

Deeming Survey conclusions:

125 surveys were returned. All DDP Child and Family providers participated and asked each of the families served by the Waiver of Deeming to participate. Two families, given the option to return the survey themselves, did not do so. Seven families returned the survey but chose not to supply income information.

42% of individuals in IFES services were deemed eligible and 58% were on Medicaid without the Waiver of Deeming.

The 11 families who reported income at the 100% poverty level were not eligible for Medicaid due to the value of assets owned or were ranch families with fluctuating incomes.

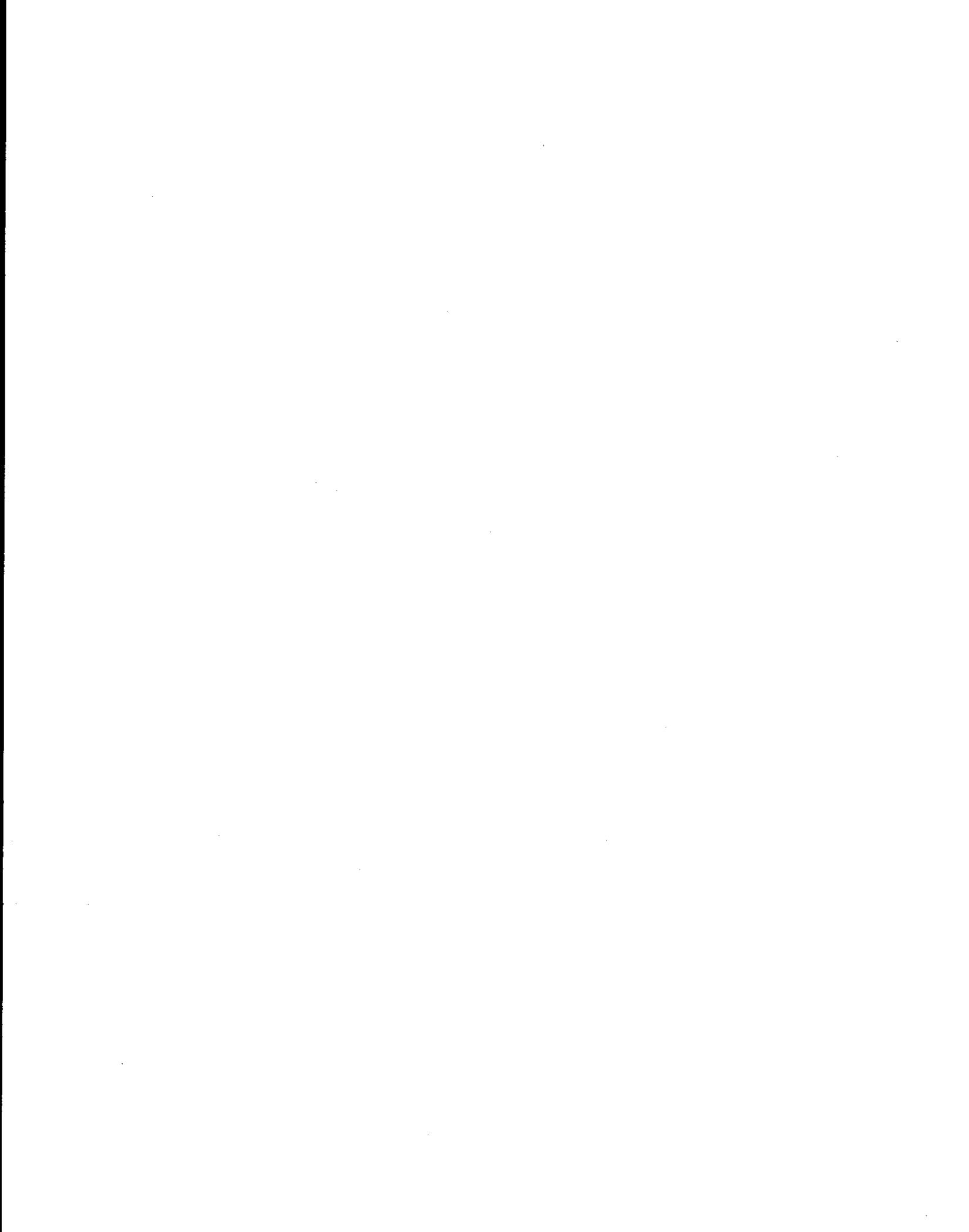
Incomes ranged from \$1310.00 to \$103,565.00 per year.

