



June 2010

✖ Family Cost Participation (FCP) & Insurance Mandates – Cheat Sheet for Service Coordinators

❖ Explanation and Collection of Information

- At the Intake Meeting, the Service Coordinator (SC) must share the FCP and Insurance Bulletins and thoroughly explain these with every family, including what happens if family consents and denies access to information.
- Once a child is determined eligible, SCs must explain to families that MO HealthNet (i.e., Medicaid/MC+) and private insurance information must be collected at the initial IFSP meeting.
- Once a child is eligible, all families are required to submit their financial and insurance information (including families with MO HealthNet and foster families).
- At the initial IFSP meeting, SCs must collect financial and insurance information from every family, including consent or decline to access this information.
- At the Annual IFSP meeting, SCs must update the family's financial and insurance information.
- When preparing for the initial and annual IFSPs, it is good practice to remind the family to have these documents ready for the IFSP meeting.
- If the family does not have their documentation available at the IFSP meeting, then the SC must give the family a date to have the information submitted to the SC. The SC may send the family a letter to remind the family of this date. If the family does not have their information in to the SPOE by the deadline, then the SC should go ahead and finalize the meeting, which requires FCP information to be entered at that time.
- **Attachment B: Required Family Documentation** is an outline to assist SCs in determining which documentation to gather from families. It is not required to be completed for each family.

❖ Required FCP and Insurance Information

- Families with Private Health Insurance
 - **Attachment A: Denial of Access to Financial Information** – required IF a family denies access to their financial information.
 - **Attachment G: Financial Information** – required as documentation of the family's income from tax returns.
 - **Parental Consent for use of Private and/or Public Insurance to Cover Early Intervention Services**
 - Required to be completed at the initial and annual IFSP, even if the child/family is not receiving OT, PT, SLP or assistive technology.



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- If at a 6-month or interperiodic IFSP review meeting there is an increase in OT, PT, SLP or assistive technology, then the form must be updated for that particular service.
- Families with MO HealthNet/Medicaid/MC+
 - **Attachment D: Family Statement of Medicaid Eligibility**
 - **Attachment A: Denial of Access to Financial Information** – required IF a family denies access to their financial information.
 - **Attachment G: Financial Information** – required as documentation of the family’s income from tax returns.
 - **Parental Consent for use of Private and/or Public Insurance to Cover Early Intervention Services**
 - Required to be completed at the initial and annual IFSP, even if the child/family is not receiving OT, PT, SLP or assistive technology.
 - If at a 6-month or interperiodic IFSP review meeting there is an increase in OT, PT, SLP or assistive technology, then the form must be updated for that particular service.

❖ Data Entry

- Family Cost Participation
 - If a family does not provide their financial information to the SC, for any reason, it should be marked “Family Declined Financial Info” on the FCP page.
- Private Health Insurance
 - Private health insurance carriers are added using the “Add Insurance” button on the Health Plans tab.
 - “Consent to Bill” Status Definitions
 - Approved: Family signed the Parental Consent for Use of Private and/or Public Insurance to Cover Early Intervention Services form giving First Steps access to their health insurance.
 - Declined: Family did not sign the Parent Consent for Use of Private and/or Public Insurance to Cover Early Intervention Services form.
 - Pending: Family is in the process of obtaining private health insurance, but does not yet have a number/policy. *Please note that SC must follow-up with the family regularly to determine the status of the pending health insurance.*
- MO HealthNet/Medicaid/MC+
 - Medicaid and MC+ information is required for all children at the time of Initial IFSP.
 - MO HealthNet/Medicaid/MC+ plan information is only added using the “Add Medicaid” and “Add MC+” buttons on the Health Plans tab.
 - MO HealthNet/Medicaid/MC+ plans are not added as a private insurance carrier. If a SC accidentally puts MC+ as private insurance carrier under “Add Insurance Plan,” then the SC must end the plan immediately in WebSPOE.
 - “Releases of Information Consent” Status Definitions
 - Approved: Family signed the Parental Consent for Use of Public Insurance to Cover Early Intervention Services form giving First Steps access to public health insurance.

