EFS Modernization Guidance
Incorrect Care Level

Scenario: Child has incorrect care level. Record was not updated by the automated process and needs to be split into two records (one per care level).

Step 1:
Step 2:

Steps 3, 4, 5:
Step 6:

Step 7:
Step 8:

Children Needing Care

Step 9:

Update Eligibility

Eligibility Assignments for C1 TS12

Current Authorization Period: 08/10/2018 - 08/09/2019

Current Eligibility Map

Current Authorization Period: 08/10/2018 - 08/09/2019

Eligibility Assignment

ECON 00A 08/10/2018 - 08/09/2019

STEP 9) Click Update
Steps 10, 11:

STEP 10: Update Eligibility End Date (Day before child’s birthday)
STEP 11: Click OK
Step 12:

Note:
Assignment has shifted to Ended Assignment Section
STEP 12) Click Add Eligibility Assignment
Steps 13, 14, 15:

13. Enter Funding Details
   Note: Eligibility Begin Date is the Child's Birthday and Eligibility End Date is the Last Day of the Authorization Period.

14. See Care Information
    Note: Do not forget to update the Level of Care.

15. Click OK
Step 16:

Update Eligibility

<table>
<thead>
<tr>
<th>Eligibility Code</th>
<th>Billing Group</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Funding Agency ID (code, type, name)</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Authorization Period</td>
<td>08/10/2019 - 08/10/2019</td>
<td>Update</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECON</td>
<td>BG8</td>
<td>08/25/2019</td>
<td>08/10/2019</td>
<td>10 (33-MFT, BG8, Match Funder Testing)</td>
<td>Cancel, Update</td>
</tr>
<tr>
<td>Ended Assignments</td>
<td>ECON</td>
<td>04/10/2019</td>
<td>06/24/2019</td>
<td>10 (33-MFT, DOO, Match Funder Testing)</td>
<td>Update</td>
</tr>
</tbody>
</table>

Add Eligibility Assignment.  Add Next Authorization Period.

Current Eligibility Map

Current Authorization Period: 08/10/2018 - 08/10/2019

Eligibility Assignment:
- ECON, BG8 (33-MFT)
- 08/25/2019 - 08/10/2019

STEP 16) Review and Click Save

Step 17:

Children Needing Care

C1 TS12 (child, male, age 4)
- Ethnicity: Prefer not to answer
- Accuracy: Prefer not to answer
- Care days: Monday-Friday
- Care types: Fulltime
- Citizenship: Unknown
- Age verification: Unknown
- Medicaid eligibility: Unknown
- Current authorization period: 08/10/2018 - 08/10/2019
- Person ID: 986
- Eligibility verification ID: EV00003158

STEP 17) Click Enrollments
Step 18:

STEP 18) Click Add Enrollment...
Step 19:
Steps 20, 21:

Step 22:
Step 23:

Click OK.
Steps 24, 25:

STEP 24) Enter Anticipated Start Date
STEP 25) Fill out the rest of the info and click save.
Step 26:

<table>
<thead>
<tr>
<th>Enrollments for C1 TS12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Name:</strong> 1-2-3 STEP BY STEP</td>
</tr>
<tr>
<td><strong>Contact Phone:</strong> (456) 678-9012</td>
</tr>
<tr>
<td><strong>Location:</strong> 123 Somewhere Dr, Tallahassee, 32309, Leon County</td>
</tr>
<tr>
<td><strong>Enrollment End Date:</strong> 10/24/2019</td>
</tr>
<tr>
<td><strong>Last Attendance Date:</strong> N/A</td>
</tr>
<tr>
<td><strong>Enrollment Start Date:</strong> 10/25/2019</td>
</tr>
<tr>
<td><strong>First Attendance Date:</strong> N/A</td>
</tr>
</tbody>
</table>

**STEP 26: Review and Click Close**

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