

EIHub Family Cost Participation

Determining Family Cost Participation in the Case Management Module

To add a child's family cost participation, you must first open the child's record in the case management module of EIHub (www.hub.prod.ineihub.com).

Confirming Family Members and Services

1. Navigate to the "Family Info" tab
2. Select the "Family Information" panel
3. Click "Edit"
4. Navigate to the "Family Member" panel
5. Confirm the family members included in the cost participation record are listed
 - a. Family members included in the cost participation record are those living in the child's primary residence and are the child's
 - i. Parents (adopted and biological)
 - ii. Siblings (adopted and biological)
 1. Including half siblings
6. Navigate to the "Family Cost Participation" panel
7. Click "Add Family Member Cost Participation"
8. Navigate to the "Child Information" panel
9. Confirm the child's name, First Steps child code (child ID) and date of birth
10. Select response to question regarding the child's placement through Department of Child Services
11. Select response to question regarding child's care by a relative or guardian
12. Select response to the question regarding the included family member's access to services
 - a. WIC (The Special Supplemental Nutrition Program for Women, Infants, and Children)
 - b. TANF (Temporary Assistance for Needy Families)
 - c. SNAP (Supplemental Nutrition Assistance Program)
 - d. CCDF (Child Care and Development) vouchers
13. Click "Submit"
14. Navigate to the "Family Members Employment and Insurance" panel
15. Click "Add Family Member Employment"
 - a. Even if not adding employment, must click for all family members included in the cost participation record
16. Select the family member for whom you are entering information from the dropdown list
 - a. "Relationship to Child" field with automatically populate
17. Select the family member's "Type of Insurance"
 - a. None
 - b. Private
 - c. Public

18. If family member has “Public” as “Type of Insurance”, select the “Type of Public Insurance”
 - a. Other
 - b. Medicaid
 - c. Medicaid Waiver
19. If family member has “Other” as “Type of Public Insurance”, enter the name of the “Other Public Insurance”
 - a. If family member has no income or insurance deductions skip to step 45

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”

Entering the 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
 - a. Not required, but very helpful
24. Enter the gross pay for the pay period in the “Gross Income 1” field
25. Enter the health insurance deduction in the “Health Insurance 1” field
 - a. Even if health insurance deduction is at a different frequency than pay, enter the amount
26. Enter the dental insurance deduction in the “Dental Insurance 1” field
 - a. Even if dental insurance deduction is at a different frequency than pay, enter the amount
27. Enter the vision insurance deduction in the “Vision Insurance 1” field
 - a. Even if vision insurance deduction is at a different frequency than pay, enter the amount
28. Enter the end date for the first pay period in the “Pay Period End Date 2” field
 - a. Not required, but very helpful
29. Enter the gross pay for the pay period in the “Gross Income 2” field
 - a. If only one income amount was collected, enter the amount again in this field
30. Enter the health insurance deduction in the “Health Insurance 2” field
 - a. Even if health insurance deduction is at a different frequency than pay, enter the amount
 - b. If only one deduction amount was collected, enter the amount again in this field
31. Enter the dental insurance deduction in the “Dental Insurance 2” field
 - a. Even if dental insurance deduction is at a different frequency than pay, enter the amount
 - b. If only one deduction amount was collected, enter the amount again in this field
32. Enter the vision insurance deduction in the “Vision Insurance 2” field
 - a. Even if vision insurance deduction is at a different frequency than pay, enter the amount
 - b. If only one deduction amount was collected, enter the amount again in this field

