILL NOT BE PAID.** Service coordinators must insure that service providers understand the significance of the authorization cancel date.

Once the Service Coordinator has selected the option to discontinue services MOFS will have on record the authorizations that are eligible for cancellation and MOFS will cancel all non-free active authorizations.

The Service Coordinator will not have the capability to individually select the authorizations that will be cancelled – it will be automatically completed by MOFS. Once the authorizations are cancelled, MOFS will automatically generate the email notification to the agency and to the individual that the authorization has been cancelled.

MOFS will not prohibit the user from scheduling another team meeting and re-authorizing non-free authorizations for families that are in arrears. Service Coordinators are responsible to insure that new authorizations are not entered into the system while a payment in arrears/suspension is in place. However, the option to allow additional authorizations does exist and provides some flexibility to the field and to DESE to account for unknown

factors during implementation. New authorizations will only be considered in **unusual circumstances and discussion should occur with the state agency prior to authorizing additional authorizations during a period of suspension.**

MOFS will record that the authorizations were canceled due to monthly fees in Arrears.

SPOE Software - The SPOE software has extremely limited capabilities and functionality for the First Steps Program. The Service Coordinator will be required to individually cancel active authorizations within the SPOE software. The user will be required to lookup the non-free FCP procedures and individually cancel the applicable authorizations. **Service providers will NOT automatically emailed from authorizations canceled by the SPOE software.** The service coordinator should contact affected service providers by phone to inform them of the child and date of suspended authorizations. **This notification of authorization cancellation to provider should be recorded in a memo and maintained as services provided after the notification will not be paid.**

C. Notification of Suspended Services: A letter (referred to as the "75 day letter") will be sent to the head of household indicating the services and date at which services will be suspended due to monthly fees in arrears. While the CFO will monitor the timelines of non-payment by a family (30/60/75 and 90 days in arrears) and mail the "75 day letter", the CFO WILL NOT take action to suspend services. **Services can only be suspended by the SPOE/ Service Coordinator.** The following is the 75 day letter that will be sent from the CFO:

Dear <HOH first name and HOH last name> ,

This letter is to inform you as a participant in the Missouri First Steps System, receiving early intervention services pursuant to the requirements of state law and Part C of the Individuals with Disabilities Education Act (IDEA) that an **action is pending.** Your family is responsible for the payment of a calculated monthly family cost participation fee and that monthly fee is past due by 75 days or more. If the past due amounts continue, First Steps services to your family will be suspended at 90 days past due.

If the calculated family monthly fees are not brought current, First Steps services indicated below to the following children will be suspended:

(CFO inserts child first and last name)

(CFO inserts child first and last name)

The amount that must be paid to the CFO in order to bring this account current: **\$CFO Inserts**.

If the above amount is not received by the CFO by: **(90th day/Inserted by CFO)**, the following services will be suspended:

| Child Name | Authorization # | Provider | Agency | Service Type | Procedure |
|--------------|-----------------|---------------|-------------|------------------|----------------------|
| Nadine Tyler | A1000000000-1 | Vince Forcier | Good Agency | Physical Therapy | Direct Child Service |
| Viki Tyler | A1000000000-2 | Kevin Beasing | Agency X | Speech Pathology | Direct Child Service |

State Regulation 5 CSR 70-742.141, implementing Part C of the Individuals with Disabilities Education Act (IDEA) provides for the following:

Failure to Pay: The lead agency or its designee will take action to collect any unpaid amounts based on the sliding fee scale. These actions may include, but are not limited to, suspension of early intervention services except for those provided at no cost. The family will be notified by mail when monthly fees are 30, 60, and 75 days in arrears. On the 75th day after non-payment of the calculated monthly fees, the financially responsible person/head of household will be notified by mail that early intervention services (except those provide at no cost) will be suspended on the 90th day of non-payment. The lead agency or its designed agent shall also notify the appropriate SPOE when a family is in non-payment status. The data system will contain a comment that services were suspended due to non-payment of required fees. A family may not receive services in another SPOE area unless reinstatement criteria are met.

Reinstatement Criteria: Services for non-payment of applicable fees may be reinstated upon full payment of all fees in arrears and the completion of a current family cost participation agreement if no more than three months have passed since the date of suspension of services. If more than three months have passed since the suspension of services, the IFSP team must convene to review and revise the existing IFSP, if appropriate before reinstating services. The family is not guaranteed the same individual service provider(s) as was assigned prior to the suspension of services.

Sincerely,

CFO

D. Notification of Service Provider-Cancellation of Auth: Whenever an authorization is canceled within MOFS, MOFS will automatically email a

cancellation notice to the Provider of Record and the Provider's Agency Administrator(s).

The subject of the email message will be "Notice of First Steps Authorization Cancellation" The Email Body will be:

"Dear <PROVIDER OR PROVIDER AGENCY ADMINISTRATOR> ,

This is an automatic notification that First Steps authorization number xxxxxxxxxxxxxx-x has been canceled effective xx/xx/xxxx. If you have any questions regarding the cancellation reason please contact <SERVICE COORDINATOR> at <OSC PHONE NUMBER> or view the authorization information at www.mofirststeps.com .

Please do not respond to this email. It originated from an unmonitored email account.

Cordially,

CFO"

The users will NOT be able to stop receiving emails originating from authorization cancellations.

E. Service Coordinator Responsibilities: If a family reaches the 90 days in arrears point, they should have received a notice of services suspension from the CFO. Prior to this time, the service coordinator should have been talking with the family to determine what the payment issue is and why payment is not being made, as well as the ramification of not paying on time.

Prior to the 90 day point and suspension of services, the service coordinator should be discussing the impact of suspension of services, the availability of service coordination and whether or not the family has a desire to exit from First Steps. Does the family want to continue with service coordination?

If the 90 day point is reached, services are NOT automatically cancelled. It is the responsibility of the service coordinator to cancel all First Steps authorizations (other than evaluations and service coordination). **(be aware that this task is accomplished differently depending on whether the children are in MOFS or SPOE software)** The family (if they elect to remain in the First Steps system is still entitled to service coordination at no cost to the family. Providers (of children in MOFS) will be notified automatically.

In the case of suspended services and cancelled authorizations for a family due to non-payments of monthly fees, the service coordinator is responsible to cancel existing authorizations.

Provider Responsibility when services are cancelled due to non-payment of monthly fees.

F. Service Provider Responsibilities: It is a Providers responsibility to be aware of authorizations in the system for each of the children they are assigned. Providers should check to insure that an authorization is in place **PRIOR** to making a visit. **Effective February 1, 2006, if a provider performs a service without an authorization in place, there will be no payment made to the provider.** Services provided after the "authorization cancel date" will not be paid. Service coordinators, must be timely in the entry of authorizations

X. REINSTATEMENT OF SERVICES:

A. Reinstatement of Services – LESS than 90 Days: If the family brings its monthly fee account current within 90 days from the "authorization cancel date", the service coordinator may "UNCANCEL" the cancelled authorizations without a team meeting. While the cancellation of authorizations for payment in arrears occurs "en masse", the "UNCANCEL" of authorizations must be done by individual authorization.

When the UNCANCEL button is pushed, authorizations will be reimplemented under a new authorization number. Authorizations that would have been utilized during the period of suspension are no longer available (based on the IFSP schedule of authorizations in place at the time of cancellation). Remaining authorizations available to the original "end date" will be available. The system will make a notation on the IFSP of the cancellation of services as well as the number of authorizations dropped due to suspension.

A team meeting is not required if the UNCANCEL occurs 90 days or less from the authorization cancel date. The family "Explanation of benefits (EOB) will reflect the new authorization number. The service coordinator should discuss the issue of the change in authorization number as well as the deletions of authorizations during the suspension period.

Provider issues may require the service coordinator to coordinate the availability of service providers. Previous providers may not be able to take the children back into their caseload. A provider change may be necessary.

B. Reinstatement of Services – Greater than 90 Days: After 90 days have elapsed from the "authorization cancel date" and the family brings their monthly fee account current, service may be reinstated. However, the Service Coordinator will be REQUIRED to schedule a Team Meeting to evaluate and authorize new services. These will be new authorizations with new start and end dates. The new authorizations may be provided by different providers than was originally authorized before the termination of services.

XI. MONTHLY BILLING

A. **The Central Finance Office (CFO)** is responsible to generate and mail the monthly Family Cost Participation Statement indicating the amount of the monthly participation fee based on the financial information entered into MOFS by the Service Coordinator.

B. Each family with an “ability to pay” (as determined by having a monthly fee amount of \$5-\$100) will be billed by the CFO monthly for the appropriate monthly fee amount. All payments must be made directly to the CFO. Fee payments will be delinquent after 30 days.

XII. ADMINISTRATIVE REVIEW: A family has the right to administrative review for two reasons: (1) dispute the monthly fee calculation IF the family believes the Service Coordinator made a mistake in the evaluation or calculation of the monthly fee. (2) dispute the evaluation and decision concerning the family request for Financial hardship. If the family disagrees with monthly fee action or determination of hardship by their service coordinator, they may request an administrative review by the SPOE Director. The SPOE Director is the final authority in the Family Fee Decision making process. The request for an administrative review is to be submitted in written form outlining:

A. Monthly Fee: The reason(s) the family believes the service coordinator made a mistake in the calculation of a monthly fee determination. Attach copies of documentation to support the family’s allegation of an incorrect fee calculation. An administrative review can only over rule the service coordinator decision IF the reviewer determines the service coordinator “made a mistake” in the calculation of a monthly fee or application of the rules of fee determination.

B. Hardship: The reason(s) the family believes the service coordinator made a mistake in the application or decision making process relating to a determination of “Hardship” which directly impacts the calculation of a monthly fee. An administrative review can only over rule the service coordinator decision IF the reviewer determines the service coordinator “made a mistake” in the calculation of a monthly fee or application of the rules of Hardship determination.

C. Attach copies of documentation to support the family’s allegation of an incorrect fee calculation/Hardship determination.

The request for administrative review can be hand carried or mailed to the SPOE Director. The SPOE Director must make a determination within two weeks (ten (10) business days) of the receipt of a request for administrative action. The

SPOE Director determination must be based on the documentation provided by the family and the existing rules currently in place directing the calculation of monthly fees. The SPOE Director decision is final.

XIII. APPENDIX

**Attachment A
Missouri First Steps
Denial of Access to Financial Information**

Pursuant to state law and state regulation, a First Steps family must provide requested family/household financial information/documentation in order to calculate an appropriate family cost participation monthly fee. Family's who fail to provide necessary documentation to the State/SPOE/service coordinator in order that the correct monthly fee can be calculated will be placed on the Monthly Fee Schedule at the highest monthly fee rate allowed by state statute. (\$100 per Month).