A total of 51 families had incomes of 200% of poverty or more. Only 12 families had incomes of more than 400% of poverty.

Families were asked to list expenses for the individual in services that were not covered by DDP, Medicaid, or private insurance. Expenses of over \$ 10,000 per year were reported by 12 of the families.

The expenses listed by the families included:

- Home modifications for their child
- Special vans and lifts for wheelchairs
- Specialized childcare (due to medical conditions)
- Adaptive equipment
- Medical travel (gas, meals, and lodging) to numerous doctors appointments including special clinics out of town, out of state, and out of country (ranging from \$2,400 to \$6,000 per year)
- Special air filters for allergies
- Food for special diets
- Over the counter medications/supplements/medications not covered by Medicaid
- Loss of income - due to numerous medical emergencies or spouse unable to work due to lack of childcare options
- Educational resources and special training
- Depends/Diapering supplies, wipes, and gloves (up to \$80 per month - that will be needed throughout lifetime)
- Special clothing
- Safety equipment



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WAIVER OF DEEMING SURVEY RESULTS

LEGISLATIVE INFORMATION 2005

CHILD AGE	COST PLAN	RES SETTING	OTHER SERVICES	FAM SIZE	FAMILY INCOME	% FPG	EXPENSES
17	\$14,659.90	FAMILY	SCHOOL MEALS	4	\$59,368.00	350	\$520.00
15	\$5,707.00	FAMILY		3	\$20,000.00	150	\$300.00
8	\$16,524.00	FAMILY		5	\$9,404.00	100	\$880.35
8	\$15,734.00	FAMILY		4	\$41,000.00	250	\$938.00
11	\$5,170.00	FAMILY		5	\$32,000.00	150	\$2,610.00
5	\$15,800.12	FAMILY		4	\$20,000.00	150	\$1,200.00
11	\$16,077.60	FAMILY		5	\$70,000.00	350	\$311.00
4	\$2,516.00	FAMILY	WIC	2	\$10,000.00	150	\$3,380.00
4	\$9,814.00	FAMILY		4	\$54,000.00	300	\$4,400.00
18	\$20,022.04	FAMILY		4	\$45,000.00	250	\$4,280.00
16	\$16,591.00	FAMILY		4	\$7,445.00	150	\$500.00
6	\$13,991.30	FAMILY	CHILD CARE	3	\$1,310.00	150	\$441.00
16	\$5,790.00	FAMILY		4	\$37,725.00	250	\$200.00
13	\$3,933.00	FAMILY		3	\$42,837.00	300	\$600.00
9	\$5,460.00	FAMILY		6	\$52,483.00	250	\$7,200.00
17	\$8,250.00	FAMILY		5	\$95,000.00	450	\$51,010.00
10	\$18,976.00	FAMILY		3	\$22,000.00	150	\$10,000.00
14	\$4,000.00	FAMILY		4	\$60,427.00	350	\$391.68
18	\$4,000.00	FAMILY		4	\$24,500.00	150	\$630.00
6	\$7,300.00	FAMILY		6	\$34,000.00	150	\$10,215.00
10	\$4,172.00	FAMILY		6	\$79,439.00	350	\$2,100.00
6	\$7,150.00	FAMILY	WIC, FOOD ST., SCHOOL	6	\$16,000.00	100	\$0.00
12	\$2,800.00	FAMILY		4	\$42,347.00	250	\$4,188.00
8	\$10,704.00	FAMILY		4	\$18,000.00	100	\$0.00
6	\$17,980.12	FAMILY		4	\$35,000.00	200	\$7,607.00
16	\$38,562.35	FAMILY		4	\$45,000.00	250	\$1,200.00
17	\$17,354.00	FAMILY	FOOD ST. SCHOOL	6	\$6,720.00	100	\$0.00
14	\$18,934.00	FAMILY	FOOD ST, SCHOOL, CHEM. DEP, LIEAP	2	\$8,200.00	100	\$0.00
14	\$10,769.00	FAMILY	FOOD ST, LIEAP, SCHOOL	5	\$6,800.00	100	\$0.00
20	\$13,494.00	FAMILY		5	\$38,000.00	200	\$0.00
5	\$16,591.00	FAMILY		2	\$21,864.00	200	\$2,776.00
15	\$16,456.00	FAMILY		4	\$72,114.00	400	\$296.60
15	\$1,704.28	FAMILY		4	\$86,679.00	500	\$400.00
9	\$15,223.00	FAMILY	CHIP, SCHOOL	5	\$31,953.00	150	\$100.00
	\$15,993.82	FAMILY		3	\$2,300.00	100	\$160.00
2	\$14,604.20	FAMILY		5	\$38,453.00	200	\$6,422.00
5	\$19,339.00	FAMILY		5	\$65,000.00	300	\$0.00
2	\$19,943.00	FAMILY		5	\$51,000.00	250	\$66,092.75
14	\$15,644.60	FAMILY		4	\$34,000.00	200	\$3,480.00
2	\$13,723.90	FAMILY		4	\$4,000.00	100	\$4,796.00
17	\$23,195.78	FAMILY		3	\$36,000.00	250	\$21,104.00
6	\$15,275.67	FAMILY		4	\$24,500.00	150	\$3,296.00
9	\$15,020.20	FAMILY		4	\$33,500.00	200	\$10,396.00
3	\$15,873.86						
3	\$16,357.04	FAMILY		6	\$36,400.00	150	\$3,298.60

