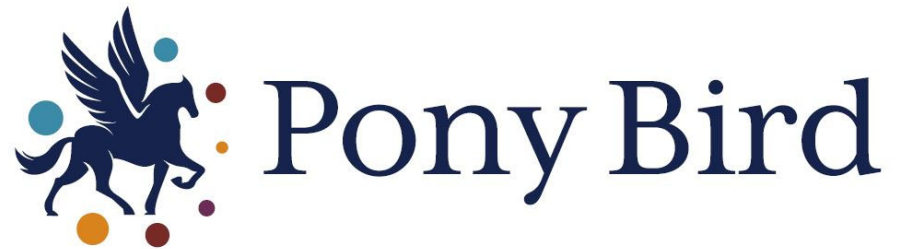




MYCARE VOUCHERS:

How to get a voucher and how to submit one
for payment

June, 2023 Update



Welcome to the MyCare Information Series

Purpose:

- How to obtain a MyCare voucher.
- How to complete a MyCare voucher.
- How to submit a MyCare voucher.



The MyCare Team



Meredith Augusta
Family Support Specialist



Linda Wolf
Director
Family Support & Leisure



Nicole Kyle
Family Support Program Manager



familysupports@ponybird.org

636-282-1414 or 636-933-3764

Here is a MyCare Voucher



Pony Bird

MyCare Voucher

If this voucher was emailed to you, print & only use it one time.

(Instructions on back/page 2)

Name(s) of your enrolled family member:		Issued to:	
Full Address (street, city, zip):			
Preferred Daytime Phone Number:		Email (optional):	
<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work			
Voucher #:	Date Issued:	MAXIMUM VALUE:	Must be used by:
DMH ID:			
<p>Effective 2021 the maximum MyCare reimbursement rate is \$12 per hour up to \$200 per day. You and the person you hire negotiate pay however NextStep will only reimburse up to these amounts. If you pay less, you will be able to get help with more hours/days during the year. If you pay more, you will only receive a reimbursement payment up to these maximum amounts and the excess will be your responsibility to pay. If there are multiple enrolled family members receiving care, you may add up to an additional \$2 per hour if needed. Any other exceptions must be approved in advance for each voucher requested.</p>			

Submit completed voucher immediately after getting your break. Must be received within 30 days of care.

Complete the information below for each respite service:

Beginning Date of Care	Start Time	Ending Date of Care	End Time	Total # days/hours	Total Fees	1 st name of person(s) receiving care	Signature of Provider sign for each service/day of care provided. By signing you are verifying that you provided this care on the dates shown & that you have or expect to be paid for the amount shown.

MO Family Care Safety Registry screening: <input type="checkbox"/> Attached <input type="checkbox"/> Already submitted <input type="checkbox"/> I need help	Your Total Request:	Print Name of Provider:
<p>By signing below I verify that I have hired the provider shown and have either paid or will pay him/her for the total time worked and in the amount shown. I understand that my provider is my employee or contractor and not employed by NextStep for Life. I am requesting funds in the form of a reimbursement to me for this expense and understand that I will not be reimbursed more than \$10/hour or for more than 18 hours a day. I understand that it is my responsibility to pay any fees that exceed the maximum value of this voucher or the MyCare hourly/daily maximums. I understand that NextStep may contact my provider to verify the information on this form.</p>		<p>Provider Daytime Phone:</p> <p>Provider Address:</p>
<p>1. On a scale of 1 to 5 with 5 the highest, how much does MyCare help in reducing the stress you experience as a family caregiver/parent? 1 2 3 4 5</p> <p>2. On a scale of 1 to 5 with 5 the highest, how satisfied are you with MyCare? 1 2 3 4 5</p>		<p>Auth:</p>

Revised Feb 2020

* Hours	Amount
Total Amount:	

How to Get a MyCare Voucher

Call or email to request a voucher.

- If you call after business hours, you can leave a message.



We will need to know:

1. Your name
2. Your family members name
3. The month you plan to use respite
4. The amount of funding you want us to load on your voucher
5. If you want us to mail or email it to you. (If we email it, you must be able to print it.)

Top of Voucher: approval information

- Voucher will have this information already printed when you receive it: Name of your family member(s); your name; voucher #; Date issued; MAXIMUM VALUE; expiration date; & possibly your family member's DMH ID # if known.
- When you submit it enter your address; contact phone #; & email if you want us to communicate by email. Make sure to let us know if this is a new address.



MyCare Voucher

If this voucher was emailed to you, print & only use it one time.

(Instructions on back/page 2)

Name(s) of your enrolled family member:		Issued to:		
Full Address (street, city, zip):				
Preferred Daytime Phone Number:		Email (optional):		
<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work				
Voucher #:	Date Issued:	MAXIMUM VALUE:	Must be used by:	DMH ID:



Information to know

Under the voucher approval information is a section with information you need to know.

- Effective 2021 maximum reimbursement rate is \$12/hour up to \$200 per day.
- You can pay more but this is all that will be reimbursed to you.
- You can pay less and if you do, you will be able to submit more hours of care over the year.
- You must submit your voucher immediately after using respite. Vouchers submitted for payment after more than 30 days could be rejected.
- Page 2 (back) of voucher has detailed instructions.