1. The undersigned does not wish to provide requested financial information/documentation to the First Steps system for personal reasons.
2. The undersigned is fully aware of the ramifications of denying the First Steps system access to my family/household financial information/documentation.
3. The undersigned understands that financial information/documentation may be provided to the service coordinator at any time subsequent to the date of this document and the appropriate monthly fee will be calculated.
4. The undersigned is aware that failure to provide requested financial information/documentation will result in one of three actions for my family:
Action 1: My family will be placed on the family cost participation Monthly Fee Schedule at the highest monthly fee rate allowed by state statute. (\$100 per month), or
Action 2: My family elects to participate in Missouri First Steps utilizing only evaluation and service coordination services (provided at no cost to the family, or
Action 3: My family elects to not participate in the Missouri First Steps System at this time.

| | | |
|--------------------------|------|-----------------|
| Family Head-of-Household | Date | Action Selected |
| Service Coordinator | Date | SPOE Region |

I hereby request the service coordinator to evaluate my family/household financial documents as I now am willing to provide in order that an appropriate family cost participation monthly fee can be calculated for my family/household. I understand that changes to the monthly fee amount will not be back dated but will take effect in the next billing cycle.

| | | |
|--------------------------|------|-------------|
| Family Head-of-Household | Date | |
| Service Coordinator | Date | SPOE Region |

Distribution: Original Child file Copy: to Family

Attachment B
MISSOURI FIRST STEPS
REQUIRED FAMILY DOCUMENTATION
FOR: DETERMINATION OF MONTHLY FAMILY FEE AND
PRIVATE INSURANCE REIMBURSEMENT
2/1/2005

Copies of the following documents are required at the next family First Steps meeting. These documents will be maintained in the child file at the SPOE Administrative office. These documents are required in order to accurately calculate your family/household monthly First Steps participation fee amount. Missing documents or unavailable documents could result in a monthly fee amount set at the highest level allowed by statute. (\$100 per month). All documents will be returned to the family when they become outdated.

- 1. Last available federal income tax form (prior year) for the individual(s) serving in the role of Father/mother with responsibility for the First Steps child. Single return if a joint return was Filed. If individual returns were filed, copies of both returns are required.

- 2. Check stubs from the four most recent consecutive pay periods (should not be used if there the family filed a prior year federal income tax form)

- 3. If recent pay stubs are not available, or in instances when income may not be accurately assessed by the last four pay stubs (ex. Self employed, seasonal worker, farm income, and families with supplemental income...) the family may furnish a statement signed by the employer regarding salary/wages indicating and annualized wage based on the current level of income. (should not be used if there the family filed a prior year federal income tax form)

- 4. If "financial hardship" is being requested, documentation indicating
 - a. loss of home-destruction (insurance claim of total loss or significant loss to the extent that the family had to move out),
 - b. loss of home-bank repossession
 - c. loss of job-fired (not working in another job) (evaluate for one or two workers/lost jobs and compare to prior year income to see if AGI was based on the worker for which the loss-of-income is being claimed)
 - loss of job for/extended time not able to work-medical/physical

reasons (evaluate for one or two workers/lost jobs and compare to prior year income to see if AGI was based on the worker for which the loss-of-income is being claimed)

e. loss of job-business closed or stopped operation

f. loss of job-temporary or long term lay-off.

g. extensive medical costs that occur in the current calendar year that were not included in the submission of the prior year income tax form calculation of AGI

5. Medicaid Card

6. Health Insurance Card(s)

7. SSI Benefit Verification Form

8. Food Stamps Electronic Benefits Transfer (EBT) Card

Attachment C **Division of Family Services County Offices**

Adair County

Dana Hughes, County Manager
1412 N. Osteopathy
P O Box 670
Kirksville, MO 63501
Phone: (660) 785-2440
Fax: (660) 785-2447 **Attachment D**

Andrew County

Jackie Tilford, County Manager
12737 State Route E Suite 2
Savannah, MO 64485
Phone: (816) 324-3152
Fax: (816) 324-6523

Atchison County

Dana Thompson, County Manager
101 Grant Street
Rock Port, MO 64482
Phone: (660) 744-5317/5318
Fax: (660) 744-6482

Audrain County

Nancy Buchmeier, County Manager
3626-A South Clark
P O Box 129
Mexico, MO 65265-0129
Phone: (573) 581-3312
Fax: (573) 581-8001

Barry County

Kelly Cullers, County Manager
208 East 8th Street
Cassville, MO 65625
Phone: (417) 847-4761
Fax: (417) 847-5334

Barton County

Chris Tannlund, County Manager
501 West 13th Street
Lamar, MO 64759
Phone: (417) 682-3531
Fax: (417) 682-6669

Bates County

Glenda Wiese, County Manager
4 West Ohio Street
P O Box 32
Butler, MO 64730-0032
Phone: (660) 679-3174
Fax: (660) 679-3894

Benton County

Dennis VanBaale, County Manager
1661 Hilltop Drive
P O Box 126
Warsaw, MO 65355
Phone: (660) 438-7357
Fax: (660) 438-7997

Bollinger County

Sherrie Morris, County Manager
602 Highway 34 West
Marble Hill, MO 63764
Phone: (573) 238-2624
Fax: (573) 238-4853

Boone County

Jennifer Roberts, County Manager
1500 Vandiver Drive, Suite 103
Columbia, MO 65202
Phone: (573) 882-9180
Fax: (573) 884-5110

Buchanan County

Jackie Tilford, County Manager
St Joseph State Office Bldg
525 Jules Street, #127
St Joseph, MO 64501
Phone: (816) 387-2000
QA: (816) 387-2130
Fax: (816) 387-2006

Butler County

Darrell Deken, County Manager/Field Liaison
1903 Northwood
P O Box 8
Poplar Bluff, MO 63902
Phone: (573) 840-9200
Fax: (573) 840-9273

Caldwell County

Carla L Webb, County Manager
400 West Berry
Hamilton, MO 64644
Phone: (816) 583-2166
Fax: (816) 583-4910

Callaway County

Melinda Macker, County Manager
108 North Hospital Drive
Fulton, MO 65251-2531
Phone: (573) 592-4138
Fax: (573) 592-4012

Camden County

Darrell Moore, County Manager
146 Rodeo Road
Camdenton, MO 65020
Phone: (573) 346-3363
Fax: (573) 346-0382

Cape Girardeau County

Marvin Turner, County Manager
220 N. Fountain
Cape Girardeau, MO 63702-0578
Phone: (573) 290-5800
Fax: (573) 290-5600

Carroll County

Rita Wilson, County Manager
1303 North 65 Highway
Carrollton, MO 64633
Phone: (660) 542-0656
Fax: (660) 542-0632

Carter County

Mark J Norris, County Manager
HCR 2 Box 2270
Van Buren, MO 63965
Phone: (573) 323-4201
Fax: (573) 323-4494

Cass County

Patricia A Niner, County Manager
2500 East Mechanic
Harrisonville, MO 64701
Phone: (816) 380-3597
Fax: (816) 884-4056

Cedar County

Debbie Burns, County Manager
112 RB Road
P O Box 200
Stockton, MO 65785
Phone: (417) 276-5113
Fax: (417) 276-6173

Chariton County

Pamela J. Pope, County Manager
121 East Jackson
Keytesville, MO 65261
Phone: (660) 288-3293
Fax: (660) 288-3113

Christian County

Sharon Watkins, County Manager
4715 Towne Centre Drive
Ozark, MO 65721
Phone: (417) 581-7511
Fax: (417) 581-6515

Clark County

Beverly Krouse, County Manager
320 West Main
Kahoka, MO 63445
Phone: (660) 727-3393
Fax: (660) 727-1020

Clay County

Cindy Mason, County Manager
7000 Liberty Drive
Liberty, MO 64068
Phone: (816) 781-8900
Fax: (816) 781-4787

Northland

3100 NE 83rd Street, Suite 2800
Kansas City MO 64119
Phone: (816) 437-3600
Fax: (816) 437-3603

Clinton County

Jackie Tilford, County Manager
108 Bush Street
Plattsburg, MO 64477
Phone: (816) 539-2146
Fax: (816) 539-3120

Phone: (816) 449-2165
Fax: (816) 449-2522

Cole County

Nancy Zumbahl, County Manager
1716 Four Seasons Dr., Suite 104
Jefferson City, MO 65101
Phone: (573) 751-4688
Fax: (573) 526-4746

Cooper County

Linda Messenger, County Manager
409 East High Street
Boonville, MO 65233
Phone: (660) 882-5311
Fax: (660) 882-8858

Crawford County

Joyce F Wenzel, County Manager
272 Cushing Road
P O Box 310
Steelville, MO 65565
Phone: (573) 775-2146
Fax: (573) 775-3146

Dade County

Jane Claas, County Manager
105 Grand
P O Box 27
Greenfield, MO 65661
Phone: (417) 637-5326
Fax: (417) 637-5113

Dallas County

W Brad Bembry, County Manager
719 North Ash
P O Box 415
Buffalo, MO 65622
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Fax: (417) 345-8509

Daviess County

Roy M Deskins, County Manager
201 Ash
Gallatin, MO 64640
Phone: (660) 663-2189
Fax: (660) 663-8919

DeKalb County

Carla Webb, County Manager
530 East Highway 6
P O Box 440
Maysville, MO 64469

Dent County

Kimberly K Mazzocchio, County Manager
800 Scenic W. Rivers Blvd
Salem, MO 65560
Phone: (573) 729-4137
Fax: (573) 729-7483

Douglas County

Lane Lakey, County Manager
603 NW 12th Ave, Bldg E
P O Box 187
Ava, MO 65608
Phone: (417) 683-4817
Fax: (417) 683-6151

Dunklin County

Dorothy Adams, County Manager
1100 Hwy 25 S Bypass, Suite 1
P O Box 649
Kennett, MO 63857
Phone: (573) 888-5981
Fax: (573) 888-3168

Franklin County

Sandee Brown, County Manager
#1 Liberty Plaza
P O Box 930
Union, MO 63084
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Fax: (636) 583-8670

Gasconade County

Ann Mullen, County Manager
1008 Highway 28 West
P O Box 545
Owensville, MO 65066
Phone: (573) 437-4188/4189
Fax: (573) 437-5776