WAIVER OF DEEMING SURVEY RESULTS

LEGISLATIVE INFORMATION 2005

CHILD AGE	COST PLAN	RES SETTING	OTHER SERVICES	FAM SIZE	FAMILY INCOME	% FPG	EXPENSES
14	\$11,437.91	FAMILY		4	\$103,656.00	500+	\$909.00
12	\$12,695.93						
8	\$12,045.93	FAMILY		4	\$34,000.00	200	\$9,228.00
10	\$14,527.76	FAMILY		5	\$50,000.00	250	\$3,090.00
14	\$19,878.53	FAMILY	ALL	3	\$31,931.00	250	\$9,968.00
3	\$10,057.82	FAMILY		4	\$56,000.00	300	\$2,965.00
3	\$9,617.82	FAMILY		4	\$45,000.00	250	\$2,119.19
15	\$12,622.43	FAMILY		4	\$36,000.00	200	\$3,360.00
12	\$15,109.23	FAMILY		6	\$30,059.00	150	\$2,040.00
10	\$13,349.54						
5	\$12,708.82	FAMILY		5	\$29,846.00	150	\$2,600.00
3	\$17,644.80	FAMILY		3	\$62,502.00	400	\$8,300.00
14	\$10,241.25	FAMILY		8	\$42,000.00	150	\$10,075.00
11	\$16,059.84	FAMILY		7	\$33,226.00	150	\$8,660.92
			SCHOOL, PROP TAX REDUCT				
14	\$14,563.00	FAMILY		2	\$4,970.00	100	\$2,530.00
9	\$19,374.00	FAMILY		6	\$50,000.00	200	\$960.00
14	\$16,033.00	FAMILY		6	\$60,000.00	250	\$660.00
12	\$14,350.00						
12	\$16,468.00	FAMILY		3	\$24,000.00	200	\$1,760.00
14	\$20,468.00	FAMILY		4	\$4,000.00	100	\$3,720.00
7	\$20,052.00	FAMILY		3	\$24,762.00	200	\$2,500.00
13	\$16,591.00	FAMILY		3	\$24,000.00	200	\$5,400.00
14	\$16,591.00	FAMILY		3	\$45,000.00	300	\$10,200.00
14	\$10,204.00	FAMILY		4	\$27,636.00	150	\$0.00
17	\$19,708.00	FAMILY	SCHOOL	4	\$24,703.00	150	\$770.00
10	\$16,027.00	FAMILY		4	\$76,327.00	450	\$7,977.20
13	\$18,021.48	FAMILY		4	\$39,000.00	250	\$1,000.00
7	\$12,794.00	FAMILY		4	\$80,000.00	450	\$3,180.00
16	\$17,527.00	FAMILY		2	\$13,000.00	150	\$16,627.00
14	\$13,617.00	FAMILY		4	\$41,000.00	250	\$25,444.00
11	\$16,677.00	FAMILY		4	\$45,000.00	250	\$1,200.00
15	\$17,477.00	FAMILY		4	\$45,000.00	250	\$2,500.00
3	\$6,531.00	FAMILY		4	\$33,000.00	200	\$0.00
9	\$16,591.00	FAMILY		4	\$45,987.00	250	\$2,322.00
13	\$19,977.00	FAMILY		3	\$52,000.00	350	\$3,600.00
18	\$14,997.00	FAMILY		4	\$82,000.00	450	\$0.00
3	\$14,036.96	FAMILY		3	\$31,200.00	250	\$60.00
18	\$6,582.00	FAMILY		5	\$29,112.00	150	\$312.00
6	\$15,076.00	FAMILY		4	\$45,012.00	250	\$960.00
7	\$10,204.00	FAMILY		3	\$44,000.00	300	\$0.00
5	\$15,800.12	FAMILY		4	\$20,000.00	150	\$1,200.00
15	\$5,707.00	FAMILY		3	\$20,000.00	150	\$300.00
8	\$16,524.00	FAMILY		5	\$9,404.00	100	\$880.35
8	\$15,734.00	FAMILY		4	\$41,000.00	250	\$938.00
11	\$5,170.00	FAMILY		5	\$32,000.00	150	\$2,610.00
11	\$16,077.60	FAMILY		5	\$70,000.00	350	\$311.00
4	\$2,516.00	FAMILY	WIC	2	\$10,000.00	100	\$3,380.00
4	\$9,814.00	FAMILY		4	\$54,000.00	300	\$4,400.00
18	\$20,022.04	FAMILY		4	\$45,000.00	250	\$4,280.00

