



EIHub

First Steps Early Intervention
Case Management System



PUBLICTM
CONSULTING GROUP

Guide to Determining Family Cost Participation

Determining Family Cost Participation

1. In the child's record, navigate to the "Family Info" tab
2. Select the "Family Information" panel
3. Click "Edit"

The screenshot displays a software interface with a top navigation bar containing tabs: 'Child at a Glance', 'Child Info', 'Family Info', 'Assessment', 'Eligibility', 'IFSP', 'Services', 'Transfer, Transition, Exit, Close and Re-Open', and 'Child/Family Outcomes Tab'. A blue arrow labeled 'Step 1' points to the 'Family Info' tab. Below the navigation bar, a left sidebar shows 'Family Information' and 'Current Family Situation' panels. A blue arrow labeled 'Step 2' points to the 'Family Information' panel. The main content area features a green header bar with 'Family' and '-Default Report-' options. Below this is an 'Add Family' section with a search bar and a table. A blue arrow labeled 'Step 3' points to the 'Edit' button in the table's 'Action' column. The table has columns for 'Start Date', 'End Date', 'Last Name', and 'Action'. The data row shows '03/05/2021', an empty 'End Date' field, and 'Acklin'. At the bottom of the table, it says 'Showing 1 to 1 of 1 entries' and includes 'Prev', '1', and 'Next' navigation buttons. An 'Excel' button is located in the top right corner of the table area.

Start Date	End Date	Last Name	Action
03/05/2021		Acklin	Edit

Determining Family Cost Participation

4. Navigate to the “Family Member” panel
5. Confirm the family member(s) included in the cost participation record are listed

The screenshot shows a software interface with a left-hand navigation menu and a main content area. The navigation menu includes 'Family Base', 'Family member', 'Family Cost Participation', and 'Family Search'. A blue arrow labeled 'Step 4' points to 'Family member'. The main content area has a green header 'Family Members' and a search bar. Below the search bar is a table with columns: Mask Information, Family Type, If Other, Start Date, End Date, Status, Salutation, First Name, Last Name, Middle Name, Suffix, Date of Birth, Email Address, Gender, Contact Type, Marital Status, and Do Lar. The first row of the table is highlighted with a blue border and a blue arrow labeled 'Step 5' pointing to it. The data in this row is: False, Biological Mother, 03/05/2021, Susie, Acklin, 05/15/1990, sacklin@email.com, Female, Pri Col.

Mask Information	Family Type	If Other	Start Date	End Date	Status	Salutation	First Name	Last Name	Middle Name	Suffix	Date of Birth	Email Address	Gender	Contact Type	Marital Status	Do Lar
False	Biological Mother		03/05/2021				Susie	Acklin			05/15/1990	sacklin@email.com	Female	Pri Col		

Determining Family Cost Participation

6. Navigate to the “Family Cost Participation” panel
7. Click “Add Family Cost Participation”

Family Base

Family member

Family Cost Participation

Family Search

Family Cost Participation

-Default Report-

Excel

Add Family Cost Participation

Search...

10

FCP Status	Family Yearly Income	Family Yearly Payroll Deductions	Family Yearly Expenses	Family Size	Payment Option	CoPay Amount	Monthly Maximum	Effective Date	Action	End Date
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Determining Family Cost Participation

Child Information

8. Navigate to the Child Information panel
9. Confirm the child's name, First Steps Child Code, and Date of Birth

Cost Participation

Child Information **Step 8**

Family Members Employment and Insurance

Family Expenses

Family Cost Calculation

This FCP information is to be reviewed with the family during intake by the intake coordinator. The service coordinator is to review this information with the family annually, coinciding with the IESP. The service coordinator will complete this information within thirty (30) days of the parent's request.

Child Name
Vincent Acklin

First Steps Child Code
1839269

Date of Birth
05/16/2020

N/A
Is the child cared for by a relative or guardian outside of DCS?

