

CHILDREN'S MEDICAL SERVICES FINANCIAL ANALYSIS FORM

The Children's Medical Services (CMS) Financial Analysis Form is used in financial eligibility determination for the program. This form must be completed prior to enrollment into the program as well as annually thereafter. In addition, this form must be completed when the family's financial situation changes and/or per parent request. This form should also be used to determine cost participation for genetic services.

Child's Legal Name: <u>Enter Name</u>	Child's DOB: <u>Enter Date of Birth</u>
Child's County of Residence: <u>Enter County</u>	CMS Chart #: <u>Enter CMS Chart#</u>

SECTION 1: HEALTH PLAN

Please select all insurance plans and/or programs child/youth is currently enrolled in:

- Not covered under any medical, vision or dental insurance plan.
- Medicaid #:** Enter number here *Name on card if different:* Enter name here
 Fee for Service WellCare Peach State Amerigroup CareSource
- PeachCare for Kids #:** Enter number here *Name on card if different:* Enter name here
 Fee for Service WellCare Peach State Amerigroup CareSource
- Other DPH Child Health Program Enrollment** (BCW 1st Care EHDI Genetics)
- Foster Care/Adoption** (Amerigroup 360 Foster Care, Adoption Assistance)
- Georgia's Home and Community - Based (HCBS) Medicaid Waivers**
 - Katie Beckett (Deeming Waiver) * Georgia Pediatric Program (GAPP)*
 - New Options Waiver (NOW) Comprehensive Supports Waiver (COMP)
 - SOURCE Community Care Services Program (CCSP)
- *Eligible for CMS Dual Enrollment**
- Private Health Insurance (Complete information in the chart below)**

	<u>Primary Family Health Insurance</u>	<u>Secondary Family Health Insurance</u>
Carrier Name & Address Phone Number		
Group Policy/Program Number		
Policy Member ID		
Enrolled Family Member/Employee Name		
Policy Start Date		
Type (HMO, PPO, HRA)		
Services Policy Covers	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Ambulance <input type="checkbox"/> Physician Visits <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Ambulance <input type="checkbox"/> Physician Visits <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision

Child's Name: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

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SECTION 2: FAMILY SIZE AND YEARLY INCOME

Determining Household Family Size: Family is defined as a person living alone or a group of 2 or more persons related by birth, marriage (including common law), or adoption, which reside together and are legally responsible for the support of the other person. Unborn children are also counted in determining family size. When a youth turns 18 years old, he/she may be considered a family of 1 if the youth is no longer claimed as a dependent for income tax purposes.

Foster Care: A child in foster care is considered a family of 1. Income of foster parents/family is **not** considered when completing this form. Income is based solely upon the child/youth's income and resources.

Guardianship: An individual who is residing with a relative or non-relative who has assumed legal or implied guardianship can be considered a family of 1, and financial eligibility is based solely upon the child/youth's income/resources.

(See Pages 7-10 for Definitions, Further Explanations & for List of Sources of Earned/Unearned Income)

1. Total number of family members in household:	
2. If family of 1, select applicable category: (<input type="checkbox"/> Guardianship <input type="checkbox"/> Foster Care <input type="checkbox"/> 18-20 year old living independently)	
3. Sources of Earned Income:	Amount of Yearly Earned Income
4. Employment	\$
5. Self-Employment	\$
6. Unemployment	\$
7. Severance	\$
8. Worker's Compensation	\$
9. Total Household Earned Income (Yearly Gross):	\$
10. Sources of Unearned <u>Countable</u> Income: (List the Type/Sources)	Amount of Yearly Unearned <u>Countable</u> Income
11.	\$
12.	\$
13.	\$
14. Total Household Yearly Income = (Total Household Earned + Unearned Countable Income)	\$

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SECTION 3: EXTRAORDINARY EXPENSES

List below the average yearly "out of pocket" extraordinary expenses that are related specifically to the child's disability and/or eligible medical condition(s): (Identify specific purchases, expenses, modifications, and alterations that family members have made within the previous year to accommodate the extended/additional needs due to the child's disability and/or eligible medical condition(s) that have not been reimbursed by any source. Extraordinary expenses cannot include anticipated or future costs or family's anticipated out-of-pocket cost participation expenses.) (see pg.11)

ALLOWABLE EXTRAORDINARY EXPENSES	Yearly Cost	Description of Costs
15. Child Care Special Costs (<i>Only the difference between what is charged for the child with special needs and charges for typical children may be deducted</i>)		
16. Materials, Supplies		
17. Equipment		
18. Medical/Health		
19. Medications		
20. Special Food Supplements		
21. Transportation/Parking		
22. Respite Care		
23. Other – list specifics		
24. Total Yearly Extraordinary Costs (Add lines #15 through #23; Put \$0 if this section N/A):		\$