WAIVER OF DEEMING SURVEY RESULTS

LEGISLATIVE INFORMATION 2005

CHILD AGE	COST PLAN	RES SETTING	OTHER SERVICES	FAM SIZE	FAMILY INCOME	% FPG	EXPENSES
11	\$16,966.92	FAMILY	SCHOOL	4	\$20,000.00	150	\$26,970.00
18	\$17,998.64	FAMILY		3	\$66,977.00	450	\$545.00
17	\$4,000.00	FAMILY		6	\$75,000.00	300	\$5,900.00
8	\$13,362.00	FAMILY	CHIP	8	\$37,247.00	150	\$6,322.00
4	\$14,038.00	FAMILY		4	\$55,000.00	300	\$16,066.57
8	\$9,704.00	FAMILY		3	\$47,000.00	300	\$4,300.00
14	\$10,000.00	FAMILY		3	\$32,971.00	250	\$2,520.00
7	\$4,130.00	FAMILY	HEAD ST, SCHOOL	4	\$33,000.00	200	\$5,060.00
14	\$17,253.00	FAMILY		4	\$70,080.00	400	\$3,739.00
10	\$11,479.00	FAMILY		3	\$41,480.00	300	\$0.00
13	\$18,844.00	FAMILY		2	\$14,800.00	150	\$312.00
11	\$7,603.60	FAMILY		4	\$20,000.00	150	\$0.00
5	\$14,237.00	FAMILY		5	\$68,718.00	350	\$1,425.00
12	\$16,951.00	FAMILY		5	\$41,746.00	200	\$0.00
9	\$16,976.36	FAMILY		4	\$59,000.00	250	\$2,700.00
14	\$17,227.00	FAMILY		3	\$43,400.00	300	\$1,320.00
7	\$14,343.00	FAMILY		3	\$12,000.00	100	\$3,820.00
5	\$16,181.20	FAMILY		5	\$41,000.00	200	\$3,380.00
6	\$17,253.00	FAMILY		3	\$80,900.00	500+	\$1,230.00
5	\$15,548.00	FAMILY	SCHOOL	6	\$14,527.00	100	\$8,452.00
12	\$15,963.00	FAMILY		4	\$24,000.00	150	\$4,740.00
4	\$15,801.00	FAMILY		3	\$28,408.00	200	\$13,037.00
7	\$15,288.00	FAMILY		4	\$79,000.00	450	\$1,714.00
12	\$900.00	FAMILY		5	\$25,000.00	150	\$1,308.00

Date: November 1, 2004
To: Child and Family Providers and staff
From: Jeff Sturm, DDP Director
Subject: Waiver of Deeming Survey

As a result of the work of the Medicaid Rewrite Committee and of the legislation drafted regarding the Waiver of Deeming, we are gathering information for a report to the Legislature to inform them of the impact on our consumers and families. The legislation would allow the Department to require recipients who were found eligible for Medicaid, based on the Waiver of Deeming of parental income and resources, to make co-payments for our services on their ability to pay *taking into consideration their parents' income and resources*.