N/A
Does the family currently access any of the following services?

N/A X

FCP Status
Pending

Submit

Step 9



Determining Family Cost Participation

Child Information

10. Select response to question regarding child's placement through DCS
11. Select response to question regarding child's care by a relative or guardian
12. Select response to the question regarding the included family members' access to services (e.g. WIC)
13. Click "Submit"

This FCP information is to be reviewed with the family during intake by the intake coordinator. The service coordinator is to review this information with the family annually, coinciding with the IFSP. The service coordinator will complete this information within thirty (30) days of the parent's request.

Child Name
Vincent Acklin

First Steps Child Code
1839269

Date of Birth
05/16/2008

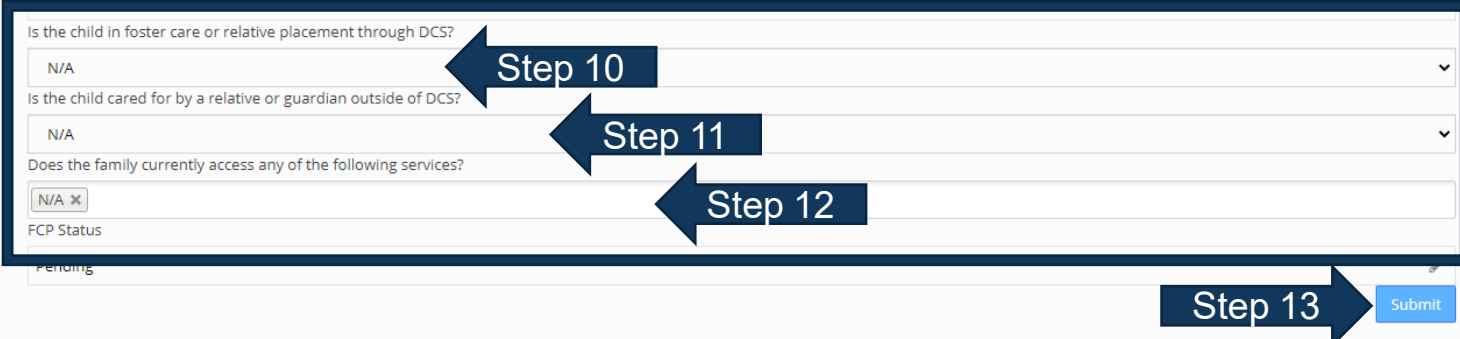
Is the child in foster care or relative placement through DCS?
N/A

Is the child cared for by a relative or guardian outside of DCS?
N/A

Does the family currently access any of the following services?
N/A

FCP Status
Pending

Submit



Determining Family Cost Participation

Family Member's Employment and Insurance

14. Navigate to the "Family Members Employment and Insurance" panel
15. Click "Add Family Member Employment"

Cost Participation

Child Information

Family Members Employment and Insurance

Family Expenses

Family Cost Calculation

Family Member Employment

-Default Report-

Excel

Add Family Member Employment

Search...

10

Family Member	Relationship to Child	Employer	Annual Income	Annual Deductions	Action
No data available in table					

Showing 0 to 0 of 0 entries

Prev Next

Determining Family Cost Participation

Family Member's Insurance – All Family Members

16. Select the family member for whom you are entering information from the dropdown list
17. Select the “Type of Insurance” (e.g. private)
18. If “Public” as “Type of Insurance”, select the “Type of Public Insurance” (e.g. Medicaid)
19. If “Other” as “Type of Public Insurance”, enter the name of the “Other Public Insurance”

Enter each family member of the household (including child) and provide the requested information. Insurance information must be collected for the child.

All members of the household (except the child) must provide 3 recent consecutive pay stubs, most recent tax document (W-2, 1040), signed statement from employer or signed statement from family. If collecting a signed statement it must include income amount, frequency of income amount, and reason pay stubs or tax documents are not collected. Income should only be collected for families that do not meet requirements for presumptive income certification.