SECTION 4: COST PARTICIPATION FOR ELIGIBLE CHILD

Calculate the Adjusted Yearly Family Income	
25. \$ _____ Total Household Yearly Income (Line #14) minus	\$
\$ _____ Total Yearly Extraordinary Costs (Line #24) = Adjusted Yearly Family Income	
Determine the Yearly Cost Participation for Eligible Child	
26. \$ _____ Adjusted Yearly Family Income (Line #25) minus	\$
\$ _____ CMS Base: 150% FPL for the # of family members in Household (See Page 6)	
= _____ Times 0.10 = \$ _____ Yearly Cost Participation	

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SECTION 5: EARNED AND UNEARNED INCOME VERIFICATION

CMS staff must verify all income reported on page 2 of this form. Staff must obtain a copy of or visually verify payroll slips, income tax return, W2 forms and/or documentation of unearned income sources. For multiple sources of income, the previous year's income tax return must be verified or one document from each source of income. The document(s) verified must be those that illustrate the most accurate estimate of the family's current income. Total gross earned & unearned income(s) must be written &/or checked in the boxes below. A declaration of "unknown" will not be accepted when determining a family's financial eligibility for services.

Most Recent Payroll Slip(s) (verify 1 month of income)	Income Tax Return (Previous Year)	W2 Form (Previous Year)	*Self-Declared Income (see note below)
\$	\$	\$	\$

***Self-Declared Income is only available for families whose employers do not provide an employer payroll slip or W2 form.**

OTHER EARNED INCOME:

Please select all sources of verified earned income below

- Employer written verification of gross monthly income
- Severance Funds (Notice of termination of employment)
- Worker's Compensation (letter from employer)
- Unemployment Compensation (check / letter from the Department of Labor)
- Statement on company letterhead from current employer if employment is seasonal

UNEARNED INCOME:

Please select all sources of verified unearned income below

- Letter from Social Security Administration
- Signed Letter of Support (family, friend, other caregiver)
- Child Support payment documents
- Other: _____

For families claiming \$0 earned/unearned income, list any other types of resources supporting the family:

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SECTION 6: ACKNOWLEDGEMENT

- My care coordinator has explained that third party resources will be utilized if available for the cost of my child's services.
- I understand that my family is responsible for \$ _____/year of the cost of my child's services prior to the expenditure of CMS funds. **(If no cost participation, indicate \$0 in the blank).** I understand that if I decline my cost participation, I will not be eligible to participate in the CMS Program.
- The CMS Program tracks cost participation via a CMS Cost Participation Agreement and Tracking Form that includes the enrollment period, annual cost participation amount, and details of allowable expenses.
- I understand that I will be required to complete this form each year that my child receives services through the Children's Medical Services program and when my financial situation changes and/or per my request.
- I understand that this form is a legal document and that by signing I am stating from my personal knowledge that the facts in the form are true and correct.

_____	_____	____/____/____
Printed Name of Parent/Legal Representative	Signature of Parent/Legal Representative	Date
_____	_____	____/____/____
Printed Name Patient (18yrs & older)	Signature of Patient (18 yrs & older)	Date
_____	_____	____/____/____
Printed Name of CMS Staff completing form	Signature of CMS Staff completing form	Date
_____	_____	____/____/____
Printed Name CMS Program Coordinator	Signature of CMS Program Coordinator	Date

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COST PARTICIPATION SCALE

All families must complete a Financial Analysis Form to determine: 1) eligibility for the program and 2) cost participation obligation for CMS services. **Patients and their families with adjusted incomes at or less than 150% of Federal Poverty Level (FPL) for their family size have \$0 Cost Participation.** Cost participation obligations are assessed for families with adjusted incomes greater than 150% FPL. Those families with adjusted incomes over 247% of the FPL do not qualify for the CMS program unless they have a Katie Beckett waiver.

Written Formula: (Adjusted family income for the family size) **minus** (150% FPL for the Number of Family Members in Household) **times** 10 percent **equals** the yearly cost participation fee.

Formula: (Adjusted income) – (150% FPL) x 0.10 = (yearly cost participation fee)

Example # 1 - A **family of three** with an adjusted family income of \$57,881 and has a child on a Katie Beckett. *Income is over 150% FPL baseline (\$31,170), maximum income level (\$51,327):*
 $\$57,881 - \$31,170 \times 0.10 = \$2,671.10$ /per year. This means that this family must pay out of pocket \$2,671 during the year.

