



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).

Update Eligibility

Eligibility Assignments for C1 TS12

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
Current Authorization Period (08/10/2018 - 08/09/2019) Update					
ECON	BC8	08/10/2018	08/09/2019	10 (33-MFT, BC8, Match Funder Testing)	Update End Eligibility

Add Eligibility Assignment... | Add Next Authorization Period...

Current Eligibility Map

Current Authorization Period 08/10/2018 - 08/09/2019	Today: 3/10/2019 Child DOB: 10/25/2014 (Current Age is 4yo) Start Date: 08/10/2018 (Age was 3yo) Current Level of Care: [36 < 48 Months] On 10/25/2018 the Level of Care should be: [48 < 60 Months]
Eligibility Assignment ECON BC8 (33-MFT) 08/10/2018 - 08/09/2019	What Needs to Happen: 1) End Enrollment on 10/24/2018 2) Update Elig. Assignment End Date to 10/24/2018 3) Create New Elig. Assignment From 10/25/2018 - 08/09/2019 4) Create New Enrollment on 10/25/2018
Enrollment 1-2-3 STEP BY STEP 08/10/2018 -	

Save | Cancel

Step 1:

Children Needing Care

C1 TS12 (child, male, age 4) Changed

Eligibility status: Eligible
Enrollment status: Enrolled
Date of birth: 10/25/2014
Ethnicity: Prefer not to answer
Races: 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 - 08/09/2019
Person ID: 4956
Eligibility verification ID: EV_0000003158

History
Change Status
1 Eligibility
Enrollments
Edit

Note:
1) Child is Eligible
2) Child is Enrollment
STEP 1) Click Enrollments

Add Child...

Step 2:

Enrollments

Enrollments for C1 TS12

Child Enrollment Status: Enrolled [View Payment Certificate](#)

Provider Name: 1-2-3 STEP BY STEP	Provider ID: 577 View Profile
Contact Phone: (450) 879-4561	Contact Email: joel@foo.com
Location: 123 Somewhere Dr Tallahassee, 32309 Leon County	Parent Fee (Copay): \$3.74
Enrollment Start Date: 08/10/2018	Enrollment End Date: N/A
First Attendance Date: N/A	Last Attendance Date: N/A

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STEP 2) Click End Enrollment

Steps 3, 4, 5:

End Enrollment

End Enrollment Reason* **3** EU - Enrollment Record Upd ▼

Last Day of Service* **4** 10/24/2018

Is there a past due parent fee?* Yes No

Past Due Parent Fee Amount \$

Is there a payment plan in place? Yes No

Please attach payment plan document. No file chosen

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STEP 3) Select 'EU - Enrollment Record Update'
Note: Selecting this reason will not send out Termination Emails.

STEP 4) Enter Last Day of Services (Day Before Child Birthday)

STEP 5) Click Save

Step 6:

The screenshot shows a 'Confirm End Enrollment' dialog box. The dialog contains a message: "Ending the enrollment on this day means that reimbursements will not be provided for services after this date. End this enrollment with the specified dates?". At the bottom right of the dialog, there are two buttons: "Yes" and "Cancel". A yellow circle with the number "6" is positioned over the "Yes" button. To the right of the dialog, a yellow-bordered box contains the text "STEP 6) Click Yes".

Step 7:

The screenshot shows the 'Enrollments' page for 'C1 TS12'. The page displays enrollment details for a child whose status is 'Enrollment Ended (Terminated)'. The details include: Provider Name: 1-2-3 STEP BY STEP; Contact Phone: (450) 879-4561; Location: 123 Somewhere Dr, Tallahassee, 32309, Leon County; Enrollment Start Date: 08/10/2018; First Attendance Date: N/A; Provider ID: 577; Contact Email: joel@foo.com; Parent Fee (Copay): \$3.74; Enrollment End Date: 10/24/2018; Last Attendance Date: N/A. There are buttons for 'Acknowledge' and 'View Payment Certificate'. At the bottom of the enrollment card are buttons for 'Cancel', 'Repair', and 'History'. Below the card is an 'Add Enrollment...' button. At the bottom right of the page, a yellow circle with the number "7" is positioned over a 'Close' button. A yellow-bordered box on the right side of the enrollment card contains a note: "Note: 1) Enrollment Status Changed to Terminated 2) Enrollment End Date is 10/24/2018" and the text "STEP 7) Click Close".