Family Member
Susie Acklin

Relationship to Child
Biological Mother

Type of Insurance
Private

Type of Public Insurance

Other Public Insurance

Unemployed and Receiving Unemployment Insurance

Determining Family Cost Participation

Family Member's Income and Employment – If Applicable

20. Click the checkbox if the family member “Refuses to Give Income Information”

21. Click the checkbox if the family member is “Unemployed and Receiving Unemployment Insurance”

Enter each family member of the household (including child) and provide the requested information. Insurance information must be collected for the child.

All members of the household (except the child) must provide 3 recent consecutive pay stubs, most recent tax document (W-2, 1040), signed statement from employer or signed statement from family. If collecting a signed statement it must include income amount, frequency of income amount, and reason pay stubs or tax documents are not collected. Income should only be collected for families that do not meet requirements of presumptive income verification

Family Member

Susie Acklin

Relationship to Child

Biological Mother

Type of Insurance

Private

Type of Public Insurance

Other Public Insurance

Refuses to give Income Information

Step 20

Unemployed and Receiving Unemployment Insurance

Step 21

Determining Family Cost Participation

Family Member's Employment and Insurance Deductions – If Applicable

22. Enter the name of the employer in the “Employer” field
23. Enter the end date for the first pay period in the “Pay Period End Date 1” field
24. Enter the gross pay for the pay period in the “Gross Income 1” field

Employer	XYZ Company	← Step 22
Pay Period End Date 1	01/14/2021	← Step 23
Gross Income 1	3500.00	← Step 24
Health Insurance 1	200.00	
Dental Insurance 1	20.00	
Vision Insurance 1	10.00	

Determining Family Cost Participation

Family Member's Employment and Insurance Deductions – If Applicable

25. Enter the health insurance deduction in the “Health Insurance 1” field
26. Enter the dental insurance deduction in the “Dental Insurance 1” field
27. Enter the vision insurance deduction in the “Vision Insurance 1” field

Employer	XYZ Company
Pay Period End Date 1	01/14/2021
Gross Income 1	3500.00
Health Insurance 1	200.00
Dental Insurance 1	20.00
Vision Insurance 1	10.00


The form fields for Health Insurance 1, Dental Insurance 1, and Vision Insurance 1 are highlighted with a dark blue border. Blue arrows point to these fields with labels: 'Step 25' points to Health Insurance 1, 'Step 26' points to Dental Insurance 1, and 'Step 27' points to Vision Insurance 1.

Determining Family Cost Participation

Family Member's Employment and Insurance Deductions – If Applicable

28. Enter the end date for the first pay period in the “Pay Period End Date 2” field

29. Enter the gross pay for the pay period in the “Gross Income 2” field

Pay Period End Date 2	01/28/2021	← Step 28	
Gross Income 2	3500.00	← Step 29	
Health Insurance 2	200.00		
Dental Insurance 2	20.00		
Vision Insurance 2	10.00		

Determining Family Cost Participation

Family Member's Employment and Insurance Deductions – If Applicable

- 30. Enter the health insurance deduction in the “Health Insurance 2” field
- 31. Enter the dental insurance deduction in the “Dental Insurance 2” field
- 32. Enter the vision insurance deduction in the “Vision Insurance 2” field

Pay Period End Date 2	01/28/2021
Gross Income 2	3500.00
Health Insurance 2	200.00
Dental Insurance 2	20.00
Vision Insurance 2	10.00

Annotations on the form:





- Step 30: Arrow pointing to the Health Insurance 2 field (200.00)
- Step 31: Arrow pointing to the Dental Insurance 2 field (20.00)
- Step 32: Arrow pointing to the Vision Insurance 2 field (10.00)