Gentry County

Bonnie Walker, County Manager
504 East Highway 136
Albany, MO 64402
Phone: (660) 726-3971
Fax: (660) 726-3973

Greene County

Marcia Benbrook, County Manager
101 Park Central Square
Springfield, MO 65806

Phone: (417) 895-6000
Fax: (417) 895-6080/6098

Phone: (417) 256-7121
Fax: (417) 256-3473

Grundy County

Debbie Heldenbrand, County Manager
2926 Oklahoma Avenue
Trenton, MO 64683
Phone: (660) 359-3971
Fax: (660) 359-5579

Harrison County

Bonnie Walker, County Manager
2403 Vandivert Street
Bethany, MO 64424
Phone: (660) 425-7995
Fax: (660) 425-7382

Henry County

Glenda Wiese, County Manager
1661 North 2nd
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Clinton, MO 64735
Phone: (660) 885-5531
Fax: (660) 885-5899

Hickory County

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Dallas & Oak Streets
P O Box 186
Hermitage, MO 65668
Phone: (417) 745-6491
Fax: (417) 745-2100

Holt County

Dana Thompson, County Manager
1423 State Street
P O Box 216
Mound City, MO 64470
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Howard County

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Fayette, MO 65248-1069
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Fax: (660) 248-1023

Howell County

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3415 Division Drive
West Plains, MO 65775

Iron County

Shirley J Pennington, County Manager
202 Park Drive
Ironton, MO 63650
Phone: (573) 546-7463
Fax: (573) 546-6002

Jackson County

Marge Randle, Regional Manager
615 East 13th Street
Kansas City, MO 64106
Phone: (816) 889-2000
Fax: (816) 889-2008

Midtown Office
4900 Swope Parkway
Kansas City MO 64130-2806
Phone: (816) 929-7100
Fax: (816) 929-7101

East Jackson Office
201 East Partridge Street
Independence MO 64055
Phone: (816) 325-5800
Fax: (816) 325-5995

Jackson County (cont.)

South Jackson Office
6801-B Longview Road
Kansas City MO 64134
Phone: (816) 325-1012
Fax: (816) 325-1022

Jasper County

Kent Shellenbarger, County Manager
601 Commercial
P O Box 1353
Joplin, MO 64802-1353
Phone: (417) 629-3050
Fax: (417) 629-3209

Missouri Career Center
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Joplin MO 64802
Phone: (417) 629-3038
Fax: (417) 629-3011

Carthage Office
600 East 6th Street
P O Box 343
Carthage MO 64836
Phone: (417) 358-2059
Fax: (417) 359-8922

Jefferson County

Mary Dempsey, County Manager
10325 Highway 21
P O Box 1088
Hillsboro, MO 63050-1088
Phone: (636) 797-9601
Fax: (636) 797-9780

Arnold Office
Cross Creek Center
3675 West Outer Road
P O Box 626
Arnold, MO 63010-0626
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Fax: (636) 287-1278

Johnson County

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Knox County

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Fax: (660) 397-3370

Laclede County

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Lafayette County

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Lawrence County

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Lewis County

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Lincoln County

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Linn County

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Livingston County

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Macon County

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Madison County

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Fredericktown, MO 63645
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Fax: (573) 783-5227

Phone: (573) 796-3196
Fax: (573) 796-3230

Maries County

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Vienna, MO 65582
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Monroe County

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Paris, MO 65275
Phone: (660) 327-4185
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Marion County

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Montgomery County

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McDonald County

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Morgan County

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Versailles, MO 65084
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Fax: (573) 378-1919

Mercer County

Bonnie Walker, County Manager
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Princeton, MO 64673
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Fax: (660) 748-3494

New Madrid County

Paulette Chastain, County Manager
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P O Box 340
New Madrid, MO 63869
Phone: (573) 748-5533
Fax: (573) 748-2729

Miller County

Marsha Dinkins, County Manager
#6 Industrial Drive
Eldon, MO 65026
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Fax: (573) 392-0120

Newton County

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Neosho, MO 64850
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Fax: (417) 455-5152

Mississippi County

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Nodaway County

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Moniteau County

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Oregon County

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Fax: (573) 324-2930

Osage County

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Ozark County

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Fax: (417) 679-3103

Pemiscot County

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Perry County

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Pettis County

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Phelps County

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Pike County

Platte County

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Polk County

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Pulaski County

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Ralls County

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Fax: (573) 648-2279

Ripley County

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Saline County

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Schuyler County

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Fax: (660) 465-8980

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Shannon County

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Shelby County

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St. Clair County

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Fax: (417) 646-8337

St. Francois County

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Park Hills, MO 63601
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St. Louis City

Bob Fant, Regional Manager

Midtown:
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St Louis, MO 63103-1077
Switchboard Phone: (314) 340-5000
Fax: (314) 340-5076
Training Phone: (314) 340-5201 / 5202
Training Fax: (314) 340-5222

Prince Hall Family
4411 N Newstead Avenue
St Louis, MO 63115
Switchboard Phone: (314) 877-2000

Phone: (314) 877-2400
Fax: (314) 877-2444

Kelly Cullers, County Manager
30832 State Highway 413
Galena, MO 65656
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Fax: (417) 357-8401

St. Louis County

Bob Fant, Regional Manager

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North County Center
4040 Seven Hills Drive
Florissant, MO 63033
Phone: (314) 877-3050
Fax: (314) 877-3099

Jennings Service Center
8501 Lucas & Hunt
St. Louis, MO 63136
Income Maintenance Phone: (314) 877-2470
Income Maintenance Fax: (314) 877-2471
Quality - Assurance Phone: (314) 877-2528
Quality - Assurance Fax: (314) 877-2526

South Service Ctr
7545 South Lindbergh Suite 110
St. Louis, MO 63125
Income Maintenance Phone: (314) 416-2700
Income Maintenance Fax: (314) 416-2934

Ste. Genevieve

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St Genevieve, MO 63670
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Stoddard County

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Stone County

Sullivan County

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Taney County

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Vernon County

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Webster County

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Worth County

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Fax: (660) 564-7122

Wright County

Sharon Vestal, County Manager
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Phone: (417) 926-4142
Fax: (417) 926-7202

Attachment D

Family Statement of Medicaid Eligibility

I/WE the undersigned understand that if the First Steps eligible child indicated on this form is Medicaid eligible, this family/household is automatically exempt from paying the monthly participation fee as required by Sections 160.900- 160.925, RSMo., regardless of whether or not this family otherwise meets the criteria to pay a monthly fee.

I/WE further understand that by signing this document, we certify, that to the best of our knowledge, the named First Steps child **is eligible for Medicaid.**

I/WE further understand that this eligibility cannot be determined with accuracy until the child’s data can be verified by the CFO/Medicaid verification submission and that the final determination of a monthly fee amount will automatically be calculated based on the family financial information I have provided in the event this child is **not determined to be eligible for Medicaid.**

I/WE understand that this form cannot be utilized/signed UNTIL I/WE sign a “Consent to Release Medicaid Information”.

Childs Name (Print) _____ Medicaid Number _____

Head of Household Name (Print) _____

Head of Household (Signature) _____ Date Signed _____

Service Coordinator (Signature) _____ Date Signed _____

Distribution:
Original to Child File
Copy to Family

Attachment E

MEDICAID ELIGIBILITY INFORMATION

MC+ For Children — Infants under the age of one whose family income is less than 185% of the federal poverty level may be eligible; children under the age of six at 133%; and children ages six through eighteen at 100%.

MC+ for Kids, Missouri's State Children's Health Insurance Program (SCHIP) (1115 Demonstration Waiver) – Uninsured children with gross family income up to 300 percent of the federal poverty level. "Uninsured Children" are persons under nineteen years of age who have not had employer-subsidized health care insurance or other health care coverage for six months prior to application.

Medical Assistance for Disabled Children — A disabled child may be eligible for Medical Assistance. The income and resources of the parents are taken into consideration.

Supplemental Aid to the Blind — Provides assistance to needy blind persons.

IV/E Alternative Care -- Provides assistance to children in the Children's Division's (CD) foster care and adoptive homes.

Homeless, Dependent, Neglected Children — Provides assistance for children in care and custody of the Children's Division (CD).

Medical Assistance for Children in Care — Children in the custody of Division of Youth Services (DYS) or a juvenile court.

Refugee Assistance — Persons who are admitted to the United States with an immigration status of refugee or asylum may qualify for a short period of time in order to establish self-sufficiency if they do not meet eligibility for another category.

State Only Funded Categories of Assistance (Medicaid Eligible)

Blind Pension — Persons who do not qualify for Aid to the Blind and who are not eligible for SSI may qualify.

Children's Division (CD) Foster Care — Children's Division determines eligibility for children under 21 in foster care who qualify for federally matched Medicaid.

Children's Division (CD) Adoption Subsidy — Provides assistance for special needs children placed in adoptive homes who were not IV-E eligible.

Division of Youth Services General Revenue Children (DYS-GR) — Provides assistance for children in a public institution under the direction of Division of Youth Services.

Medicaid Waivers (Medicaid Eligible)

Mentally Retarded and Developmentally Disabled Waiver (MR/DD) — This program offers services to individuals who have mental retardation and/or a developmental disability who would, except for receipt of services through this program, require placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). The services available through this program include residential and day habilitation, individualized support living, behavioral, physical, occupational, and speech therapy, respite, personal assistant, community specialist, counseling and crisis intervention, communication skills instruction, supported employment, transportation, home modification, and adaptive equipment. The Department of Mental Health, Division of Mental Retardation and Developmental Disabilities administers this program.

Missouri Children with Developmental Disabilities waiver (MOCDD) — Also known as the Sarah Lopez Waiver, was implemented October 1, 1995. The waiver grants Medicaid eligibility to those children who would be determined eligible for Missouri Medicaid if they were to reside in an institution, but whose families have chosen to have the child remain home. The MOCDD waiver permits the state to view only the child's income when making the eligibility determination. Services provided through the MOCDD waiver mirror those provided through the MR/DD waiver with the exception of residential services.

MC+ Managed Care (1915(b)) Waiver — Provides health care services for MC+ beneficiaries through a managed care system. All MC+ beneficiaries are required to enroll in MC+ Managed Care except individuals who are in the MC+ managed care program either because they receive SSI disability payments, they meet the SSI disability definition as determined by the Department of Social Services, or they receive adoption subsidy benefits. These individuals have the option of choosing to receive health care services on a fee-for-service basis or through the MC+ managed care program. The option is entirely up to the individual, parent, or guardian. Those individuals not residing in a MC+ managed care county receive their health care services on a fee-for-service basis.