Step 8:

Children Needing Care

C1 TS12 (child, male, age 4) Changed

Eligibility status: Eligible

Enrollment status: Enrollment Ended (Terminated)

Date of birth: 10/25/2014

Ethnicity: Prefer not to answer

Races: 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 - 08/09/2019

Person ID: 4956

Eligibility verification ID: EV_0000003158

History

Change Status

8 Eligibility

Enrollments

Edit

Add Child...

Note:

1) Enrollment Status Changed to Terminated

STEP 8) Click Eligibility

Step 9:

Update Eligibility

Eligibility Assignments for C1 TS12

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
<i>Current Authorization Period (08/10/2018 - 08/09/2019)</i> Update					
ECON	BGB	08/10/2018	08/09/2019	10 (33-MFT, BGB, Match Funder Testing)	9 Update End Eligibility

Add Eligibility Assignment... Add Need Authorization Period...

Current Eligibility Map

Current Authorization Period	08/10/2018 - 08/09/2019
Eligibility Assignment	ECON BGB (33-MFT)
	08/10/2018 - 08/09/2019

STEP 9) Click Update

Save Cancel

Steps 10, 11:

The screenshot shows the 'Edit Eligibility Assignment' form with the following sections and fields:

- Funding Details:**
 - Funder Type: SR, Local, E-TAPP, P-TAPP
 - Billing Group: BC8
 - Eligibility Code: ECON
 - Match Funder: Match Funder Testing
 - Eligibility Begin Date: 08/10/2018
 - Eligibility End Date: 10/24/2018 (Annotated with a yellow circle and the number 10)
 - Purpose-for-Care Review Date: (Empty)
- Care Information:**
 - Priority: 03
 - Level of Care: 36 < 48 Months
 - Purpose for Care: JOB SEARCH
 - Rlyra Wilson Reporting Requirements
 - Copay in Effect: FULL TIME DAILY RATE
- Co-Payment:** (Recalculate)
- Total Household Members: 2
- Full time Co-payment Amount: \$ 3.74
- Part time Co-payment Amount: \$ 1.87
- Full Time Co-payment Waiver or Reduction:**
 - Full Time Co-payment is Waived or Reduced
 - Reduction Amount: \$ 0.00
 - Co-payment Reduction or Waiver Reason: (Empty)
 - Additional Waiver or Reduction Details: (Empty)
- Part Time Co-payment Waiver or Reduction:**
 - Part Time Co-payment is Waived or Reduced

Annotations:

- A yellow box at the top contains the text: "STEP 10) Update Eligibility End Date (Day before child's birthday) STEP 11) Click OK"
- A yellow circle with the number "10" is placed over the Eligibility End Date field.
- A yellow circle with the number "11" is placed over the OK button at the bottom right.

Step 12:

Update Eligibility

Eligibility Assignments for C1 TS12

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
<i>Current Authorization Period</i> (08/10/2018 - 08/09/2019) <input type="button" value="Update"/>					
<i>Ended Assignments</i>					
ECON	BG8	08/10/2018	10/24/2018	10 (33-MFT, BG8, Match Funder Testing)	<input type="button" value="Update"/>

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Current Eligibility Map

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

Note:
Assignment has shifted to Ended Assignment Section
STEP 12) Click Add Eligibility Assignment

Steps 13, 14, 15:

The screenshot shows the 'Add Eligibility Assignment' form with the following sections and callouts:

- Funding Details (Step 13):** Includes Funder Type (radio buttons for SR, Local, E-TAPP, P-TAPP), Billing Group (dropdown: BGL), Eligibility Code (dropdown: ECON), Match Funder (dropdown: Match Funder Testing), Eligibility Begin Date (text input: 10/25/2018), and Eligibility End Date (text input: 00/09/2019).
- Care Information (Step 14):** Includes Priority (dropdown: 03), Level of Care (dropdown: 48 < 60 Months), Purpose for Care (dropdown: EMPLOYED), and Copay In Effect (dropdown: FULL TIME DAILY RATE).
- Co-Payment (Step 15):** Includes Total Household Members (text input: 2), Full time Co-payment Amount (text input: \$ 3.74), Part time Co-payment Amount (text input: \$ 1.87), and Full Time Co-payment Waiver or Reduction (checkbox: Full Time Co-payment is Waived or Reduced, Reduction Amount: \$ 0).

A callout box in the center of the form provides instructions:

- STEP 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.
- STEP 14) Set Care Information
Note: Do not forget to update the Level of Care.
- STEP 15) Click OK

Buttons for 'OK' and 'Cancel' are located at the bottom right of the form.

Step 16:

Update Eligibility

Eligibility Assignments for C1 TS12

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
<i>Current Authorization Period</i> (08/10/2018 - 08/09/2019) Update					
ECON	BG8	10/25/2018	08/09/2019	10 (33-MFT, BG8, Match Funder Testing)	Cancel Update
<i>Ended Assignments</i>					
ECON	BG8	08/10/2018	10/24/2018	10 (33-MFT, BG8, Match Funder Testing)	Update

Add Eligibility Assignment... Add Next Authorization Period...

Current Eligibility Map

Current Authorization Period	08/10/2018 - 08/09/2019
Eligibility Assignment	ECON BG8 (33 MFT) 10/25/2018 - 08/09/2019

STEP 16) Review and Click Save

16 Save Cancel

Step 17:

Children Needing Care

C1 TS12 (child, male, age 4) Changed

Eligibility status: Eligible

Enrollment status: Enrollment Ended (Terminated)

Date of birth: 10/25/2014

Ethnicity: Prefer not to answer

Races: 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 - 08/09/2019

Person ID: 4956

Eligibility verification ID: EV_0000003158

Add Child...

History

Change Status

Eligibility

17 Enrollments

Edit

STEP 17) Click Enrollments

Step 18:

Enrollments

Enrollments for C1 TS12

Child Enrollment Status: Enrollment Ended (Terminated) [View Payment Certificate](#)

Provider Name: 1-2-3 STEP BY STEP	Provider ID: 577 V
Contact Phone: (450) 879-4561	Contact Email: joe STEP 18) Click Add Enrollment...
Location: 123 Somewhere Dr Tallahassee, 32309 Leon County	Parent Fee (Copay):
Enrollment Start Date: 08/10/2018	Enrollment End Date:
First Attendance Date: N/A	Last Attendance Date:

[Cancel](#) [Repair](#) [End Enrollment](#) [History](#)

[Add Enrollment...](#) **18**

[Close](#)

Step 19:

Add Enrollment

Select a Provider for C1 TS12*

There are no provider selections for this child.

Other: 19 Browse...

Details of Selected Provider	
Name	Provider ID
Location	Provider Type
Contact Phone Number	Profile Status
Contact Email Address	Program Year
	Gold Seal Type

Anticipated Start Date*

Eligibility Information

Eligibility Begin Date	Eligibility End Date	Level of Care
Full time Co-payment \$	Part time Co-payment \$	Copay in Effect

Override Copay in Effect

School Calendar

School Holiday Unit of Care

School Day Unit of Care

Childcare Enrollment Schedule

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Initial Enrollment Action*

STEP 19) Click Browse

Steps 20, 21:

Search for a Provider

Look for providers that match your desired search criteria.

STEP 20) Enter Provider Name
STEP 21) Click Search

Provider Name **20**

Street Address

City

Zip Code

County Leon

21 Search

OK Cancel

Step 22:

Search for a Provider

Look for providers that match your desired search criteria.

