# Rules of
## Department of Health and Senior Services
### Division 40—Division of Maternal, Child and Family Health
#### Chapter 7—Metabolic Formula Program

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 CSR 40-7.010</td>
<td>Definitions (Rescinded October 30, 2020) .................................................3</td>
</tr>
<tr>
<td>19 CSR 40-7.020</td>
<td>Program Eligibility (Rescinded October 30, 2020) ........................................3</td>
</tr>
<tr>
<td>19 CSR 40-7.030</td>
<td>Client Responsibilities (Rescinded October 30, 2020) ...................................3</td>
</tr>
<tr>
<td>19 CSR 40-7.040</td>
<td>Definitions .......................................................................................3</td>
</tr>
<tr>
<td>19 CSR 40-7.050</td>
<td>Program Eligibility .............................................................................3</td>
</tr>
<tr>
<td>19 CSR 40-7.060</td>
<td>Application Process ............................................................................4</td>
</tr>
</tbody>
</table>
Title 19—DEPARTMENT OF
HEALTH AND SENIOR SERVICES
Division 40—Division of Maternal, Child
and Family Health
Chapter 7—Metabolic Formula Program

19 CSR 40-7.010 Definitions
(Rescinded October 30, 2020)

AUTHORITY: sections 191.300–191.380,
rule filed Aug. 19, 1996, effective Aug. 29,
Rescinded: Filed April 23, 2020, effective

19 CSR 40-7.020 Program Eligibility
(Rescinded October 30, 2020)

AUTHORITY: sections 191.300–191.380,
Rescinded: Filed April 23, 2020, effective

19 CSR 40-7.030 Client Responsibilities
(Rescinded October 30, 2020)

AUTHORITY: sections 191.300–191.380,
rule filed Aug. 19, 1996, effective Aug. 29,
Rescinded: Filed April 23, 2020, effective

19 CSR 40-7.040 Definitions

PURPOSE: This rule defines the terms used
in this chapter.

(1) Client is a person who meets eligibility
requirements as defined by 19 CSR 40-7.050
Program Eligibility, and is approved for par-
cipation in the Metabolic Formula Program
(MFP).

(2) Department is the Missouri Department
of Health and Senior Services.

(3) The Metabolic Formula Program is a pro-
gram of the department through which low-
protein formula, a special dietary product, is
provided to individuals diagnosed as having
phenylketonuria (PKU), maple syrup urine
disease (MSUD) and other metabolic condi-
tions as approved by the Newborn Screening
Standing Committee. The Newborn Screen-
ing Standing Committee, a subcommittee of
the Missouri Genetic Advisory Committee,
makes recommendations on newborn screen-
ing issues.

(4) Maple syrup urine disease (MSUD) is a
metabolic disorder due to a defect in the
enzyme that is responsible for the metabolism
of the essential branched-chain amino acids
isoleucine, leucine and valine.

(5) Metabolic treatment center is a medical
facility with the capacity to diagnose
metabolic conditions and to provide com-pre-
hensive medical management.

(6) Phenylketonuria (PKU) is a hereditary
disorder of phenylalanine metabolism charac-
terized by brain damage and mental retarda-
tion due to accumulation of toxic metabolic
products.

(7) Resident is an individual having a domic-
ile in Missouri with the intention to live in
Missouri on a permanent basis.

(8) Sliding fee scale is the tool utilized to
determine the monthly premium to be paid
for the MFP program services.

19 CSR 40-7.050 Program Eligibility

PURPOSE: The Department of Health and
Senior Services (DHSS) provides low-protein
formula, a special dietary product, to indi-
viduals diagnosed as having phenylketonuria
(PKU), maple syrup urine disease (MSUD)
and other metabolic conditions as approved
by the Newborn Screening Standing Commit-
tee, a subcommittee of the Missouri Genetic
Advisory Committee which makes recommen-
dations to the department on newborn screen-
ing issues. This rule establishes the criteria
by which the Metabolic Formula Program
accepts clients for service.

(1) Conditions of eligibility for the Metabol-
ic Formula Program (MFP) include:

(A) An applicant must be diagnosed as
having phenylketonuria (PKU), maple syrup
urine disease (MSUD) or other metabolic
conditions as approved by the Newborn
Screening Standing Committee and recom-

mended to the department. The diagnosis
must be made by a physician who practices at
a metabolic treatment center;

(B) An applicant must be a resident of Mis-
souri and cannot reside in a state facility.
Proof of residency will consist of submitting
a copy of the previous month’s utility bill
with the applicant’s home address clearly
printed;

(C) The physician treating the applicant
must submit the following information to the
department:

1. A letter requesting the applicant be
placed on the MFP;

2. The name and address of the appli-
cant; and

3. A prescription, signed by the treating
physician, stating the name of the low-pro-
ton formula, a special dietary product the indi-
vidual will be using; and