Effective 2021 the maximum MyCare reimbursement rate is \$12 per hour up to \$200 per day. You and the person you hire negotiate pay however Pony Bird will only reimburse up to these amounts. If you pay less, you will be able to get help with more hours/days during the year. If you pay more, you will only receive a reimbursement payment up to these maximum amounts and the excess will be your responsibility to pay. If there are multiple enrolled family members receiving care, you may add up to an additional \$2 per hour if needed. Any other exceptions must be approved in advance for each voucher requested.



How to Complete the Respite Details

The first section to complete asks for:

- Beginning Date of Care and Start Time
- Ending Date of Care and End Time
- Total number of days or total number of hours, whichever makes the most sense to report.
- Total Fees paid to the provider & if you have more than one enrolled family member who received care.
- Provider signature on each line to confirm the accuracy


Beginning Date of Care	Start Time	Ending Date of Care	End Time	Total # days/hours	Total Fees	1 st name of person(s) receiving care	Signature of Provider Sign for each service/day of care provided. By signing you are verifying that you provided this care on the dates shown & that you have or expect to be paid for the amount shown.



Completing a MyCare Voucher

Under the timesheet section/grid you enter:

- Status of the screening from MO Family Care Safety Registry—
"attached/ already submitted/ need help"
- Total amount you are requesting to be reimbursed
- Printed name of your provider & their daytime phone number & address
- 2 survey questions and a line for your signature to confirm accuracy of the information you are submitting

MO Family Care Safety Registry screening: <input type="checkbox"/> Attached <input type="checkbox"/> Already submitted <input type="checkbox"/> I need help	Your Total Request:	Print Name of Provider:	
<i>By signing below I verify that I have hired the provider shown and have either paid or will pay him/her for the total time worked and in the amount shown. I understand that my provider is my employee or contractor and not employed by NextStep for Life. I am requesting funds in the form of a reimbursement to me for this expense and understand that I will not be reimbursed more than \$10/hour or for more than 18 hours a day. I understand that it is my responsibility to pay any fees that exceed the maximum value of this voucher or the MyCare hourly/daily maximums. I understand that NextStep may contact my provider to verify the information on this form.</i>	Provider Daytime Phone:	Provider Address:	
	1. On a scale of 1 to 5 with 5 the highest, how much does MyCare help in reducing the stress you experience as a family caregiver/parent? 1 2 3 4 5		
	2. On a scale of 1 to 5 with 5 the highest, how satisfied are you with MyCare? 1 2 3 4 5		
*Signature of Parent/Family Caregiver: _____			



How/When to Submit a MyCare Voucher

- Respite payments are issued weekly.
- The deadline for submitting vouchers for payment each week is usually Wednesday at noon. There are a few exceptions each year based on vacation and holiday schedules.
- Vouchers submitted by the weekly deadline will be processed for payment that week.



How to submit forms or contact us

Mail:



Pony Bird Family Support
PO Box 190
Mapaville, MO 63065

Phone:



636-282-1414 or 636-933-3764

Fax:



636-282-1420 or 636-933-3420

Email:



FamilySupports@ponybird.org

Physical Location of Office:

3655 Baptist Park Rd, Festus, MO 63028



Some families have been able to
take a photo of completed forms
& submit to our email address.

Your MyCare Reimbursement

- Checks are issued through the Pony Bird Business Office located in another location.
- They are delivered to the MyCare Office by Friday morning for mailing.
- They are normally mailed Friday afternoon.
- Your check will be mailed unless you tell us when you submit the voucher that you want to pick it up. Checks can be picked up after 10AM on Friday. Call before you arrive.
- Starting in 2023 Direct Deposit became an option for receiving payments. Contact the MyCare office for details on how to sign up.

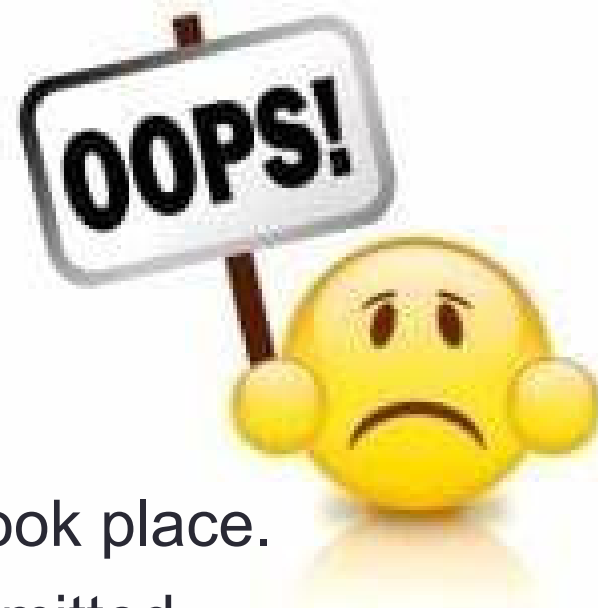


Pony Bird is not responsible for & cannot guarantee a delivery date of checks that are mailed through the post office. There have been situations where checks took as long as 4 weeks to be delivered!

Common Mistakes

These can delay processing your request:

- You forgot to sign.
- Your provider failed to sign.
- You submitted the voucher before the care took place.
- We are unable to read what you entered/submitted.
- Your provider's screening has not been received.
- Your provider's screening is over 12 months old.
- You are requesting an amount that is higher than what was approved.
- You are requesting more than the maximum reimbursement rate.
- You missed the deadline.



We hope this was helpful information!

- If you have any questions, feel free to call or email us.



636-282-1414

or

636-933-3764



FamilySupports@ponybird.org