Determining Family Cost Participation

Family Member's Employment and Insurance Deductions – If Applicable

33. Enter the end date for the first pay period in the “Pay Period End Date 3” field

34. Enter the gross pay for the pay period in the “Gross Income 3” field

Pay Period End Date 3	02/11/2021	
Gross Income 3 \$	3500.00	
Health Insurance 3	200.00	
Dental Insurance 3	20.00	
Vision Insurance 3	10.00	
Explain any variation in documentation		



Determining Family Cost Participation

Family Member's Employment and Insurance – If Applicable

35. Enter the health insurance deduction in the “Health Insurance 3” field
36. Enter the dental insurance deduction in the “Dental Insurance 3” field
37. Enter the vision insurance deduction in the “Vision Insurance 3” field
38. Describe any variations in the “Explain Any Variation in Documentation” field

Pay Period End Date 3	02/11/2021
Gross Income 3 \$	
Health Insurance 3	200.00
Dental Insurance 3	20.00
Vision Insurance 3	10.00
Explain any variation in documentation	

The screenshot shows a form with several input fields. A dark blue box highlights the bottom four rows. Arrows point from text labels to the corresponding input fields: 'Step 35' points to the 'Health Insurance 3' field (value 200.00), 'Step 36' points to the 'Dental Insurance 3' field (value 20.00), 'Step 37' points to the 'Vision Insurance 3' field (value 10.00), and 'Step 38' points to the 'Explain any variation in documentation' field.

Determining Family Cost Participation

Family Member's Employment and Insurance Deductions – If Applicable

39. Select the “Pay Interval” for the income information provided (e.g., weekly)
40. Select the “Health Deduction Interval” (e.g., weekly)
41. Select the “Dental Deduction Interval” (e.g., weekly)
42. Select the “Vision Deduction Interval” (e.g., weekly)

Pay Interval

Every other Week (x26) ← Step 39

Health Deduction Interval

Every other Week (x26) ← Step 40

Dental Deduction Interval

Every other Week (x26) ← Step 41

Vision Deduction Interval

Every other Week (x26) ← Step 42

Member Total Yearly Income

Member Total Yearly Deductions

5980.00

Upload Payroll Stubs

Submit

Determining Family Cost Participation

Family Member's Employment and Insurance Deductions – If Applicable

43. Confirm the “Member Total Yearly Income” and “Member Total Yearly Deductions” calculated correctly
44. Click “Upload Payroll Stubs” to upload verifying documentation of income and deductions
45. Click “Submit”

Pay Interval	Every other Week (x26)	▼
Health Deduction Interval	Every other Week (x26)	▼
Dental Deduction Interval	Every other Week (x26)	▼
Vision Deduction Interval	Every other Week (x26)	▼
Member Total Yearly Income	91000.00	✎
Member Total Yearly Deductions	5980.00	✎
Upload Payroll Stubs		
Submit		

Step 43 points to the Member Total Yearly Income and Deductions fields.

Step 44 points to the Upload Payroll Stubs button.

Step 45 points to the Submit button.

Determining Family Cost Participation

Viewing the Family Member's Employment and Insurance Information

46. Navigate to the “Family Members Employment and Insurance” panel

47. View the newly entered family member's employment and insurance information on the grid

Repeat steps 15-45 to add additional family members to the cost participation record.

The screenshot shows a software interface with a left-hand navigation menu and a main content area. The navigation menu includes 'Child Information', 'Family Members Employment and Insurance', 'Family Expenses', and 'Family Cost Calculation'. The main content area has a green header 'Family Member Employment' with a '-Default Report-' dropdown and a search icon. Below the header is an orange button 'Add Family Member Employment' and a green 'Excel' button. A search bar is present. A table displays the following data:

Family Member	Relationship to Child	Employer	Annual Income	Annual Deductions	Action
Susie Acklin	Biological Mother	XYZ Company	\$91,000.00	\$5,980.00	Edit

Below the table, it says 'Showing 1 to 1 of 1 entries' and has 'Prev 1 Next' navigation buttons. Two blue arrows with white text point to the 'Family Members Employment and Insurance' menu item (labeled 'Step 46') and the table row (labeled 'Step 47').