Medicaid Expansion (1115 Demonstration) Waiver — The approved demonstration is a statewide program that provides MC+ to all eligible uninsured children in the state with gross income up to 300% of the federal poverty level.Â Eligible individuals residing in regions of the state that have MC+ Managed Care must enroll in a MC+ managed care health plan to receive their health care services except individuals who are in the MC+ managed care program either because they receive SSI disability payments, they meet the SSI disability definition as determined by the Department of Social Services, or they receive adoption subsidy benefits.Â These individuals have the option of choosing to receive health care services on a fee-for-service basis or through the MC+ managed care program.Â The option is entirely up to the individual, parent, or guardian.Â Those individuals not residing in a MC+ managed care county receive their health care services on a fee-for-service basis.

Physical Disabilities Waiver — This program offers services to individuals who have serious and complex medical needs and are no longer eligible for services under the Healthy Children and Youth program. To be eligible, an individual must be age 21 or older and assessed as requiring placement in an ICF/MR absent these services. The services available include attendant care, private duty nursing and specialized medical equipment/supplies. The Department of Health and Senior Services, Bureau of Special Health Care Needs administers this program.

Poverty Information

Poverty Level Needs And Income Standards

One of the factors of eligibility in Missouri is the comparison of income to a need standard. Income must be below the need standard in order to qualify for assistance. The Family Support Division Web site has the current Federal [Poverty Guidelines](#). For example, in Missouri the monthly net income standard for a Medical Assistance Family of three at 75% of the federal poverty level is \$1006 as of July 1, 2005.

Pregnant women and children may qualify for MC+ only (no cash payment) under comparisons of income to the higher percentages of federal poverty level based on the child's age. Pregnant women and infants under age one may qualify under the poverty program if they have income of less than 185% of the federal poverty level. Children ages 1-5 are eligible at 133% of the poverty level. Children age 6-18 are eligible at 100% of the poverty level.

Uninsured children in families with income above Medicaid poverty standards may qualify for MC+ for Kids (SCHIP) if their family's gross income is below 300% of the federal poverty level.

Elderly, blind and disabled individuals—The non-spenddown income limit is 85% of the federal poverty level. Persons above the non-spenddown income limit must incur medical expenses (spenddown) equal to the amount their income exceeds the limit before they are eligible.

Federal Poverty Guidelines

| Monthly Income Rates % of 2005 Poverty Guidelines | | | | | | |
|--|---------|---------|---------|---------|---------|---------|
| | 75% | 100% | 133% | 185% | 225% | 300% |
| Unit Size 1 | \$599 | \$798 | \$1,061 | \$1,476 | \$1,795 | \$2,393 |
| Unit Size 2 | \$802 | \$1,070 | \$1,422 | \$1,978 | \$2,406 | \$3,208 |
| Unit Size 3 | \$1,006 | \$1,341 | \$1,784 | \$2,481 | \$3,017 | \$4,023 |
| Unit Size 4 | \$1,210 | \$1,613 | \$2,145 | \$2,984 | \$3,629 | \$4,838 |
| Unit Size 5 | \$1,414 | \$1,885 | \$2,506 | \$3,486 | \$4,240 | \$5,653 |

Average TANF Grant = \$236/Month

Minimum Wage= \$5.15/Hour = \$893/Month = \$10,716/Year

Prepared by Department of Social Services

Federal Poverty Guidelines by Program

| | |
|--|------|
| Medical Assistance for Families | 75% |
| Medicaid For Pregnant Women | 185% |
| MC+ for Kids (non CHIP) | |
| up to age 1 | 185% |
| age 1 to 5 | 133% |
| age 6 to 18 | 100% |
| MC+ for Kids (CHIP) Uninsured Child up to age 19 | |
| No Cost | 185% |
| \$ 5 Copay | 225% |
| \$62 to \$252 monthly premium, plus \$10 co-pay and \$9 prescription co-pay | 300% |

Attachment F

Missouri First Steps

Release of Information

INSTRUCTIONS FOR COMPLETION

The Family Educational Rights and Privacy Act (FERPA), incorporated by reference in the Individuals with Disabilities Education Act (IDEA), requires that the parent's signed and dated written consent be obtained in order for the First Steps System to share IFSP, assessment and evaluation information, and progress notes with individuals and agencies outside of the First Steps system.

A Release of Information form should be completed for each individual/agency for which it has been determined information needs to be shared. Please note that this release is ONLY for individuals/agencies OUTSIDE of the First Steps System with whom information needs to be shared. FERPA does not require that parental consent be obtained in order for those individuals within the system (SPOE staff, the child's Service Coordinator(s), the child's Service Provider(s), the CFO, the DESE) to share information with one another on a need to know basis.

This form will also be used when requesting information from physicians or other sources to assist with eligibility determinations or IFSP planning. The form is designed to be compliant with both FERPA and Health Insurance Portability and Accountability Act (HIPAA) regulations.

This consent is valid until the child is no longer receiving First Steps services unless the parent specifies an expiration date. The parent may also revoke their consent at any time. Should this be the case, the date of the request to revoke the consent should be documented on each consent form to which it applies.

In the rare case that a child does not have an identified parent, guardian, foster parent, or person acting as a parent, the SPOE must request that DESE assign an educational surrogate for the child. The educational surrogate or other person acting as a parent will sign the release of information and First Steps consent forms as the educational decision maker for the child. The "person acting as a parent of the child" refers to relatives of the child or private individuals with whom the child lives, when the child does not live with a parent or guardian. The term does not include the State if the child is a ward of the state.

All information shared with the Individual/Agency listed on the consent becomes part of the child's Early Intervention Record and shall be maintained in accordance with state and federal regulations implementing FERPA and IDEA.

To complete:

- Enter the name of the parent/legal guardian giving consent. Only one parent needs to sign.

- Enter the name/address/phone number of the Individual and/or Agency that will be releasing the information
- Enter the child's legal name and Date of Birth
- Enter the name/address/phone number of the individual or agency that will be receiving the information.
- Use the checklist or space designated as "other" to indicate the purpose of the requested information. More than one item may be checked, if appropriate
- Indicate by placing a check in front of all of the types of records/information that you are sending. If "other" specifically identify what information you are sharing.
- If the parent wishes to specify an expiration date that is prior to or after the date the child will no longer be receiving First Steps services, indicate the expiration date. If not, leave that space blank.
- Have the parent sign and date (m/d/y) the form.

January 06



RELEASE OF INFORMATION



I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____ give my informed consent for:
Parent/Legal Guardian Name

Individual/Agency Name

Address/Phone Number

To share information regarding; _____,
Child's Legal Name D.O.B

With: _____
Individual/Agency Name

Address/Phone Number

The purpose of the requested information is to:

- _____ assist First Steps to determine eligibility
- _____ ensure the development of an IFSP
- _____ ensure provision of Early Intervention Services
- _____ inform the child's physician about his/her services and progress in First Steps.
- _____ assist the local school district in determining eligibility for Early Childhood Special Education
- _____ submit claims to Medicaid for eligible First Steps services
- _____ Other: _____

This consent includes the following types of information: (as checked ✓)

- The child's entire early intervention record
- Any and all health/medical /dental records
- The child's IFSP
- Any and all assessment/evaluation records/reports
- Any and all provider progress notes
- documentation of services provided
- Other: _____

Any records sent to the First Steps Program will be subject to re-disclosure as required by the Family Educational Rights and Privacy Act (FERPA).

I understand:

- I have the right to inspect and copy the information to be shared.
- That if I do not give my consent to share information, First Steps may not be able to determine eligibility and or services that will best benefit my child and family.
- That failure to provide consent to share information with the local school district will not affect my child or family's ability to receive services under Early Childhood Special Education.
- I am providing my consent voluntarily and I understand the information on this form.
- That this release of information will remain in effect until my child is no longer receiving First Steps services unless I specify an expiration date.
- That I have a right to revoke this authorization at any time. I understand that if I revoke authorization I must do so **IN WRITING** and present my written revocation to the Service Coordinator. I further understand that actions already taken based on this authorization, prior to revocation, will **NOT** be affected.

Indicate here if the parent wishes to specify an expiration date prior to or after the date the child's First Steps services end. _____
Expiration date

Signature (Parent/Legal Guardian)

Date

If authorization is signed by a personal representative of the individual, please include a Description of Authority on Child's behalf and attach a copy of the Document Granting Authority.

January 06



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
MEDICAID APPLICATION/ELIGIBILITY STATEMENT

FOR OFFICE USE ONLY

DATE APPLIED _____

DCN #1 _____ DCN #2 _____

WORKER / SUPV / LOAD _____

QUALIFIED MEDICARE BENEFICIARY
 SPECIFIED LOW INCOME MEDICARE BENEFICIARY
 SUPPLEMENTAL NURSING CARE
 BLIND PENSION
 SUPPLEMENTAL AID TO THE BLIND

GENERAL RELIEF
 MEDICAL ASSISTANCE
 SPENDDOWN
 NON-SPENDDOWN
 VENDOR

APPLICANT NAME (FIRST, MIDDLE, LAST) _____

ADDRESS (HOUSE NO., STREET OR RURAL ROUTE, PO BOX) _____ CITY, STATE, ZIP CODE _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ MESSAGE PHONE NUMBER _____

I, the above named applicant, under the laws of the state of Missouri, hereby apply for:

Medicaid Assistance
 Payment of Medicare Premiums
 General Relief (needy and unemployable)

Nursing Home Assistance
 Cash Assistance for the Blind

Below, list your name first, then list all other persons who live with you.

| NAME (FIRST, MIDDLE, LAST) | (MAIDEN) | HISPANIC Y/N | RACE*/ SEX | RELATIONSHIP (SPOUSE, SON, SISTER, FRIEND) | BIRTHDATE | SOCIAL SECURITY NUMBER | CHECK (✓) FOR WHOM APPLYING |
|-------------------------------|----------|-----------------|---------------|--|-----------|------------------------|-----------------------------------|
| | | | | SELF | | | |
| | | | | | | | |
| | | | | | | | |

* 1. CAUCASIAN 2. BLACK/AFRICAN AMERICAN 4. AMERICAN INDIAN/ALASKA NATIVE 5. ASIAN 6. NATIVE HAWAIIAN/PACIFIC ISLANDER

1. **Are all of the persons applying U.S. citizens?** YES NO If no, list the following information for applicants listed above who are not U.S. citizens: Name, immigration status, registration number and date of entry: _____

2. **I/We are residents of Missouri and intend to remain.** YES NO

3. **The reason I/we are applying (✓ all that apply):**

Age 65 or over Blind Disabled Unable to work due to a physical or mental illness

I/We need help paying my/our Medicare premiums.

