

# **Example 1-Change in Family Income**

**Coverage Period-12/1/22-11/30/23**

**Original PA-Family of 4, Income= \$70,000**

**Amendment Scenario: Change in family income-income decrease to \$51,000.00, effective 2/11/23**

**Before completing the form:**

**\*Verify that the correct form is being used-MSA-0927 (11/17)**

**\*Verify that the individual completing/signing the form, is the individual who signed the original IRPA, for the appropriate coverage period**

**\*The IRPA Amendment MUST be signed and dated**

1. **Local Health Department Name:** Enter the name of the Local Health Department

*\*Example 1-Monroe Co.*

2. **LHD Staff Name and Title:** Enter the LHD staff member's name

*\*Example 1-Mike Jones*

3. **Client Name:** Enter the name of the client

*\*Example 1-Minnie Smith*

4. **Client ID Number:** Enter the client's Recipient ID Number

*\*Example 1-0000000033*

5. **Period of Coverage:** Enter the full coverage period in which the change occurred. This would not include any retro months within the coverage period.

*\*Example 1-From: 12/1/22To: 11/30/23*

6. **Adult Client or Legally Responsible Party:** Enter the name of the adult client or legally responsible party

***Example 1-Alice Smith***

7. **Original Agreement Amount:** Enter the original contract obligation amount for the coverage period in which the change occurred. This can be found in the CSHCS database under the Payment Agreement tab.

***Example 1-\$372.00***

8. **The Original Agreement Has Been Changed for the Following Reasons:**

***Example 1***-Check the box for **Change in family income** (new income amount **\$51,000.00**), effective date **2/11/23**. The effective date should reflect the actual date the change occurred.

9. **New Agreement and Approval:** If the change happens between the 1<sup>st</sup>-15<sup>th</sup> of the month, the change is applied to the entire month. If the change happens between the 16<sup>th</sup>-31<sup>st</sup> of the month, the change will begin on the 1<sup>st</sup> of the following month. Also, compute only based on the LAST 12 MONTHS of enrollment. DO NOT include any retro months that may be included in the coverage period.

***Example 1-***

From: **12/1/22** TO: **1/31/23** **\$31.00** In this example, because the change happened prior to the 15<sup>th</sup> of the month, the client is obligated to pay the original monthly repayment amount, for the total number of months, **prior** to the month in which the change occurred. **Per month x 2** (2 months of the original monthly repayment amount is owed), **Months=\$62** (2 months at \$31.00=\$62)

From: **2/1/23** To: **11/30/23**, **\$10.00** Use the Payment Agreement Guide to locate the yearly payment, for the NEW change in income, and calculate the new monthly repayment amount. **Per month x10** (the client will then pay the remaining 10 months of the contract at the new monthly repayment amount), **Months=10** (10 months at \$10.00=\$100)

**Total Obligation=\$162** (\$62.00 + \$100=\$162.00); This is the new contract amount obligation.

**10. Signature of Person Who Signed the Original Agreement:** Obtain the signature of individual who signed the original Payment Agreement. Also verify that the form has been dated.

*\*Example 1-Alice Smith 2/21/23*

## **Additional Reminders:**

**\*VERY IMPORTANT-It is strictly the responsibility of the LHD staff to complete this form. This form should NOT be sent to the families for completion. Once the LHD staff completes the form, it should be reviewed and signed by the individual who signed the original IRPA.**

\*Once an IRPA Amendment is processed, new coupons are **NOT** automatically generated. Please inform the families to continue to use the original coupons.

\*IRPA amendments **CANNOT** be submitted **prior** to the birth of an unborn child, due to pregnancy.

\* We will refund any amount paid over the new payment agreement fee.

\*We will process the refund, if one is due, without being asked by the family.

\*If a family qualifies for a refund and wants to apply the refund to another open payment agreement, accounting prefers to apply it to the oldest open agreement if applicable. There is flexibility with this upon request. This would also be dependent on whether the money should go to the parents or the clients.

\*PRORATING: If the PA change happens between the 1<sup>st</sup>-15<sup>th</sup> of the month, the change is applied to the entire month. If the change happens between the 16<sup>th</sup>- 31<sup>st</sup> of the month, the change will begin on the 1<sup>st</sup> of the following month.

\*We will only amend the current payment agreement, even if the change was in a previous agreement, less than 12 months ago. If a client/family is requesting the amendment/refund for a previous contract, that would need to go through the exception request process.

EXAMPLE: Family income changed on 11/1/2022. The child was enrolled in a payment agreement at the time of the event (enrollment/ PA dates 12/1/21-11/30/22), but we are just getting the IRPA amendment today (01/19/2023). The current enrollment period, at the time the amendment was received, is 12/1/22-11/30/23. The only contract that would be amended would be the 12/1/22-11/30/2023 agreement.