Example # 2 - A **family of two** with an adjusted family income of \$33,000 and has a child on PeachCare for Kids. Income is over 150% FPL baseline (\$24,690). $\$33,000 - \$24,690 \times 0.10 = \$831$ / per year
 This means that this family must pay out of pocket \$831 during the year.

Example # 3 - A **family of six** with an adjusted family income of \$50,950 has a child with private insurance. Income is over 150% FPL baseline (\$50,610). $\$50,950 - \$50,610 \times 0.10 = \$34$ / per year
 This means that this family must pay out of pocket \$34 during the year.

Example # 4 - A **family of four** with an adjusted family income of \$25,000 has a child with Medicaid. Income is below 150% FPL baseline (\$37,650). This means that this family has no cost participation.

Example # 5 - A **family of six** with an adjusted family income of \$84,500 has a child with private insurance. Income is over 247% FPL (\$83,338). This means that this family does not qualify for the CMS Program.

CMS FY 2019 FINANCIAL PARTICIPATION RANGE

Family Size	100% FPL	CMS Base 150% of FPL	CMS Maximum 247% of FPL
1	\$12,140	\$18,210	\$29,986
2	\$16,460	\$24,690	\$40,656
3	\$20,780	\$31,170	\$51,327
4	\$25,100	\$37,650	\$61,997
5	\$29,420	\$44,130	\$72,667
6	\$33,740	\$50,610	\$83,338
7	\$38,060	\$57,090	\$94,008
8	\$42,380	\$63,570	\$104,679
*	\$4,320	\$6,480	\$10,670

*For families units over 8, add the amount shown for each additional family member.

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Guidelines for Completion of the Financial Analysis Form

Definitions

Family – a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered to be members of one family.

Resources Included as "Income"

Earned Income (Prior to Deductions) - means the receipt by an individual or any property or service that can be applied, either directly or by sale or conversion, to meeting basic needs. It can include:

Wages – Earnings received in exchange for work performed as an employee, including armed services pay, tips, commissions, piece rate payments, advances of wages/salary, vacation pay, overtime, sick pay, strike benefits, contract employment, and cash bonuses. When a parent is out of the home because of military assignment, only that portion of his/her gross income that is allocated to the family as income will be considered.

Net Earnings from Self-employment – gross receipt minus expenses from one's own business. Gross receipts equal the value of all goods and services rendered. Expenses include the cost of goods purchases, wages and salaries paid, business taxes, and business expenses including rent, heat, light, and power.

Severance funds – money received from an employer upon termination from employment.

Unemployment Compensation – money received from government unemployment insurance agencies or private companies during times of unemployment and any strike benefits received from union funds.

Worker's Compensation – money received periodically from private or public insurance companies for injuries incurred at work; the cost of the insurance must have been paid by the employer and not the employee.

Unearned Income (Prior to Deductions) - is an income that is not earned, and may be related to a prior work or service. It can include:

Annuities, pensions and other periodic payments

Alimony – money paid by a spouse pending or after a legal separation or divorce

Capital Gains – proceeds from the sale of capital goods or equipment, reported as capital gains for tax purposes; includes items such as real estate, securities, machinery, etc., held as an investment for a set period of time. A capital gain is realized when the item(s) sold have appreciated in value from the original purchase price.

Child Support payments – maintenance allowance paid by the absent parent

Dividends – a share of profits received by a policyholder or shareholder

Interest – income received on investments

Military Allotments – payment received by a family unit member who is a dependent/spouse of a military staff member

Military Housing Allotments – payment received for basic allowance for housing

Child's Name: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

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Royalties – shares or proceeds from the sale or performance of work or from the rights to use inventions or services

Rental Income – money received on property owned and rented to others

Boarder Income – direct payments for food and related shelter expenses

Roomer Income – direct payments for room only

Retirement/Pension – a sum of money paid regularly as a retirement benefit

Death benefits – a sum of money paid as a result of another's death, such as proceeds from life insurance policies, lump sum death benefits from Social Security Administration, Veterans Administration burial benefits, inheritances in cash or kind, Railroad burial benefits, or cash or in-kind gifts to cover expenses related to the death.