I am needed in the home to care for a relative who lives with me.

I am under the age of 18 and living on my own.

I reside in or plan to enter a nursing home/facility.

4. **If you are a resident of a nursing facility and wish to give part of your income to your spouse or a dependent relative, list the name(s):**

5. **Are you living in or supported by a public, medical, or private facility?** YES NO

Facility Name _____

6. **You may qualify for coverage of unpaid bills for medical services received in the past three months. Would you like for us to explore your eligibility for the last three months?** YES NO

COMPLETE THIS SECTION IF YOU ARE UNDER AGE 65 AND NOT RECEIVING SOCIAL SECURITY DISABILITY AND/OR SUPPLEMENTAL SECURITY INCOME. PLEASE LIST ALL SOURCES YOU WISH CONTACTED TO PROVIDE A FULL AND ACCURATE STATEMENT OF YOUR MEDICAL HISTORY AND CONDITION

DOCTORS, HOSPITALS, CLINICS, OTHER

| NAME | ADDRESS |
|------|---------|
| | |
| | |

7. Have you or your spouse ever served in the U.S. Military? YES NO

EMPLOYMENT

1. Are you now employed? YES NO

If yes, name of employer _____

Amount you are paid before deductions \$ _____ Weekly Every 2 weeks Twice monthly Monthly

2. Is anyone else in your home employed? YES NO

If yes, who? _____

Name of employer _____

Amount you are paid before deductions \$ _____ Weekly Every 2 weeks Twice monthly Monthly

3. Does anyone in your home operate their own business or are they otherwise self-employed? YES NO

If yes, list who, describe what type of self-employment (baby-sitting, farm income, other) and amount earned: _____

OTHER INCOME

I/We receive other income from (✓ all that apply):

| | RECEIVED BY | SOCIAL SECURITY CLAIM NUMBER | AMOUNT PER MONTH |
|---|-------------|------------------------------|------------------|
| <input type="checkbox"/> Social Security | | | |
| <input type="checkbox"/> Supplemental Security Income | | | |
| <input type="checkbox"/> Trust Funds/Annuities | | | |
| <input type="checkbox"/> Pensions/Retirement/Disability | | | |
| <input type="checkbox"/> Interest or Dividends | | | |
| <input type="checkbox"/> Veteran Benefits | | | |
| <input type="checkbox"/> Unemployment Compensation | | | |
| <input type="checkbox"/> Assistance from friends or relatives | | | |

Other: Explain below where the money comes from and the amount

INSURANCE

I/We have Medicare. YES NO If yes, list name(s) _____

I/We have other health insurance. YES NO If yes, complete the following:

| PERSON INSURED | INSURANCE COMPANY | POLICY NUMBER | TYPE OF COVERAGE |
|----------------|-------------------|---------------|------------------|
| | | | |
| | | | |
| | | | |

I/We have life insurance and/or burial plans. YES NO If yes, complete the following:

| PERSON INSURED | POLICY OWNER | CHECK KIND OF INSURANCE | | INSURANCE COMPANY | POLICY NUMBER | FACE VALUE | CASH VALUE |
|----------------|--------------|-------------------------|--------|-------------------|---------------|------------|------------|
| | | LIFE | BURIAL | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

I/WE HAVE THE FOLLOWING CASH, SECURITIES, OR PERSONAL PROPERTY. CHECK (✓) ALL THAT APPLY.

| CASH AND SECURITIES | IN WHOSE NAME | LOCATION | VALUE |
|---|---------------|----------|-------|
| <input type="checkbox"/> Checking Accounts/Joint Checking Accounts Account Numbers: | | | |
| <input type="checkbox"/> Savings Accounts/Joint Savings Accounts, Christmas Club Savings, Certificates of Deposit, Credit Union, IRA, Deferred Compensation Account Numbers: | | | |
| <input type="checkbox"/> Patient accounts at a nursing home or other institution | | | |
| <input type="checkbox"/> Cash on hand | | | |
| <input type="checkbox"/> Stocks, bonds, or other investments | | | |
| <input type="checkbox"/> Notes or mortgages owed to you | | | |
| <input type="checkbox"/> Property held in Safe Deposit Box (state location and contents of box. | | | |

| PERSONAL PROPERTY | LOCATION | VALUE | DEBT |
|--|----------|-------|------|
| <input type="checkbox"/> Burial Lots | | | |
| <input type="checkbox"/> Household furniture (not in use) | | | |
| <input type="checkbox"/> Housetrailer (mobile home) | | | |
| <input type="checkbox"/> Jewelry (other than wedding and engagement rings, watches or costume jewelry | | | |
| <input type="checkbox"/> Business equipment | | | |
| <input type="checkbox"/> Farm machinery, livestock, grain and/or produce | | | |
| <input type="checkbox"/> Property Claims in Probate Court | | | |
| <input type="checkbox"/> Other (explain) | | | |

VEHICLES - LIST CARS, TRUCKS, VANS, MOTORCYCLES, RECREATIONAL VEHICLES, AND OTHERS

| MAKE/MODEL | YEAR | OWNER | VALUE | DEBT | HOW IS IT USED |
|------------|------|-------|-------|------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

REAL PROPERTY

I/We own or are buying real estate. YES NO

| LIST KIND AND LOCATION | WHOSE NAME IS ON THE DEED | CURRENT VALUE | AMOUNT OWED | HOW IS IT USED (HOME, RENTAL, ACREAGE, OTHER) |
|------------------------|---------------------------|---------------|-------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TRANSFER OF PROPERTY RESOURCES

1. Has anyone in your home sold or given away any money, vehicles, property or any other resources within the last five years?
 YES NO If yes, complete the following:

What? _____ When? _____

To whom? _____ Why? _____

Amount Received \$ _____

2. Have your or your spouse created or been a party of a Trust Estate within the last five years? YES NO

If yes, explain _____

COMPLETE IF APPLYING FOR CASH ASSISTANCE FOR THE BLIND

1. Do you have a sighted spouse or parent? YES NO

2. Do you solicit alms? YES NO

3. Have you applied or do you agree to apply for Supplemental Security Income (SSI) as a condition of eligibility? YES NO

4. Have you had eye surgery within the last five years? YES NO

5. If you are under age 75, are you willing to have medical treatment or an operation to correct blindness? YES NO

6. If recommended, are you willing to accept Vocational Training or work at an occupation for which you are suited? YES NO

If you have a checking or savings account you can have your cash assistance deposited directly into your account.

I want direct deposit.

I do not want direct deposit.

PLEASE READ CAREFULLY AND SIGN BELOW

- I/We UNDERSTAND that I/we are entitled to fair and equal treatment regardless of age, sex, race, color, handicap, religion, creed, national origin or political belief.
- I/We UNDERSTAND if I/we disagree with the decision concerning our eligibility, I/we may request a fair hearing by contacting the local Family Support office. This request must be received within 90 days of the eligibility decision.
- I/We UNDERSTAND that I/we must provide Social Security Numbers (SSN) of all persons applying for MEDICAID. The SSN is used to determine eligibility and verify information (Section 1137 of the Social Security Act).
- I/We authorize the Director of Family Support Division or his/her appointee to investigate and verify these circumstances and statements.
- I/We UNDERSTAND that I/we must report any changes in circumstances within ten days of when they happen.
- I/We understand that it is against the law to obtain or attempt to obtain benefits to which I/we are not entitled. Any false claim, statement or concealment of any material fact whatever, in whole or in part, may subject me to criminal and/or civil prosecution.
- I/We UNDERSTAND that the State of Missouri may file a claim against my/our estate to recover any assistance received.
- I/We UNDERSTAND that I/we must provide complete information regarding any health or accident insurance benefit available to any household member and I must report within 30 days any accident for which medical care is received.
- I/We hereby authorize all providers of medical benefits who render services or merchandise to me/us under Medicaid to release all records regarding such services or merchandise to the Department of Social Services and it's representatives.
- I/We UNDERSTAND that application for and acceptance of Medicaid constitutes an assignment of rights to the Department of Social Services, Division of Medical Services for payment for medical care from a third party.
- Provided I/we are found to be eligible for assistance I/we wish payments by the Division of Medical Services and/or the Title XVIII medical insurance program to be made directly to physicians and medical suppliers on any future covered unpaid bills for medical and other health services furnished me/us while eligible for Medicaid.
- I/We UNDERSTAND if I/we are applying for General Relief as a consideration of eligibility I/we may be required to apply for Supplemental Security Income.

My signature below certifies under penalty of perjury that all declarations made in this eligibility statement are true, accurate, and complete.

| | | | |
|------------------------|------|---------------------|------|
| SIGNATURE OF APPLICANT | DATE | SIGNATURE OF SPOUSE | DATE |
| | | | |

MISSOURI MC+

APPLICATION

MC+ is Missouri's health insurance program for **children under the age of 19, some parents and pregnant women**. To apply, **complete and sign** the attached application and return it to the above address.

INSTRUCTIONS FOR COMPLETING THE MC+ APPLICATION

Section A - Mailing Address:

Please provide your name, address, and phone numbers. Please indicate under "Message Phone Number" the number where you can be reached during regular work hours, or where we can leave a message for you.

Section B - Household Information:

List all the children, parents, step-parents or guardians in the household, yourself first. It is important that you indicate the relationship of the person to you; i.e., spouse, son, daughter, etc. Race and ethnic group information is only for statistical use and is optional. The social security number is required only for persons applying for MC+ coverage. Put an "X" in the last box to indicate you are applying for MC+ for that person.

Section C - Income:

In order to determine your family's eligibility for MC+, please complete this section. Attach a sheet if more space is needed. **Please submit income verification with the application, if possible.**

Section D - Insurance:

For some applicants, eligibility for MC+ will depend on their access to health insurance. It is important that you complete this section. List all health insurance, regardless of source.

Section E - Absent Parent:

Only complete this section if a parent of one of the children applying for MC+ is absent from the home. The law requires cooperation with the Division of Child Support Enforcement in obtaining payment for medical care. This means you must cooperate in identifying the absent parent, helping locate the absent parent, helping to establish paternity and other necessary action. Failure to cooperate does not affect your child's eligibility for MC+ coverage. Your eligibility may be affected if you fail to cooperate. Your cooperation may be of value to you and your child because it might result in finding the absent parent, legally establishing the child's paternity, and obtaining child support payments and rights to future social security, veterans, or other governmental benefits.