## **Example 2-Change in Family Size**

**Coverage Period-12/1/22-11/30/23**

**Original PA-Family of 4, Income= \$71,000**

**Amendment Scenario: Change in family size-change to Family of 5,  
effective 3/21/23**

**Before completing the form:**

**\*Verify that the correct form is being used-MSA-0927 (11/17)**

**\*Verify that the individual completing/signing the form, is the individual who signed the original IRPA, for the appropriate coverage period**

**\*The IRPA Amendment MUST be signed and dated**

1. **Local Health Department Name:** Enter the name of the Local Health Department

*\*Example 2-Wexford Co.*

2. **LHD Staff Name and Title:** Enter the LHD staff member's name

*\*Example 2-Judy Johnson*

3. **Client Name:** Enter the name of the client

*\*Example 2-Alice Lookinglass*

4. **Client ID Number:** Enter the client's Recipient ID Number

*\*Example 2-0000000011*

5. **Period of Coverage:** Enter the full coverage period in which the change occurred. This would not include any retro months within the coverage period.

*\*Example 2-From: 12/1/22 To: 11/30/23*

6. **Adult Client or Legally Responsible Party:** Enter the name of the adult client or legally responsible party

*\*Example 2-Linda Lookinglass*

7. **Original Agreement Amount:** Enter the original contract obligation amount for the coverage period in which the change occurred. This can be found in the CSHCS database under the Payment Agreement tab.

*\*Example 2-\$372.00*

8. **The Original Agreement Has Been Changed for the Following Reasons:**

*\*Example 2* Check the box for **Change in family size** (new size **5**), effective date **3/21/23**. The effective date should reflect the actual date the change occurred.

9. **New Agreement and Approval:** If the change happens between the 1<sup>st</sup>-15<sup>th</sup> of the month, the change is applied to the entire month. If the change happens between the 16<sup>th</sup>-31<sup>st</sup> of the month, the change will begin on the 1<sup>st</sup> of the following month. Also, compute only based on the LAST 12 MONTHS of enrollment. DO NOT include any retro months that may be included in the coverage period.

*\*Example 2*

From: **12/1/22** To: **3/31/23**, **\$31.00** In this example, because the change happened after the 15<sup>th</sup> of the month, the client is obligated to pay the original monthly repayment amount, for the total number of months, after the month in which the change occurred. **Per month x 4** (4 months of the original monthly repayment amount is owed), **Months=\$124** (4 months at \$31.00=\$)

From: **4/1/23** To: **11/30/23**, **\$16.00** Use the Payment Agreement Guide to locate the yearly payment, for the NEW family size, and calculate the new monthly repayment amount.

**Per month x8** (the client will then pay the remaining months of the contract at the new monthly repayment amount), **Months=\$128** (8 months at \$16.00=\$128)

**Total Obligation=\$252** (\$124.00 + \$128.00=\$252.00); This is the new contract amount obligation.

10. **Signature of Person Who Signed the Original Agreement:** Obtain the signature of individual who signed the original Payment Agreement. Also verify that the form has been dated.

*\*Example 2-Linda Lookinglass      3/27/23*

## **Additional Reminders:**

**\*VERY IMPORTANT-It is strictly the responsibility of the LHD staff to complete this form. This form should NOT be sent to the families for completion. Once the LHD staff completes the form, it should be reviewed and signed by the individual who signed the original IRPA.**

\*Once an IRPA Amendment is processed, new coupons are **NOT** automatically generated. Please inform the families to continue to use the original coupons.

\*IRPA amendments **CANNOT** be submitted **prior** to the birth of an unborn child, due to pregnancy.

\* We will refund any amount paid over the new payment agreement fee.

\*We will process the refund, if one is due, without being asked by the family.

\*If a family qualifies for a refund and wants to apply the refund to another open payment agreement, accounting prefers to apply it to the oldest open agreement if applicable. There is flexibility with this upon request. This would also be dependent on whether the money should go to the parents or the clients.

\*PRORATING: If the PA change happens between the 1<sup>st</sup>-15<sup>th</sup> of the month, the change is applied to the entire month. If the change happens between the 16<sup>th</sup>- 31<sup>st</sup> of the month, the change will begin on the 1<sup>st</sup> of the following month.

\*We will only amend the current payment agreement, even if the change was in a previous agreement, less than 12 months ago. If a client/family is requesting the amendment/refund for a previous contract, that would need to go through the exception request process.

EXAMPLE: Family income changed on 11/1/2022. The child was enrolled in a payment agreement at the time of the event (enrollment/ PA dates 12/1/21-11/30/22), but we are just getting the IRPA amendment today (01/19/2023). The current enrollment period, at the time the amendment was received, is 12/1/22-11/30/23. The only contract that would be amended would be the 12/1/22-11/30/2023 agreement.