(D) Financial eligibility guidelines for
enrollment in the MFP shall be based upon
the Poverty Income Guidelines as established
by the United States Department of Health
and Human Services. Determination of indi-
vidual applicant eligibility shall be based
upon the following:

1. Applicants five (5) years or under
shall have no income qualification require-
ments;

2. Applicants six (6) through eighteen
(18) years whose family income is below
three hundred percent (300%) of the federal
poverty level shall be eligible for enrollment
in the MFP;

3. Applicants six (6) through eighteen
(18) years whose family income is at three
hundred percent (300%) of the federal pov-
ty level or above shall be eligible based on
a sliding fee scale for enrollment in the MFP;

4. Applicants nineteen (19) years and
above whose income does not exceed one
hundred eighty-five percent (185%) of the
federal poverty level shall be eligible for
enrollment in the MFP;

5. Size of family unit shall be the num-
ber of persons in the household, including the
responsible party(ies) and dependents allow-
able by the Internal Revenue Service as fed-
eral income tax exemptions. The family size
may be increased by two (2) additional fami-
ly members per affected individual nineteen
(19) years and above for the cost of low-pro-
tein formula; and

6. Funding to eligible applicants may be
adjusted by the department based on available
funding.

(2) A sliding fee scale shall be used to deter-
mine the amount of monthly premium and
assistance to be provided by the department
for those individuals six (6) through eighteen (18) years having no insurance, Medicaid or Medicare and whose adjusted gross income places the family at three hundred percent (300%) of the federal poverty level or above. The sliding fee scale shall be updated based on changes in the federal poverty guidelines. The adjusted gross income line from Internal Revenue Service recognized tax forms shall be the income used to determine financial eligibility with adjustments for child support received or paid. The table for establishing a sliding scale fee of premiums is provided below.

<table>
<thead>
<tr>
<th>Adjusted Gross Income is:</th>
<th>Approximate Family Monthly Premium for Formula*</th>
</tr>
</thead>
<tbody>
<tr>
<td>299% of poverty or below</td>
<td>0</td>
</tr>
<tr>
<td>300% – 399% of poverty</td>
<td>25%</td>
</tr>
<tr>
<td>400% – 499% of poverty</td>
<td>40%</td>
</tr>
<tr>
<td>500% of poverty and above</td>
<td>50%</td>
</tr>
</tbody>
</table>

*Based upon DHSS cost of formula and subject to available funding for the program.

(3) Approved applicants having no insurance coverage for metabolic formula, Medicaid benefits or other third party payor will have formula provided as prescribed by the person’s genetic disease physician or a general physician in consultation with the genetic disease physician at the metabolic treatment center.


19 CSR 40-7.060 Application Process

PURPOSE: This rule establishes how individuals apply for participation in the Metabolic Formula Program.

(1) Application for participation in the Metabolic Formula Program (MFP) shall be made on forms designated by the Department of Health and Senior Services. Application forms may be requested from the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570.

(2) The applicant, or if the applicant is a minor or incapacitated, the applicant’s parent(s) or legal guardian, shall:

- Submit a copy of their most recent federal 1040 tax form and complete a Metabolic Formula Program application that includes: the applicant’s last name, first, middle initial; date of birth; gender; race; marital status; Social Security number; address (street, city, state, zip); county of residence; home telephone number; cell telephone number; work telephone number; responsible party (last, first, middle initial), relationship and phone number; a copy of any applicable court appointed guardian/custodian document; dependents claimed on federal income tax filing (last, first, middle initial), relationship to the applicant and Social Security number of the dependents; alternate contact (last, first, middle initial), relationship to the applicant and phone number; MO HealthNet number (if applicable); amount of MO HealthNet spend down per month (if applicable); copy of the previous month’s utility bill with the applicant’s home address clearly printed as proof of residency.

(3) When the applicant is eligible, payments shall be made for such services through MO HealthNet or other insurance benefits available to the applicant to the fullest possible extent. The benefits available under the provisions of section 191.331, RSMo Supp. 2007 shall not replace those provided under other federal or state law or under other contractual or legal entitlements of the persons receiving them.

(4) The applicant is responsible for paying for any amount of debt incurred above the program amount paid by the department based on the established sliding fee scale in 19 CSR 40-7.050.

(5) The applicant or the applicant’s parent(s) or legal guardian shall provide the department with complete and accurate information concerning their financial status.

(6) To maintain eligibility, an applicant shall submit a new application prior to the end of the eligibility period. The eligibility period shall be the state fiscal year, July 1 through June 30. Each new application submitted must meet the eligibility requirements and the most recent federal 1040 tax form must be submitted with the application. Applications may be accepted any time during the fiscal year.

(7) If the applicant or the applicant’s parent(s) or legal guardian does not meet the requirements of sections (1)–(3) of this rule, the MFP shall discontinue services. The applicant may retain eligibility for service coordination services if the applicant’s income exceeds income eligibility guidelines.

(8) Any applicant determined ineligible for the MFP may reapply based on changes, which may make them eligible.