Prizes and awards – including but not limited to lottery payments (sum of money received as a result of purchasing a winning ticket in a game of chance; divide the amount of money anticipated to be received by the number of months in a certification period)

Gifts & Inheritances

Trust Fund – monies in a trust that are distributed, including any dividend that is reinvested in the Trust

Support and maintenance in kind

Veterans benefits – includes pensions or benefits paid to a retired veteran; also includes money paid periodically by the Veteran's Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, as well as so-called refunds paid to ex-servicemen as G.I. insurance premiums.

Social Security payment to parent, guardian, or child

Employment-related housing assistance

Resources NOT Included as Earned or Unearned Income

1. Temporary Assistance to Needy Families (TANF) cash assistance
2. Supplemental Security Income (SSI) (Title XVI)
3. Value of Food Stamps or coupons under Food Stamp Act of 1977, Sec. 1301 of P.L. 95-113 (91 Stat. 968, 7 U.S.C. 2017 (b)).
4. Value of federally donated foods distributed under Sec. 32 of P.L. 74-320 (49 State. 774) or Sec. 416 of the Agriculture Act of 1949 (63 Stat. 1058, 7 CFR 250.6 (e)(9)).
5. Value of free or reduced price of food for women and children under:
 - a. Child Nutrition Act of 1966 Sec. 11(b) of P.L. 89-942 (80 Stat. 889, 42 U.S.C. 1780(b) and Sec. 17 of that Act as added by P.L. 92-433-(86 Stat. 729, 42 U.S.C. 1786); and
 - b. National School Lunch Act, Sec. 13(h)(3), as amended by Sec. 3 of P.L. 90-302 (92 Stat. 119, U.S.C. 1761(h)(3)).
6. Housing and Assistance:
 - a. Assistance to prevent fuel cut-offs and to promote energy efficiency under the Emergency Energy Conservation Services Program or the Energy Crisis Assistance Program as authorized by Sec. 222(a)(5) of the Economic Opportunity Act of 1964, as amended by Sec.5(d)(1) of P.L. 93-644 and Sec. 5(a)(2) of P.L. 95-568 (88 Stat. 2294 as amended, 42 U.D.S. 2809(a)(5)).

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- b. Home energy assistance payments or allowances under Title XXVI of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, as amended (42 U.S.C. 8624(f)).
- c. Value of any assistance paid with respect to a dwelling unit under:
 - 1. The United States Housing Act of 1937;
 - 2. The National Housing Act;
 - 3. Sec. 101 of the Housing and Urban Development Act of 1965; OR
 - 4. Title V of the Housing Act of 1949.
- 7. Education and Employment:
 - a. Grants or loans to undergraduate students made or insured under programs administered by the Secretary of Education under Sec. 507 of the Higher Education Amendments of 1968, P.L. 90-575, (82 Stat. 1063)
 - b. Any wages, allowances or reimbursement for transportation and attendant care costs when received by an eligible individual with a disability(s) employed by a project under Title VI of the Rehabilitation Act of 1973 as added by Title II of P.L. 95-602 (92 stat. 2992, 29 U.S.C. 795(b)(c)).
 - c. Student financial assistance for attendance costs received from a program funded in whole or in part under Title IV of the Higher Education Act of 1965, as amended, or under Bureau of Indian Affairs student assistance programs if it is made available for tuition and fees normally assessed a student (includes purchase or rental of equipment, materials, supplies and miscellaneous personal expenses if attending the institution on a least a half-time basis (determined by the institution) under Section 14 (27) of P.L. 100-50, the Higher Education Technical Amendments Act of 1987 (20 U.S.C. 1087 uu.)
- 8. Specific funds/revenue for Native American populations:
 - a. Generally all revenue from Alaska Native Claims Settlement, Indian Claims Commission or the Court of Claims, Indian tribal revenue, (e.g. Blackfeet, Gros Ventre, Papago, Ottawa, Yakima, Apache, Wyandot, Shawnee, Miami Tribe of Oklahoma, Clallam Tribe, Chippewa Indians, Confederated Tribes of Warm Springs Reservation, Assiniboine Tribes, Pueblo, Shoshone and Arapahoe, Maine Indian Land Claims Act recipients, Seneca Nation).
- 9. Other Revenue to be Excluded:
 - a. Compensation provided volunteers in foster grandparents program, similar programs, and others under the Domestic Volunteer Service Act of 1973 (87 Stat. 409,413) as amended by P.L. 96-143; (93 Stat. 1066); 42 U.S.C. 5044(g) and 5058).
 - b. Any assistance to an individual (other than wages or salaries) under the Older Americans Act of 1965, as amended by Sec. 102(h)(1) of P.L. 95-478 (92 Stats. 1515,42 U.S.C. 3020a).
 - c. Amounts paid as restitution to certain individuals of Japanese ancestry and Aleuts for losses suffered during World War II.
 - d. Payments made on or after January 1, 1989 from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.) under P.L. 101-201 (103 Stat. 1795) and section 10405 of P.L. 101-239 9103 Stat. 2489).
 - e. Payments made under section 6 of the Radiation Exposure Compensation Act, P.L. 101-426 (104 Stat.925, 42 U.S.C. 2210).
- 10. **Adoption Subsidy:** A short-term or long-term financial payment, either in the form of cash or services, that designed to help assist an adoptive family in providing for the on-going care of an adopted child with special needs, by offsetting some of the additional expenses that they are required to assume as part of the adoption. GA Medicaid does not include adoption subsidy as income when verifying eligibility.
- 11. **Foster Children:** Income of foster parents/family should not be considered when completing the Financial Analysis for Cost Participation for children in foster care in Georgia. The Financial Analysis for Cost Participation should be based upon the child's income and resources.