If you feel it is not in your child's best interest to pursue medical support from the absent parent, for example, past abuse or threat of abuse, check "yes" in Question #1. You may have "good cause" for not cooperating if your cooperation could result in physical or emotional harm to the child or to you. You will be asked to provide evidence to support your claim.

If you claim "good cause", by checking "yes" in Question #1, for not cooperating in obtaining medical support, you will be given a notice that will explain the circumstances under which good cause may be found, and the type of evidence or other information needed to decide your claim. You may also ask for this notice to help you decide whether or not to claim good cause.

Section F - Signature:

Please read this section carefully and sign the form. **The effective date of MC+ coverage is based on the date your signed application is received.** Return the application to the above address.

Call 1-888-275-5908 if you have questions

Please keep this page. It contains important information.

OTHER IMPORTANT INFORMATION ABOUT MC+

If you have questions or need assistance completing the application, call toll-free **1-888-275-5908**.

When your application is received, it will be reviewed and if additional information is needed, you will be contacted. If you do not have a phone, you can contact us at the above phone number a few days after you mail the application.

You will be notified by mail when we have completed our review. For pregnant women, applications are processed within fifteen days. All other MC+ applications are processed within thirty days. If you disagree with the decision concerning your eligibility, you may request a fair hearing within 90 days of the date of the decision.

INFORMATION NEEDED:

The following information may be needed prior to approving your MC+ application:

- Income verification (i.e. paycheck stub, letter from employer, federal income tax return, award letter, etc.);
- Immigration documents showing name, immigration status, registration number and date of entry of those persons applying for MC+ who are not U.S. citizens; and
- Medical statement confirming pregnancy and expected date of delivery (if applying for MC+ as a pregnant woman).

If possible, send this verification with your application. We will accept copies of these items, however, if you send originals, we will copy them and return the originals with your notification letter. **DO NOT DELAY SENDING IN YOUR APPLICATION IF YOU DO NOT HAVE THE VERIFICATION READILY AVAILABLE.** You will be notified if additional information or verification is needed.

HEALTHY CHILDREN AND YOUTH PROGRAM:

If your children qualify for MC+, they can receive services through the Healthy Children and Youth (HCY) program. HCY provides primary and preventive health care. Your child can get examinations, shots and tests that help them stay healthy or identify medical problems that may require treatment. MC+ will pay for these health care services.

If you are pregnant and would like health risk appraisal and case management services, contact your local health department or call TEL-LINK (1-800-835-5465).

RIGHTS AND RESPONSIBILITIES

You must **report any changes in circumstances declared in the application statement within TEN DAYS** of when they happen, no matter what causes the changes. You have a continuing obligation to report and cannot wait until you are contacted.

Any information provided on the application is subject to verification by Federal, State, and Local officials. You may be denied benefits and/or be subject to criminal prosecution for knowingly providing false information. The crime of stealing or attempting to steal public assistance benefits of a value of seven hundred fifty dollars (\$750.00), or more upon conviction, is punishable by imprisonment for a period not to exceed five years; or by confinement in the county jail for a period not to exceed one year; or by a fine not to exceed ten thousand dollars (\$10,000.00), or both. If the value of the unlawfully obtained benefits is less than seven hundred fifty dollars (\$750.00), the crime is a misdemeanor.

You are entitled to fair and equal treatment regardless of your age, sex, race, color, handicap, religion, creed, national origin or political belief.

Please keep this page. It contains important information.

MISSOURI MC+ APPLICATION

COMPLETE IN INK

| A. MAILING ADDRESS | | | FOR OFFICE USE ONLY |
|--|-----------------------|----------------------|-----------------------|
| NAME (FIRST, MIDDLE, LAST) | | | DATE APPLIED |
| ADDRESS (HOUSE NO., STREET OR RURAL ROUTE, P.O. BOX NO.) | CITY, STATE, ZIP CODE | COUNTY | DCN |
| HOME PHONE NUMBER | WORK PHONE NUMBER | MESSAGE PHONE NUMBER | SERVICE REP/SUPV/LOAD |

INSTRUCTIONS: Please answer each question completely. Attach an additional sheet if more space is needed in any section.

B. HOUSEHOLD INFORMATION (LIST ALL CHILDREN, PARENTS/GUARDIANS AND STEPPARENTS WHO LIVE IN YOUR HOME, YOURSELF FIRST.)

| NAME (FIRST, MIDDLE, LAST) | (MAIDEN) | RACE/ SEX | HISPANIC Y/N | RELATIONSHIP TO PERSON a. | BIRTHDATE | SOCIAL SECURITY NUMBER | (X) APPLYING FOR MC+ |
|-------------------------------|----------|--------------|-----------------|---------------------------------|-----------|---------------------------|----------------------------|
| a. | | | | SELF | | | |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |
| e. | | | | | | | |
| f. | | | | | | | |

*1 - WHITE 2 - BLACK/AFRICAN AMERICAN 4 - AMERICAN INDIAN/ALASKAN NATIVE 5 - ASIAN 6 - NATIVE HAWAIIAN/PACIFIC ISLANDER

1. Are both parents of all the children in the home? YES NO (If NO, complete section E.)
2. Are all of the persons applying for MC+ U.S. citizens? YES NO If NO, list the following information for persons applying for MC+ who are not U.S. Citizens: Name, immigration status and registration number, date of entry: _____
3. You may qualify for coverage of unpaid bills for medical services received in the past three months. Did any of the persons listed above receive medical services in the past three months? YES NO If yes, who? _____
4. Is anyone in your household pregnant? YES NO If yes, who? _____ Expected due date? _____
5. Is your net worth (Net worth is the value of everything you own minus any debt.): less than \$50,000 \$50,000-\$100,000
 \$100,000-\$150,000 \$150,000-\$200,000 \$200,000 - \$250,000 above \$250,000
 Please list your assets (bank accounts, stocks/bonds, vehicles, home, real and personal property, etc.) _____

C. INCOME (Please attach verification; i.e. paycheck stub, note from employer, federal income tax return, award letter, etc.)

1. Are you employed? YES NO If YES, name of employer _____
 How much are you paid **before** taxes or deductions? \$ _____ Weekly Every two weeks Twice monthly Monthly
2. Is anyone else in your home employed? YES NO If yes, who? _____
 Name of employer _____
 How much are they paid **before** taxes or deductions? \$ _____ Weekly Every two weeks Twice monthly Monthly
3. Does anyone in your home operate their own business or are they otherwise self-employed? YES NO
 If yes, who? _____ Describe what type of self-employment (baby-sitting, farm income, other) and amount earned: _____ Weekly Monthly Yearly
4. Childcare costs may be an allowable income deduction for working families. Do you pay someone to care for your child?
 YES NO If yes, list names of children cared for: _____
 How much do you pay for child care: \$ _____ Weekly Every two weeks Twice monthly Monthly

5. Does anyone in your home receive other income (such as child support, alimony, unemployment compensation benefits, sick benefits, interest income, social security benefits, or other unearned income). YES NO If yes, complete the following:

| PERSON RECEIVING | WHO PROVIDES THE MONEY? | AMOUNT RECEIVED? | HOW OFTEN RECEIVED? |
|------------------|-------------------------|------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

D. HEALTH INSURANCE

1. Does anyone in your home have medical, hospital insurance or Medicare? YES NO

| PERSONS INSURED | NAME OF COMPANY AND POLICY NUMBER | TYPE OF COVERAGE |
|-----------------|-----------------------------------|--|
| | | <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital If limited coverage explain: _____ |
| | | <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital If limited coverage explain: _____ |

2. Has anyone in your home lost or **dropped** health insurance within the past six months?. YES NO If yes, provide name(s), date and reason coverage ended. _____

3. Is health insurance available for any member of your family through an employer or other group membership? YES NO
 If yes, name of employer or group: _____
 Is the insurance available for: Self Spouse Children How much is the premium for the children? \$ _____ per _____

4. Do any of your children have a medical condition that left untreated would result in the death or serious physical injury of the child?
 YES NO If yes, provide name(s) of child(ren) _____

5. Please refer to the income guidelines sent with the application. If income and family size fall in the premium group, submit 2 quotes from private insurance companies of what they would charge for medical coverage for all of your children.
 1. \$ _____ per mo. Company _____ 2. \$ _____ per mo. Company _____

E. ABSENT PARENT INFORMATION (Complete this section if a parent of any of the children is absent from the home.)

| NAME (FIRST, MIDDLE, LAST) | (MAIDEN) | RACE/ SEX | SOCIAL SECURITY NUMBER | BIRTHDATE | PARENT OF WHICH CHILD | LAST KNOWN ADDRESS |
|-------------------------------|----------|--------------|---------------------------|-----------|-----------------------|--------------------|
| | | | | | | |
| | | | | | | |

Do you have a good reason for not cooperating in obtaining support for medical care? YES NO
 Failure to cooperate does not affect a child's eligibility. (please see instructions for more details)

F. PLEASE READ CAREFULLY AND SIGN BELOW.

- I agree that I must provide Social Security Numbers of all persons applying for MC+ as required by law. The social security number is used to determine eligibility and verify information.
- I agree that my statements and information provided may be verified.
- I will report any changes in circumstances within TEN DAYS of when they happen.
- I know that it is against the law to obtain or attempt to obtain benefits to which I am not entitled. Any false claim, statement or concealment of any material fact whatever, in whole or in part, may subject me to criminal and/or civil prosecution.
- I agree that by applying for (and being determined eligible for) MC+ for a child who is deprived of parental support, I have assigned all rights to medical support to the State of Missouri, and that I must cooperate in establishing paternity and obtaining medical support, **unless I have good cause. Failure to cooperate does not affect a child's eligibility.**
- I understand healthcare benefits based on a person being age 65 and over, blind or disabled is not determined by completing this application. If I want eligibility for healthcare benefits explored on the basis of being age 65 or over, blind or disabled, I must complete a different application for these benefits.
- I agree that medical information about me and/or my family can be released if needed to administer this program.
- Provided I am found to be eligible for MC+ I know the state of Missouri will pay for covered services on my behalf and agree the state may collect payments from any third party (i.e., insurance, estate, etc.) for services paid by the state.