You may remember the report we presented at the 2003 Legislature regarding co-payments. We thank you for your assistance at that time and are asking you to help us on behalf our consumers and families once again.

In order to put together this report before the Legislature meets in January, we need your help to quickly gather the information needed.

The group surveyed will be only the children in IFES services. Of these children, we need to survey *only* those who would be affected by changes in the Waiver of Deeming. So those children whose parents/families qualify for Medicaid should *not* be included. We also *do not* want to include those in Part C or FES services.

Please have the FSS (or provider staff) fill out the information on the first page of the survey. Then the FSS should ask the family if they would prefer to fill out the information on the second page confidentially by themselves or to have the FSS help them.

After the second page is filled out, the family may have the FSS return the survey or they may choose to return it to the FSS in a sealed envelope. If they prefer to remain anonymous, they may also choose to black out the FAMILY NAME from the first page of the survey. *(Please make sure the FSS provides an envelope and a marker to allow them to do this, if they desire.)*

In order for us to compile the findings and write a report on the conclusions before the Legislative Committee convenes, we need for you to please return the completed surveys *before December 1, 2004* to:

ATTN: Jackie Emerson, DDP Central Office, 111 N. Sanders, Room 305, PO Box 4210, Helena, MT 59604-4210.

Thank you for your effort on behalf of the children and families that we serve.

SURVEY FORM

TO BE FILLED OUT BY THE PROVIDER AGENCY:

Please copy and fill out one form per family.

We have asked your organization to provide information for each child in IFES services who receive Medicaid funding as a result of the Waiver of Deeming (i.e. the parent's income has not been considered).

Please check to make sure:

- This family is NOT eligible for Medicaid (*without the Waiver of Deeming*).
- The child IS receiving Medicaid services because of the Waiver of Deeming.
- The child is NOT in FES or Part C services.

FAMILY NAME:	
Step 1. CHILD INFORMATION PLEASE ENTER FOR EACH CHILD IN SERVICES:	
AGE: COST PLAN: \$ FUND SOURCE(S): CHECK ALL THAT APPLY <input type="checkbox"/> STATE FUND GENERAL <input type="checkbox"/> TITLE XIX MEDICAID	AGE: COST PLAN: \$ FUND SOURCE(S): CHECK ALL THAT APPLY <input type="checkbox"/> STATE FUND GENERAL <input type="checkbox"/> TITLE XIX MEDICAID
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Step 2. RESIDENTIAL SETTING

Please check all residential settings that apply:

Family's Residential Home Children's Group Home Children's Foster Home

Step 3. OTHER SERVICES

Please check all of the following services that the family may be receiving.

- CHIP (Children's Health Insurance Program)
- FAIM (Families Achieving Independence in Montana)
- WIC (Women, Infants and Children Program)
- Food Stamps
- Head Start
- Early Head Start
- State Mental Health Services
- State Chemical Dependency Services
- LIEAP (Low Income Energy Assistance Program)
- School Free Meals Program (free breakfast/lunch)
- Child Care Subsidy
- The Caring Program for Children

TO BE FILLED OUT BY THE FAMILY:**Step 1. FAMILY SIZE**

The Federal definition of a family is "a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family." Please count only those who are currently living in your home more than 50% of the time.

How many people are there in your family? _____

Step 2. FAMILY INCOME

Please list the amount of your "adjusted yearly gross income" reported on your latest income tax statement: \$ _____

Step 3. OUT OF POCKET EXPENSES

Please list out of pocket, non-reimbursed (by the Developmental Disabilities Program, private insurance, or service provider) expenses for costs related only to the individual(s) in services and only for the time the person was enrolled in Medicaid during the past 12 months. Include: medical costs, medical travel, major adaptive equipment or modifications (determined medically necessary), co-pays or deductibles, and childcare. Briefly describe the expense and the amount expended. (AN ADDITIONAL SHEET MAY BE ATTACHED IF NEEDED.)

DESCRIPTION OF EXPENSE	AMOUNT
TOTAL	

THANK YOU FOR YOUR HELP WITH THIS SURVEY.

PLEASE RETURN IT TO:
 ATTN: JACKIE EMERSON
 DDP CENTRAL OFFICE
 111 N. SANDERS, ROOM 305
 PO BOX 4210
 HELENA, MT 59604-4210