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Types of Income	Countable	Exempt
Adoption Subsidy		X
Alimony	X	
Capital Gains	X	
Child Support Payments	X	
Child's Earned Income		X
Death Benefits	X	
Disability Insurance Benefits	X	
Dividends, Interest, and Royalties	X	
Educational Assistance		X
Energy Assistance		X
Foster Care Payment		X
In-kind Income		X
Job Training		X
Military Allotments	X	
Military Housing Allotments	X	
Pensions and Annuities	X	
Reimbursements	X	
Rental/Roomer/Boarder Income	X	
RSDI/Social Security Payments	X	
Self-Employment Income	X	
Severance	X	
Social Security Disability Income	X	
Supplemental Security Income		X
Temporary Assistance for Needy Families		X
Unemployment Compensation	X	
Veteran's Administration	X	
Wages and Salaries, Commissions	X	
Worker's Compensation	X	

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Extraordinary Expenses

Extraordinary expenses are those average monthly or yearly "out of pocket" expenses that are related specifically to the child's disability and eligible medical condition(s). **Deductibles might include** specific purchases, expenses, modifications, and alterations that family members **have made** within the previous year to accommodate the extended/additional needs of the child's disability. Extraordinary expenses **cannot** include anticipated or future costs or family's anticipated out-of-pocket cost participation expenses. Extraordinary expenses **cannot** include out of pocket expenses for anticipated services or any expense for which CMS funds have been requested to assist in paying for the same products and services.

Allowable Extraordinary Expenses

Child Care Special Costs:

Any cost for child care that is above and beyond the usual and customary/average costs of child care for a child without special needs being cared for in the same manner, in a similar setting (community-based child care, home/family child care, etc.) or by a comparable provider. Only the difference between what is charged for the child with special needs and charges for typical children may be deducted.

Materials/Supplies:

Expenses for materials and/or supplies may be deducted if they are specifically needed and utilized due to the child's special needs and if the family has paid out of pocket to purchase such items.

Equipment:

Expenses for equipment may be deducted if it is specifically needed and utilized due to the child's special needs and if the family has paid out of pocket to purchase such items.

Medical/Health:

Expenses for medical/health care, included but not limited to fees for medical tests/procedures, appointments with medical specialists, and bills for hospitalizations, may be deducted if they are specifically related to the child's special needs and if the family has paid out of pocket for such services.

Medications:

Expenses for medications may be deducted if they are specifically needed and utilized due to the child's special needs, prescribed by a physician or practitioner, and if the family has paid out of pocket to purchase such medications. Over the counter medications and prescriptions for routine treatment such as but not limited to common colds, ear infections, etc. are not deductible.

Special Food Supplements:

Expenses for special food supplements may be deducted if they are specifically needed and utilized due to the child's special needs, prescribed by a physician or practitioner, and if the family has paid out of pocket to purchase such items.

Transportation/Parking:

Expenses for transportation and/or parking may be deducted if required to access services or care specifically related to the child's special needs and if the family has paid out of pocket for such services. Transportation and/or parking expenses incurred while accessing services such as routine pediatric care are not deductible.

Other:

Other expenses that might be deducted include but are not limited to catastrophic illness or long term care insurance coverage, specialized dental care that might be needed due to craniofacial anomalies, specialized or orthotic shoes, environmental or vehicle modifications, etc. These expenses must be specifically needed and utilized due to the child's special needs and paid for out of pocket by the family. Health insurance premiums that would be purchased for a child for basic medical care coverage are not deductible. Routine pediatric dental care is not deductible.