My signature below certifies under penalty of perjury that all declarations made in this eligibility statement are true, accurate, and complete, to the best of my knowledge.

| | | | |
|------------------|-------------|----------------------------|-------------|
| SIGNATURE | DATE | SIGNATURE OF SPOUSE | DATE |
| | | | |

Attachment G

FINANCIAL INFORMATION (To Calculate Monthly Fee)

Head of Household: _____

Information from Federal Income Tax Return:

Tax Year: _____

Filing Status:

Single _____ Married filing jointly _____ Married filing separately* _____

(*NOTE: If married filing separately, complete two financial forms)

Number of Exemptions claimed: _____

- Form 1040 – use line 6d
- Form 1040A – use line 6d
- Form 1040NR – use line 7d

Adjusted Gross Income reported on tax return: _____

- Form 1040 – use line 37
- Form 1040A – use line 21
- Form 1040NR – use line 34

(NOTE: If an income tax return form is used that is not listed above, look for a line that refers to the adjusted gross income. The 1040EZ Form is not applicable to this process since it is only used when the filer has no dependents.)

I have reviewed the information entered above and agree that it represents the information on my official tax return for the year designated.

Signature of the head of household or joint filer

Date

XIV. GLOSSARY

Ability to pay: Relates to the monthly participation fee. The financial capacity that a family has to pay for services as evidenced by placement on the fee schedule with a monthly fee of \$5 to \$100.

Adjusted Gross Income: The family/household income as determined on the prior year federal income tax form used to determine the monthly fee amount.

Administrative Review: A family has the right to administrative review for two reasons: (1) dispute the monthly fee calculation IF the family believes the Service Coordinator made a mistake in the evaluation or calculation of the monthly fee. (2) dispute the evaluation and decision concerning the family request for Financial hardship. If the family disagrees with monthly fee action or determination of hardship by their service coordinator, they may request an administrative review by the SPOE Director. The SPOE Director is the final authority in the Family Fee Decision making process.

Annual Fee Review:

Arrears: Monthly fee amounts past due.

Authorization Cancel Date (for suspension of services due to payment in arrears): The date on which the service coordinator takes action (pushes the button) to do an "en masse" cancellation of all non-free authorizations due to payment in arrears of 90 days. It is intended that the service coordinator accomplish this "en masse" cancellation as close to the 90th day in arrears as possible, but the expectation is that it likely would not occur on a non-work day. Therefore the service coordinator has some allowance to go beyond the 90th day before en masse cancel of authorizations. It should not exceed 95 days. The Authorization Cancel Date starts the clock on the 90 day period in which authorizations may be "UNCANCELLED" without a team meeting being called if the monthly payments are brought current.

Cafeteria Plan: Refers to Section 125, Cafeteria Plan in which certain expenses may be paid from "pre-tax" income through an employer plan. Currently, the state sponsored insurance plans through the Missouri Consolidated Health Care Plan allows the First Steps monthly fee as a qualifying expenditure. The service coordinator should discuss this option with each family and instruct the family to contact their employer to determine if the monthly fee expenditure would be considered a qualifying expenditure, under the employers Section 125 Cafeteria Plan

Calculation Date (for Monthly Family Fee) Also referred to as The "Fee Calculation Date" is an extremely important date that drives the calculation of a

family's income/monthly fee during a specified time period. It represents an 'acceptance date' where the SPOE accepted the family income's calculation from the family. The CFO uses this date to distinguish between income and family member changes and their resulting cost implications.

The FCP Calculation Date is "automatically" entered in the system when a monthly fee calculation is completed. This calculation (and date) can be changed anytime during the month and will impact the monthly fee during the next monthly billing cycle that begins the first of the following month. In order for the recalculated fee to be included in the next months billing cycle, the fee calculation "close date" (5:00PM on the 27th of each month) is the last day a monthly fee calculation can be completed in order to be effective in the next month (first of the month) billing cycle. If a revised monthly fee calculation is entered into the system after the billing process has started, those changes will not be effective until the following months billing cycle. No fee "adjustment" will occur due to the timing of this change. Every family in the First Steps system must have a Fee Calculation Date, including those with an identified "inability to pay" such as < 200% of poverty or Medicaid enrolled.

The Missing Fee Calculation Date will also be used by MOFS in order to streamline and help the field implement the FCP requirements over a defined time period. A "Missing FCP Records" line item will be available to users to help them determine which children haven't yet been assessed for FCP.

The Fee Calculation Date is system entered within other web pages and its functionality may be found within those documents. However, at its most basic, another edit check will be available on the "Finalize Meeting" edit checks to determine if any income has been entered and has the FCP Calculation Date been populated.

The meeting will not be able to be finalized until a FCP Calculation Date has been added to all IFSP Meeting types excluding inter-periodic, 6-month and interim. These meetings may collect FCP information – but it will not be required at these meetings. FCP determination **will be required to be completed** during the initial and annual IFSP review.

Central Finance Office (CFO): The contracted agency that is responsible for billing and collecting the monthly fee from the family.

Close Date (for fee calculation): The last date/time in a month in which new or revised fee data can be entered into the system in order for that data to impact the next months fee billing cycle. Data entered after this time/date will be included in the following months billing cycle. The close date for each month is 5:00 PM on the 27th day of the month. (see also Fee Calculation Close Date)

Consent: The service coordinator must ask each family for signed consents as follows:

Private Insurance Consent: Consent to allow First Steps to access an insurance policy subject to SB 500 insurance mandates. Insurance consent, once given, remains in force until the family takes action to withdraw Insurance consent. If a family does not give consent to allow access to private insurance, the monthly family participation fee is set at \$100 per month.

b. Medicaid Consent to Release Information: Consent to allow the First Steps system to release Medicaid related private information

Critical Information Edits (CIE): “Critical Information Edits” will be system driven based on information in the system defined as “critical information” for use by the SPOE/Service Coordinator/DMH to better manage assigned children and meet appropriate time lines. CIE’s will be available on the “meetings page” and will provide information concerning FCP relating to a specific family/child.

Current Family Fee: Also referred to as “calculated fee amount”. The current calculated monthly fee when a family is subject to a monthly fee. This amount will be between \$5 and \$100 per month and is due and payable for the prior month based on data in the system at that time. Any change made to data impacting the monthly fee amount will not be backdated but will take effect in the next billing cycle. The monthly fee is due for any portion of a month in which a family participates in eligible services. (i.e., the monthly fee will not be prorated for a portion of a month)

A family with a current calculated monthly fee of \$5 - \$100 is considered to have an ability to pay. This amount may differ from the actual amount due for a given month. This is due to families who pay ahead or are in arrears situation. The current amount due calculation for billing purposes, always begins with the “Current Monthly Fee” plus or minus any adjustments to bring the family amount due current.

Days Outstanding Web Page: The FCP Outstanding is a Web Page designed to allow the assorted SPOE/OSC Users the capacity to monitor and manage monthly fees that are in arrears this web page will allow the users to have immediate access to the information maintained by the CFP regarding monthly fee payment status for each family. This web page indicates arrears of 31 days or greater. It also indicates the date on which the CFO mailed the “75 Day Letter” to the family and the date of suspension of services. (The 75 Day Letter provides official notification to the family of suspension of services).

Denial of Financial Information Form: A form requiring parent signature anytime a family refuses to provide required financial documentation necessary to calculate monthly family fees.

Donations to First Steps: Families, business, service groups and other interested individual or organizations may make donations to the First Steps system. Donations will be utilized for the payment of services to children and are typically not refundable.

Explanation of Benefits (EOB) Document: A summary generated by the Central Finance Office (CFO) that details delivered services. The monthly cost participation fee statement will be mailed with the EOB document.

Failure to Pay: When a family elects to not pay the monthly participation fee.

False Financial Information: If a family provides false or misleading information that results in a monthly fee calculation less than what it should have been calculated had the correct documentation been provided, the service coordinator will select this option on the FCP screen. This will generate a monthly fee of \$100. The monthly fee will be set at the highest statutory level for a minimum period of six (6) months. After the six (6) month period, the service coordinator may, after reviewing the accurate financial documentation, do a monthly fee recalculation to establish the correct fee based on AGI. Documentation of this selection must be maintained in the child file.

Family Cost Participation: One component of Missouri's system of payments designed to meet the requirements of the Individuals with Disabilities Education Act (IDEA), Part C for early intervention of infants and toddlers, aged birth to three. Family cost participation refers to the monthly financial contribution (fee) of a family who participates in the Missouri First Steps System. This monthly fee is described in state statute (Sections 160.900-160.925, RSMo.) and in state regulations (5 CSR 70-742.141). A monthly family fee of \$5 to \$100 per month is prescribed for certain families meeting statutory and rule criteria. The monthly participation fee is not based on the level or intensity of services provided is based on a sliding scale beginning at 200% of the federal poverty level. The Federal Poverty Level (FPL) may change annually based on the federal Department of Health and Human Services Guidelines. The FPL Guidelines are typically published in February of each year. A change in the FPL guidelines will require an adjustment in the First Steps monthly fee schedule for the following fiscal year monthly fee billings.

Families that meet the following conditions must pay a single monthly participation fee regardless of the number of children actually receiving services in First Steps:

- Enrolled First Steps child must NOT be eligible/enrolled in Medicaid.

- Must be determined to have "an ability to pay".

- Must have a family (household) income that exceeds 200% of the federal poverty level.

- Must have one or more children enrolled in Missouri First Steps AND with and IFSP directing services other than service coordination, eligibility determination, etc.

- Family not receiving Supplemental Security Insurance

- Family not receiving Food Stamps

- Family has not had a First Steps Hardship determination indicating \$0 monthly

fee.

Family Cost Participation Statement: Billing information sent to the family each month detailing the current and past due amount of the calculated monthly fee. Also referred to as Monthly Fee Statement.

Family Unit/Household Family

The number of family members (family/household unit) to be considered in cost participation determination is generally defined as the “household family” as identified on the applicable household federal income tax form(s). Federal income tax forms for the primary household provider (usually father, mother and children listed on the federal income tax return as dependents). However, the “household family” head of household may not be father or mother, but rather grandparent, guardian or other adult who serves in the role of a father/mother and who legally provides for the child in their household and who claim the child on their tax return. . Claiming the First Steps child as a dependent for income tax purposes can become a little murky at times when a split household/divorce situation takes place. The dependency status of the child may not always reside with the First Steps “head of household” in these situations.

The service coordinator may have to investigate the household situation and make certain determinations as follows:

Who in this family/household unit serves in the role of the father and mother and is primarily responsible to provide for the child.

Of those identified as being the father/mother role, did each earn taxable income during the previous tax year. (First Steps will exclude the income of household members other than the father/mother relationship)

Did the individuals in the father/mother role file separate federal income tax returns or did they file a joint return.