Determining Family Cost Participation

Entering Family Expenses – If Applicable

- 48. Navigate to the “Family Expenses” panel
- 49. Enter “Insurance Co-Payments” for the family
- 50. Enter “Dental and Vision Expenses” for the family

Child Information

Family Members Employment and Insurance

Step 48 Family Expenses

Family Cost Calculation

Medical Expenses Out of Pocket: medical/healthcare expense from the previous twelve (12) months is which the family has not, nor will not be reimbursed

Personal Care Needs Expenses: Out of pocket expenses from the previous twelve (12) months that are related to the health or medical needs, for which the family has not, nor will not be reimbursed

Documentation of expenses must be present.

Insurance Co-Payments	600.00	Step 49	
Dental and Vision Expenses	300.00	Step 50	
Hospital Expenses	0.00		
Prescriptions	200.00		
Nutritional Supplements as Ordered by a Physician	0.00		

Determining Family Cost Participation

Entering Family Expenses – If Applicable

51. Enter “Hospital Expenses” for the family
52. Enter “Prescriptions” expenses for the family
53. Enter “Nutritional Supplements as Ordered by a Physician” expense for the family

Child Information

Family Members Employment and Insurance

Family Expenses

Family Cost Calculation

Medical Expenses Out of Pocket: medical/healthcare expense from the previous twelve (12) months in which the family has not, nor will not be reimbursed

Personal Care Needs Expenses: Out of pocket expenses from the previous twelve (12) months that are related to the health or medical needs, for which the family has not, nor will not be reimbursed

Deductions must be directly related to the health or medical conditions of a family member. Expenses must be out of pocket expenses from the previous twelve (12) months and those for which the family will not be reimbursed. **Documentation of expenses must be present.**

Insurance Co-Payments
600.00

Dental and Vision Expenses
300.00

Hospital Expenses
0.00

Prescriptions
200.00

Nutritional Supplements as Ordered by a Physician
0.00

← Step 51

← Step 52

← Step 53







Determining Family Cost Participation

Entering Family Expenses – If Applicable

54. Enter “Durable Medical Equipment/Assistive Technology/Adaptations” expenses for the family

55. Enter “Specialized Clothing as Required per Medical Condition” expenses for the family

56. Enter “Specialized Respite Care or Childcare above that of Typical Costs” expenses for the family

Durable Medical Equipment/Assistive Technology/Adaptations	0.00	← Step 54	
Specialized Clothing as Required per Medical Condition	0.00	← Step 55	
Specialized Respite Care or Childcare above that of Typical Costs	0.00	← Step 56	
Medical Transportation Costs	0.00		
Other Related Medical Costs (Attach List)	0.00		
Other Related Personal Care Needs Expenses Relating to Medical Condition	0.00		

Determining Family Cost Participation

Entering Family Expenses – If Applicable

57. Enter “Medical Transportation Costs” expenses for the family

58. Enter “Other Related Medical Costs” expenses for the family

59. Enter “Other Related Personal Care Expenses Related to Medical Condition” expenses for the family

Durable Medical Equipment/Assistive Technology/Adaptations	0.00	
Specialized Clothing as Required per Medical Condition	0.00	
Specialized Respite Care or Childcare above that of Typical Costs	0.00	
Medical Transportation Costs	0.00	← Step 57
Other Related Medical Costs (Attach List)	0.00	← Step 58
Other Related Personal Care Needs Expenses Relating to Medical Condition	0.00	← Step 59

Determining Family Cost Participation

Entering Family Expenses – If Applicable

60. Confirm “Total Family Expense” calculated correctly
61. Click if “No Deductions are Being Claimed” by the family
62. Click “Upload Expenses” to attach documentation of expenses
63. Click “Submit”