33. Enter the end date for the first pay period in the “Pay Period End Date 3” field
 - a. Not required, but very helpful
34. Enter the gross pay for the pay period in the “Gross Income 3” field
 - a. If only one income amount was collected, enter the amount again in this field
35. Enter the health insurance deduction in the “Health Insurance 3” field
 - a. Even if health insurance deduction is at a different frequency than pay, enter the amount
 - b. If only one deduction amount was collected, enter the amount again in this field
36. Enter the dental insurance deduction in the “Dental Insurance 3” field
 - a. Even if dental insurance deduction is at a different frequency than pay, enter the amount
 - b. If only one deduction amount was collected, enter the amount again in this field
37. Enter the vision insurance deduction in the “Vision Insurance 3” field
 - a. Even if vision insurance deduction is at a different frequency than pay, enter the amount
 - b. If only one deduction amount was collected, enter the amount again in this field
38. Describe any variations in gross pay or insurance deductions in the “Explain Any Variations in Documentation” field
 - a. e.g., Parent started new job and only has one paystub at this time
 - b. e.g., Parent has bonus on paystub using 2 consecutive paystubs and 1 nonconsecutive
39. Select the “Pay Interval” for the income information provided
 - a. Weekly (x52)
 - b. Every Other Week (x26)
 - c. Twice Monthly (x24)
 - d. Monthly (x12)
 - e. Annual (x1)
40. Select the “Health Deduction Interval”
 - a. Weekly (x52)
 - b. Every Other Week (x26)
 - c. Twice Monthly (x24)
 - d. Monthly (x12)
 - e. Annual (x1)
41. Select the “Dental Deduction Interval”
 - a. Weekly (x52)
 - b. Every Other Week (x26)
 - c. Twice Monthly (x24)
 - d. Monthly (x12)
 - e. Annual (x1)
42. Select the “Vision Deduction Interval”
 - a. Weekly (x52)
 - b. Every Other Week (x26)
 - c. Twice Monthly (x24)



- d. Monthly (x12)
 - e. Annual (x1)
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”
 - a. System will automatically return to the “Child Information” panel

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.

Entering Family Expenses – If Applicable

48. Navigate to the “Family Expenses” panel
49. Enter “Insurance Co-Payments” for the family
 - a. Only include copayments from the last 12 months
50. Enter “Dental and Vision Expenses” for the family
 - a. Only include expenses from the last 12 months
51. Enter “Hospital Expenses” for the family
 - a. Only include expenses from the last 12 months
52. Enter “Prescriptions” expenses for the family
 - a. Only include expenses from the last 12 months
53. Enter “Nutritional Supplements as Ordered by a Physician” expense for the family
 - a. Only include expenses from the last 12 months
54. Enter “Durable Medical Equipment/Assistive Technology/Adaptations” expenses for the family
 - a. Only include expenses from the last 12 months
55. Enter “Specialized Clothing as Required per Medical Condition” expenses for the family
 - a. Only include expenses from the last 12 months
56. Enter “Specialized Respite Care or Childcare above that of Typical Costs” expenses for the family
 - a. Only include expenses from the last 12 months
57. Enter “Medical Transportation Costs” expenses for the family
 - a. Only include expenses from the last 12 months
58. Enter “Other Related Medical Costs” expenses for the family
 - a. Only include expenses from the last 12 months
59. Enter “Other Related Personal Care Expenses Related to Medical Condition” expenses for the family
 - a. Only include expenses from the last 12 months
60. Confirm “Total Family Expense” calculated correctly
61. Click if “No Deductions are Being Claimed” by the family



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Weekdays 8 a.m. – 5 p.m. ET

62. Click “Upload Expenses” to attach documentation of expenses
63. Click “Submit”
 - a. System will automatically return to the “Child Information” panel
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”
67. Confirm “CoPay Amount”, “Payment Option”, and “Family Monthly Maximum calculated correctly
68. Enter the “Effective Date” of the cost participation fee
 - a. The 1st of the month the cost participation record is completed
69. Click “Parent/Guardian Sign” to capture family and service coordinator signature through DocuSign
 - a. If completing electronically
70. Click “Print FCP” to download a copy completed cost participation record for the family
71. Click “Submit”

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

For assistance, please contact the EIHub Helpdesk at 877-522-1065 or INFirstSteps@pcgus.com.
Helpdesk hours of operation: Monday – Friday 8 a.m. – 5 p.m. ET