ELC School Readiness Eligibility Process Summary

Process	Parents	Providers
New SR Placements At-Risk- BG1	1. ELC receives referral from partner agency. 2. ELC notifies families of eligibility within 10 days of receipt. 3. Parents have up to 30 days to complete application process. They must identify a provider at this time. IF they do not enroll within 30 days, they will need a new referral. 4. Eligibility: 12 months; must have renewed referrals or roll into BG-8 to remain eligible. Families have up to 3 months from the referral expiration date (re-establishment period) to find a purpose for care if the extra time needed as long as they don't exceed 85 SMI. Example-For a PCSO referral, the family will receive a minimum of 5 months of care (2mo referral + 3 months re-establishment period).	1. Once a child has been approved for enrollment, they will appear on the provider's roster. 2. The signed Payment Certificate is on the SR Enrollments screen. Path on Portal: <u>Enrollments</u> Header, <u>Manage SR Enrollments,</u> <u>View/Edit SR Enrollments,</u> and scroll all the way to the right to see the <u>View Payment Certificate</u> button.
New SR Placements TANF- BG3	1. Career Source notifies parent of eligibility. 2. Parent has 10 days to apply and enroll. They must identify a provider at this time. 3. Eligibility: Based on referral (12-month eligibility rule does not apply based on TANF funding); must have renewed referrals or roll into BG8 to remain eligible.	
New SR Placements Economically Disadvantaged- BG8	1. Parent applies for waitlist in MOD. 2. Funding notices are sent (in batch or individually) via email via MOD. 3. Parent has 30 days to complete the application in MOD. They must identify a provider at this time. 4. Once approved they must sign payment certificate in MOD. 5. Eligibility: 12 months; $ must stay < 85% SMI. Families have up to 90 days to re-establish their purpose for care.	
Redeterminations BG1	BG1-They have a review date and recert date now. Referral Reviews: 1. Eligibility is set-up for a year. However, there is a review date based on the referral end date that we track as well.	1. Providers can see all redetermination dates on rosters in MOD. Recert dates are listed on the Payment Certificates as well for clients and providers to see.

	2. At the end of the referral:
	   a. Eligible clients could receive a new referral and care will be updated to match the new referral end date.
	   b. Clients no longer under CP but who have submitted eligible documents will roll into another category.
	   c. Clients who do not receive another referral and don't submit eligible documents will still receive another 3 months to re-establish a purpose for care (CP, EM, ET, DI) as long as they are under 85 SMI. If at the end of the 3 months, they are still ineligible then care will term.
	
	3. Recerts for BG1's work the same as any other funding groups (must be completed annually, they receive 45 days notification, etc).
		2. (Manually) typed notifications are also uploaded to the document library in MOD approximately 30-45 days prior to redetermination.
		3. Redetermination status is updated in the Provider Portal immediately upon approval or denial. It is not necessary for a provider to call to confirm. Confirmation of successful redeterm can confirmed by: new redetermination date on roster in MOD; Payment Certificate in MOD.

Redetermination BG3	BG3-Eligibility follows the referral date. CSP sends referrals to update care accordingly. We do ensure that the families go through the wizard annually. **Reviews-If no updated referral is submitted or the referring agency terminates services, clients get a 3-month re-establishment period from the referral end date or the termination date whichever comes first. Services will end if they are still ineligible at the end of the 3 months.	1. Providers can see all redetermination dates on rosters in MOD. Recert dates are listed on the Payment Certificates as well for clients and providers to see. 2. (Manually) typed notifications are also uploaded to the document library in MOD approximately 30-45 days prior to redetermination. 3. Redetermination status is updated in the Provider Portal immediately upon approval or denial. It is not necessary for a provider to call to confirm. Confirmation of successful redeterm can confirmed by: new redetermination date on roster in MOD; Payment Certificate in MOD.

| Redeterminations BG8 | 1. Email notification via MOD 45 days prior to recert date; submission button appears
2. Email notification via MOD 30 days prior to recert date
3. Email notification via MOD 15 days prior to recert date
4. ~~Paper letters are manually composed and sent via US mail advising parents to log into portal to recert their eligibility~~
5. Once recertification documents are submitted, staff review and verify within 10 business days.
6. If redetermination is complete and eligible, parents are notified via MOD email to sign the Payment Certificate via portal. There will be future enhancements in MOD to enforce signatures on Payment Certificates. Clients can pull up a signed Payment Certificate in their Family Portal account (it's printable too).
7. If redetermination is incomplete parents are notified via MOD email. ELC is temporarily calling families rejected due to missing documents. (We have a pending ticket on the rejection process so in the meantime we are also calling families for files that are rejected due to missing documents.) All documents must be submitted by the due date to remain eligible.
8. In the event a family does not respond, submits incomplete documentation or is determined ineligible the scholarship will not be renewed. The "update eligibility" button in the Family Portal will disappear after the eligibility end date. Termination will be effective the last day of the eligibility period. Families must reapply for the waitlist in order to start services again.
9. While *initial* eligibility requires to HH income to be at or below 200% of FPL, families may *recertify* even if their income is >200% FPL, but under 85% SMI. This is significantly higher than FPL. | 1. Providers can see all redetermination dates on rosters in MOD. Recert dates are listed on the Payment Certificates as well for clients and providers to see.
2. ~~(Manually) typed notifications are also uploaded to the document library in MOD approximately 30-45 days prior to redetermination.~~
3. Redetermination status is updated in the Provider Portal immediately upon approval or denial. It is not necessary for a provider to call to confirm. Confirmation of successful redeterm can confirmed by: new redetermination date on roster in MOD; Payment Certificate in MOD. |
| Terminations | 1. Terminations are effective the last day of the eligibility is the last day we pay for. Providers cannot mark attendance for the following day.
2. Graduated phase out. Graduated phase out is for families between 150%FPL and 85% SMI. In theory, if their income continues to increase, then eventually they will be over 85% SMI and no longer | 1. Terminations that occur at the time of redetermination: Providers are called 5 days prior to end date ~~on the last day of care~~ if redetermination has not been completed and approved. |

	eligible for services. Once we determine they are over income, the family will receive a 14-day term notice (not to exceed their eligibility end date) and services will discontinue. 3. Families who are terminated must reapply for services. Once a child is terminated, the only way to reopen the case is via the waitlist application in MOD.	Terminations that occur *prior* to the end of the eligibility period: Providers are notified by <u>notices in their document library</u> 14-days prior notification to parents and providers. Since these dates are outside of the eligibility end date, it doesn't currently appear on their dashboard. (We have requested this enhancement in the Portal from OEL). 2. Last day of eligibility is displayed on the roster in MOD. Providers are unable to submit attendance past the eligibility period. 3. Roster Terms- If a child stops attending, the provider reports a termination of enrollment on the roster in the provider portal.
Absences	1. Child may have 3 unexcused, paid absences. 2. Absences 4-10 must be documented by parent or healthcare provider.	1. Providers may be paid for 3 absences per month with no documentation. 2. Absences 4-10 require the submission of RJOA along with documentation. 3. Absences >10 days are not eligible for payment. 4. If a provider loses contact with a family for 5 days or more, they must notify Family Services.