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- Declined: Family did not sign the Parent Consent for Use of Public Insurance to Cover Early Intervention Services form.
- Pending: Family has applied for and is in the process of obtaining MO HealthNet/Medicaid/MC+, but does not yet have a number/policy. *Please note that SC must follow-up with the family regularly to determine the status of the pending public health insurance.*
- Not Applicable: Family does not have public health insurance/Medicaid.

- Once the required FCP and insurance information is entered into WebSPOE, the monthly fee is calculated using a hierarchal structure of determinations. While it may be tempting for a SC to guess a family's monthly fee, the SC must enter into WebSPOE all FCP and insurance data collected from the family and WebSPOE will determine the monthly fee.

❖ Monthly Statements to Families

- Families will receive two statements per month – an Explanation of Benefits (EOB) and a FCP statement/bill.
- A family's FCP statement/bill will reflect the current fee as determined in WebSPOE; however, the statement will specify dates of service provided two months prior. If the cost of providing services to the family is less than the family's current monthly fee, then the family's fee will be adjusted to the actual cost of providing the service(s) for that particular month. For example, a family's fee is \$100 but in March only one hour of services was provided to the family at \$68, then the family's May FCP statement will be for \$68.

❖ Suspension of Services

- When a family is 30 days late in paying their FCP fee, their name will appear on the SCs "Family Cost Participation Aging List" on the WebSPOE homepage. *Please note that the "Family Cost Participation Aging List" is updated on the 28th of every month.*
- When a family is 60 days late in paying their FCP fee, the SC must contact the family to explain if payment is not received in 30 days (i.e., 90th day) then the services will be suspended. The SC should inquire with the family as to why they have not been able to make payments (e.g., not receiving statements, change in income, medical bills, etc).
- When a family is 75 days late in paying their FCP fee, the CFO will mail the family a letter informing them that their services will be suspended if payment is not received by the 90th day.
- When a family is 90 days late in paying their FCP fee, the family's name appears on the Family Cost Participation Aging List in the "90 days" column. The SC must contact the family to determine that services will be suspended. If no payment has been made, the SC will inform the family that services will be suspended. It is also important that the SC inform the providers on the child's IFSP that services will be suspended. The SC will then suspend the services in WebSPOE. NOTE: If a payment has been made within the last 90 days, then the SPOE does not have to suspend services.

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- Even though services may be suspended, the SC must continue to conduct all required IFSP meetings (e.g., 6-month Review and Annual IFSP).
- Though services have been suspended, First Steps must continue to provide evaluations, assessments, service coordination, IFSP development and meetings, and parental rights at no cost to the family, unless parental consent is withdrawn.
- Services can only be reinstated only after the FCP balance has been paid in full.

NOTE: It is critical that the fee listed in WebSPOE is accurate. The CFO prints the family's FCP statement/bill on the 27th of each month to prepare to mail to the family at the 1st of the following month. Changes made prior to the 27th of each month will be reflected in the next FCP statement/bill.

❖ Hardship Determination

- Hardship is defined as: Loss of home; Loss of job/income; or Extensive *Current Year* medical costs (that were not included in the submission of the prior year income tax form calculation of the Adjusted Gross Income (AGI) that amount to 10% of the current AGI).
- When initially explaining FCP and at FCP reviews, the SC should explain to families what constitutes a Hardship Determination (this is also explained in the FCP Bulletin).
- If a family is having difficulty paying their monthly fee, the SC should review with the family the parameters of a Hardship Determination to see if the family would qualify.
- Families must submit a written request for hardship to the SC/SPOE explaining their situation and providing any necessary documentation.
- If a determination of financial hardship is requested, the SC has four options depending upon the nature of the hardship and apparent duration. The SC must evaluate and make a decision to:
 - Reduce monthly fee amount to the lowest allowable amount (\$5 per mo).
 - Recalculate to the appropriate fee amount based on a reduced AGI due to loss of job/income.
 - Reduce monthly fee to \$0.00.
 - No change/action taken.