If a joint return, identify the AGI AND number of dependents listed to determine the household size for FCP purposes. If they filed separately, the AGI and dependent numbers are the total from both returns.

Who makes up the family unit (number of family members – may not include every person actually living in the household). The number of family/household members for purposes of the monthly fee is the sum of dependents identified in the appropriate federal income tax return(s) and not necessarily every person physically living in the house.

If the family has a divorce situation and a single parent household exists, the service coordinator may need to make an additional determination. For example, if the First Steps child lives with the mother, but the father actually

claims the child on his income tax return, it would be appropriate to add the First Steps child into the calculation for family household size (mother's household) even though mother does not include the child as a dependent on her income tax form. There should never be a family size of LESS than 2 for purposes of FCP. In this example, the fathers AGI would not be considered if he does not live in the household.

If the child has been placed into a foster home, the monthly fee will be set to \$0.

The following family members could be the primary provider for a child and might therefore occupy (for purposes of the monthly fee calculation) the role of father/mother and therefore, head of household.

- a. mother
- b. father
- c. brother
- e. sister
- f. half-brother
- g. half sister
- h. Stepfather
- i. Stepmother
- j. Grandfather
- k. Grandmother
- l. Uncle
- m. Aunt
- n. Guardian

Fee Basis: The basis for which the monthly fee is calculated. This designation is for statistical purposes only and will be determined and entered by the service coordinator. There are several reasons for which a monthly fee may be based and multiple reasons will likely exist for any given family. The service coordinator must select a single "basis" from a drop down menu on the Monthly Fee Screen, the fee basis MOST applicable. These include: AGI; No Insurance Consent; No Family Financial Data; Hardship; Family-False Information; Medicaid Enrolled; AGI, 200%; SSI; Food Stamps.

Fee Calculation Close Date: The last date/time in a month in which new or revised fee data can be entered into the system in order for that data to impact the next months fee billing cycle. Data entered after this time/date will be included in the following months billing cycle. The close date for each month is 5:00 PM on the 27th day of the month. (see also Close Date)

Fee Calculation Date: See also "Calculation Date"

Federal Poverty Level Grouping: The FPL grouping of family AGI based on these groupings for statistical purposes.

- 0 – 100% of FPL
- 101%- 200% of FPL
- 201%0300% of FPL
- Greater than 301% of FPL

Federal Poverty Level (FPL): Income level of the family determined by the family's income and number of members in the household as determined annually by the federal Department of Health and Human Services (HHS) Guidelines.

Food Stamp Program: This program provides low income households with coupons or electronic benefits which can be used like cash at most grocery stores to ensure that they have access to a healthy diet. The food stamps program is the cornerstone of federal food assistance programs. This program is administered by the U.S. Department of Agriculture through the Food and Nutrition Service (FNS). A First Steps family/household receiving food stamps must meet the federal poverty guidelines of household income of less than 130% of FPL. Since this income level is less than the 200% threshold required before a family is required to pay a monthly fee to participate in First Steps, food stamp recipients are assumed to have an "inability to pay" for purposes of FCP. Food stamp recipients must produce an Electronic Benefits Transfer (EBT) Card as proof of Food Stamp participation.

Hardship

Head of Household: The identified head of the house to which all FCP correspondence will be mailed. This is the (typically the person/persons serving in the role of the father/mother) head of household responsible for the care of the First Steps child.

Household Size: See **Family Unit/Household Family**

Inability to Pay: Relates to the monthly participation fee. An "inability to pay" is indicated if the monthly fee calculation is \$0. Reasons for automatic "inability to pay" include:

- First Steps child eligible for Medicaid
- Family/household receiving Supplemental Security Income (SSI)
- Family/household receiving Food Stamps
- Child is living in a foster home/placed by DSS/DFS
- Family/household AGI is less than 200% of FPL
- SPOE determination of "Hardship" with a monthly fee assessment of \$0.

Lead Agency: A designation required by the Individuals with Disabilities Education Act (IDEA) which designates the state agency responsible for carrying out the

requirements of Part C, IDEA. The Department of Elementary and Secondary Education (DESE) has been designated as lead agency. . See also "State Agency".

Maximum Monthly Fee: The maximum amount a family may be billed in a one (1) month period as established by state statute (\$100)

Monthly Fee Statement: Billing information sent to the family each month detailing the current and past due amount of the calculated monthly fee. Also referred to as Family Cost Participation Statement

Monthly Obligation Start Date: Date of first Monthly Fee Billing. Usually the first of the month (Next monthly billing cycle) following entry of FCP Data into the system, generating a monthly fee calculation date.

Override Amount: This refers to a data entry field on the FCP screen in which the service coordinator/SPOE can override the calculated monthly fee amount. This is primarily used when a hardship determination or false information determination is made by the service coordinator and a monthly fee amount other than the calculated amount must be entered into the system. For example:

Hardship: When a determination of \$5 or \$0 is made that differs from the fee amount based on available data, the service coordinator would enter the appropriate amounts which will override the calculated amount, or

False Information: One option available to the service coordinator is that the monthly fee can will be recalculated beginning at the point in time at which the "with held" tax form or other misleading documentation was used to generate a lower, incorrect monthly fee. All amounts in arrears, from the point of incorrect calculation, becomes due and payable immediately. In this case the service coordinator must enter an adjustment amount into MOFS /FCP Screen that will be added to the calculated monthly fee to recovery the arrears amounts within a six (6) month period. See Also H, 1, G

Any time the override field is utilized, documentation must be maintained to adequately explain the decision to override the calculated monthly fee.

Payment Detail Page: The FCP payment detail page is a web page designed to allow the assorted users (Service Coordinators, SPOE staff/DMH staff, and Supervisors) the capability to talk with a family concerning their payment history before, during, or after the user implemented official state policy regarding arrears payments. This information will allow the service coordination staff to review information the CFO would have on file for their payment history. This web page will provide detailed payment history per household.

This web page is meant to provide the tools to the users so they may complete the work involved in potentially canceling authorizations due to non-payment of their FCP bill.

The user will be able to search for a child or head of household to review their payment record. The user will be able to search by the child's ID, child name, or head of household last name. Any results returned to the user must correspond to the fact that the user must have permission to view the record.

The information is designed to resemble a bank statement.

Payment System (Monthly Fee): The process or system utilized to bill each month for mandated monthly participation fees will use data from MOFS which is broken down into two groupings of children/families. The largest group which generates the most complete data are for those children transitioned into MOFS. The data required and the process for billing for these children will be fairly seamless. The fee calculation will be automatic for this group of children. The second group includes those children who will not be transitioned into MOFS because they will be ageing out of the system by October 2006. The data required for monthly billing for these children is not available in MOFS and will therefore require a manual record for billing purposes to be added. This process should only be in place through October 2006 (planned) but will require the service coordinator to hand enter specific billing information as well as hand calculate the monthly fee amount.

Procedural Safeguards: Legal protections available to children and their parents to protect their rights in dealing with agencies and providers of early intervention services. Legal protections include parental consent, protection in evaluation procedures, opportunity for parents to examine, correct and supplement records, prior notice provisions, surrogate parent identification when necessary, due process procedures and confidentiality of records.

Refunds of FCP fees: Under certain circumstances, a family may be entitled to a refund of overpayments to the First Steps system. See Part VII, C

Reinstatement: The process by which a family returns to an "active status" and once again able to receive services that have been suspended due to non-payment of the monthly cost participation fee. **Services will be reinstated upon full payment of all fees in arrears and the completion of a current family cost participation agreement if no more than three months have passed since the suspension of services. If more than three months have elapsed since the suspension of services, the IFSP team must reassess the appropriateness of the existing IFSP before reinstating services.** A family is not guaranteed the same individual service provider(s) as was assigned prior to the suspension of services.

Section 125, Cafeteria Plan: See also Cafeteria Plan

Review Type (FCP) Review type refers to the reason a monthly fee review was conducted. The reason will be entered by the service coordinator and will be reflected in the system. Reasons to conduct a FCP review are: Initial, Annual IFSP Review, Family Request, Income Change, Financial Hardship and Other.

Significant Current Year Medical Costs: Defined as paid medical costs in the current year (that were not a part of the prior year income tax calculation for AGI) that equal or exceed 10% of the previous years AGI paid in lump sum or on a monthly payment schedule AND not reimbursed through a private or governmental medical plan. Out-of-pocket medical expenses for which the family will not be reimbursed that relate to the health or medical needs of a family member

Sliding Fee Scale: Fee scale based on the current federal poverty level (FPL)/ Department of Health and Human Services Guidelines and used to determine a family's monthly fee based on adjusted gross income.

State Agency: The Department of Elementary and Secondary Education, Division of Special Education is responsible for the general administration and supervision of the First Steps system which includes administering family cost participation. Also referred to as the "lead agency".

Summary Screen-FCP: This web page will be available once all steps have been completed to determine a family's monthly fee and may be printed. The page provides the following information:

- FCP Calculation date
- Today's Date
- Review Type (initial, annual, etc)
- Head of Household
- Head of Household Address
- SPOE Name
- First Steps Children
- Household Members
- Monthly Fee Basis (AGI, Hardship, No Insurance Consent, etc)
- AGI Amount
- Monthly Fee Obligation
- Family Federal Poverty Level (FPL) %
- FPL Grouping (0%-100%, 101%-200%, 201%-300%, etc) for statistical purposes
- Monthly Obligation Start Date (First billing date)
- Private Insurance Available (yes/no)
- Private Insurance Consent Given (yes/no)
- Medicaid Consent Given (yes/no)

Supplemental Security Income (SSI): SSI is a federal income supplement program funded by general tax revenues (not Social Security Taxes) and is designed to help aged, blind and disabled people, who have little or no income. The program is operated by the Social Security Administration. SSI provides cash to meet basic needs for food, clothing and shelter. To receive SSI benefits, the recipient must be disabled, blind or at least 65 years old and have limited income resources.

A First Steps family/household receiving SSI will likely have a household AGI less than the 200% threshold required before a family is required to pay a monthly fee to participate in First Steps. Therefore, SSI recipients are assumed to have an "inability to pay" for purposes of FCP. SSI recipients must produce a Benefit Verification Form from the Social Security Administration as proof of Food Stamp participation.

However a child may be eligible if he/she is disabled (must have a medically determinable physical or mental impairment that results in severe functional limitations and can be expected to result in death) or blind. If the only family recipient of SSI is the First Steps child (and the child is not Medicaid eligible), the family may be required to pay a monthly fee if it meets all other qualifications for the fee.