The screenshot shows a web form with the following elements and step callouts:

- Total Family Expenses:** A text input field containing "1100.00". A dark blue arrow labeled "Step 60" points to this field.
- No Deductions are Being Claimed:** A checkbox that is currently unchecked. A dark blue arrow labeled "Step 61" points to this checkbox.
- Upload Expenses:** A large blue button. A dark blue arrow labeled "Step 62" points to this button.
- Parent/Guardian Sign:** A light blue button.
- Service Coordinator Sign:** A light blue button.
- Submit:** A blue button. A dark blue arrow labeled "Step 63" points to this button.

Determining Family Cost Participation

Calculating Family Cost Participation Fee

64. Navigate to the “Family Cost Calculation” panel

65. Confirm “Total Family Yearly Income”, “Total Family Yearly Payroll Deductions”, “Total Family Expenses”, and “Family Size” fields calculated correctly

66. Click “Calculate Now”

The screenshot shows a web interface with a sidebar on the left containing menu items: "Child Information", "Family Members Employment and Insurance", "Family Expenses", and "Family Cost Calculation". The "Family Cost Calculation" item is highlighted with a blue bar and a dark blue arrow labeled "Step 64" pointing to it. The main content area displays a form with the following fields:

Total Family Yearly Income	91000.00	
Total Family Yearly Payroll Deductions	5980.00	
Total Family Expenses	1100.00	
Family Size	2	

A dark blue box highlights these four rows. A dark blue arrow labeled "Step 65" points to this box. At the bottom of the form is a blue bar with the text "Calculate Now" and a dark blue arrow labeled "Step 66" pointing to it.

Determining Family Cost Participation

Calculating Family Cost Participation Fee

67. Confirm “CoPay Amount”, “Payment Option”, and “Family Monthly Maximum calculated correctly

68. Enter the “Effective Date” of the cost participation fee

69. Click “Parent/Guardian Sign” to capture family and service coordinator signature through DocuSign

70. Click “Print FCP” to download a copy completed cost participation record for the family

71. Click “Submit”

The image shows a screenshot of a web form with several input fields and buttons. A blue box highlights the top three fields: 'CoPay Amount' (0.00), 'Payment Option', and 'Family Monthly Maximum' (0.00). A blue arrow labeled 'Step 67' points to this box. Below it is the 'Effective Date' field (03/01/2021) with a blue arrow labeled 'Step 68' pointing to it. To the right is the 'End Date' field. Below the 'End Date' field is a blue button labeled 'Parent/Guardian Sign' with a blue arrow labeled 'Step 69' pointing to it. Below that is a blue button labeled 'Print FCP' with a blue arrow labeled 'Step 70' pointing to it. At the bottom right is a blue button labeled 'Submit' with a blue arrow labeled 'Step 71' pointing to it. A yellow decorative bar with a pattern of yellow circles is at the bottom of the page.

Determining Family Cost Participation

Viewing the Family Cost Participation Record

72. Navigate to the “Family Cost Participation” panel under the “Family” tab

73. View the newly created cost participation record on the grid

Family

Family Base
Family member
Family Cost Participation
Family Search

Family Cost Participation

-Default Report-

Excel

Search...

FCP Status	Family Yearly Income	Family Yearly Payroll Deductions	Family Yearly Expenses	Family Size	Payment Option	CoPay Amount	Monthly Maximum	Effective Date	Action	End Date
Pending	\$0.00	\$0.00	\$0.00	0		\$0.00	\$0.00		Edit	
Pending	\$91,000.00	\$5,980.00	\$1,100.00	2	Presumptive Income	\$0.00	\$0.00		Edit	

Showing 1 to 2 of 2 entries

Prev 1 Next



EIHub

First Steps Early Intervention
Case Management System



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For assistance, contact
the EIHub Helpdesk:



877-522-1065



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