Provider Name 1-2-3

Street Address

City

Zip Code

County Leon

22 Search

STEP 22) Click Provider in Search Results

Select the desired provider from the search results below.

Search Results

1-2-3 STEP BY STEP [Tallahassee] **22**

OK Cancel

Step 23:

Search for a Provider

Look for providers that match your desired search criteria.

Provider Name:

Street Address:

City:

Zip Code:

County:

Select the desired provider from the search results below.

Search Results

1-2-3 STEP BY STEP [Tallahassee]

Details of Selected Childcare Provider

Name 1-2-3 STEP BY STEP	Provider ID 577	Hours of Business M-F 6:00am-6:00pm ;
Location 123 Somewhere Dr Tallahassee, Florida 32309 Leon	Provider Type Center	Child Ages 3 YR - 7 YR
Contact Phone Number (405) 123-7859	Profile Status Rejected	Part Time Rates Yes
Contact Email Address noel@foo.com	Program Year 2018 - 2019	Full Time Rates Yes
	Gold Seal Type Not a Gold Seal provider	

23 OK Cancel

Steps 24, 25:

Add Enrollment

Select a Provider for C1 TS12*

Other:

Details of Selected Provider

Name 1-2-3 STEP BY STEP	Provider ID 577	Hours of Business M-F 6:00am-6:00pm ;
Location 123 Somewhere Dr Tallahassee, Florida 32309 Leon	Provider Type Center	Child Ages 3 YR - 7 YR
Contact Phone Number (405) 123-7859	Profile Status Rejected	Part Time Rates Yes
Contact Email Address noel@foo.com	Program Year 2018 - 2019	Full Time Rates Yes
	Gold Seal Type Not a Gold Seal provider	

Anticipated Start Date * 24

Eligibility Information

Eligibility Begin Date 10/25/2018	Eligibility End Date 08/10/2019	Level of Care 48 < 60 Months
Full time Co-payment \$3.74	Part time Co-payment \$1.87	Copay in Effect FT

Override Copay in Effect ▼

School Calendar ▼

School Holiday Unit of Care ▼

School Day Unit of Care ▼

Childcare Enrollment Schedule

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="text" value="FT"/> ▼	<input type="text" value="FT"/> ▼	<input type="text" value="FT"/> ▼	<input type="text" value="FT"/> ▼	<input type="text" value="FT"/> ▼	<input type="text" value=""/> ▼	<input type="text" value=""/> ▼

STEP 24) Enter Anticipated Start Date
 STEP 25) Fill out the Rest of the Info an Click Save

Initial Enrollment Action *

Assign to provider for confirmation or rejection.

Enroll on behalf of provider.

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Step 26:

Enrollments

Enrollments for C1 TS12

Child Enrollment Status: Enrollment Ended (Terminated) Acknowledge View Payment Certificate

Provider Name: 1-2-3 STEP BY STEP **Provider ID:** 577 [View Profile](#)
Contact Phone: (450) 879-4561 **Contact Email:** joel@foo.com
Location: 123 Somewhere Dr
Tallahassee, 32309
Leon County **Parent Fee (Copay):** \$3.74
Enrollment Start Date: 08/10/2018 **Enrollment End Date:** 10/24/2018
First Attendance Date: N/A **Last Attendance Date:** N/A

Cancel Repair History

Child Enrollment Status: Pending Family Acceptance View Payment Certificate

Provider Name: 1-2-3 STEP BY STEP **Provider ID:** 577 [View Profile](#)
Contact Phone: (450) 879-4561 **Contact Email:** joel@foo.com
Location: 123 Somewhere Dr
Tallahassee, 32309
Leon County **Parent Fee (Copay):** \$3.74
Enrollment Start Date: 10/25/2018 **Enrollment End Date:** N/A
First Attendance Date: N/A **Last Attendance Date:** N/A

Cancel Repair End Enrollment History

Add Enrollment...

STEP 26) Review and Click Close

26 Close