



**Early Learning  
Coalition**  
OF PINELLAS COUNTY

DEPARTMENT: <b>Eligibility</b>	SUBJECT: Procedures for “ <b>How to Key a Submitted Review</b> ”
REVISED: 2-2022	AUTHORIZATION APPROVAL: Manager, Family Services

**Summary:**

Review Notifications are sent to the parent/guardian during the current year of eligibility when updated information is required to continue childcare services. When parents/guardians submit requested documents through the DEL Family Portal, an Eligibility Specialist will receive this information in their EFS MOD submitted queue. Submitted items will determine if the scholarship will remain in the same funding group or requires a rollover into an alternate program.

**Reminders:**

- ✓ Do not increase the parent fees if the parent is within their original 12 months of eligibility.
- ✓ Do not modify the Current Authorization Period Dates
- ✓ A new enrollment and a new eligibility assignment are needed.
- ✓ Verify correct proof of residence, age, citizenship, and identity documents are on file.
- ✓ Submitted documents require action within 10 days of receipt

**Updated Referral Received in Same Funding Group**

**How to Key Referral Update**

Search for the Parent/Guardian account in EFS MOD

- If no changes are needed in household, and it has been less than 12 months from when parent/guardian signed the application, an Eligibility Verification Wizard is not required by client.
- If there are income changes or the client submits updated pay info:
  - Create an Income Calculator. This will determine if a fee decrease is applicable.
  - Update all income fields to match your Income Calculator.
    - Upload Income Calculator under the appropriate income source received.
  - *Do not increase the parent fees if the parent/guardian is within their original 12 months of eligibility.*

Example:

- Client is under BG1-11 and receives another BG1-11 referral.
- Received Partner Agency Referral: Care authorization dates 9-1-21 to 3-1-22
- Processing Date: 9-2-21

Click on **Eligibility** button of the child listed on the referral

\*Double-check the child! An updated referral may or may not have all the same children included.

**Children Needing Care**

**ELYZIA SOUSA** (child, female, age 1) [Change](#)

**Eligibility status:** Eligible  
**Enrollment status:** Not Enrolled  
**Date of birth:** 08/18/2020  
**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:** 01/01/2021 - 12/31/2021  
**Terms and Conditions:** N/A

[History](#)  
[Change Status](#)  
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Current Authorization Period is 1-1-2021 to 12-31-21

Current Assignment is 1-1-21 to 10-1-21 and Purpose for care Review date 10-1-21

Click on **Update** under current Assignment

**Eligibility**

Eligibility Assignments for ELYZIA SOUSA

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
<i>Current Authorization Period (01/01/2021 - 12/31/2021)</i> <a href="#">Update</a>					
<i>Ended Assignments</i>					
11	BG1	01/01/2021	10/01/2021		<a href="#">Cancel</a> <a href="#">Update</a>

[Add Eligibility Assignment...](#) [Add Next Authorization Period...](#)

**Current Eligibility Map**

Current Authorization Period  
01/01/2021 - 12/31/2021

[Save](#) [Cancel](#)

Change **Eligibility End Date** to the day prior to processing (example: today is 9-2-21, the end date would be changed to 9-1-21) and then remove **Purpose for Care Review Date** before hitting okay.

**Edit Eligibility Assignment**

**Funding Details**

**Funder Type\***  
 SR  Local  E-TAPP  P-TAPP

**Billing Group\*** BG1 **Eligibility Code\*** 11 **Match Funder**

**Eligibility Begin Date\*** 01/01/2021 **Eligibility End Date\*** 09/01/2021 **Purpose-for-Care Review Date**

Click on **Add Eligibility Assignment** button

- a. **Billing Group/Eligibility Code:** See Funding Chart
- b. **Match Funder:** N/A
- c. **Eligibility Begin Date:** Day of Processing  
**Eligibility End Date:** **Eligibility End Date** would be the referral end date plus the 3-month re-establishment period, but not to exceed **Current Authorization End Date**  
 ✓ Reference “Processing BG1 Referrals” for BG1 date clarification.
- d. **Purpose-for-Care Review Date:** **Purpose for Care Review Date** would be the referral end date plus the 3-month re-establishment period  
 ✓ Reference “Processing BG1 Referrals” for BG1 date clarification.
- e. **Priority:** See Funding Chart
- f. **Level of Care:** See Level of Care Chart
- g. **Purpose for Care:** Select applicable option from drop down menu
- h. **Copay in Effect:**  
 ✓ Full Time Daily Rate-Preschool children (0-Pre-Kindergarten)  
 ✓ NOTE: Any school age child using FT evening care will need FT Copay (Reference “Process for Special Enrollments Schedule” for more information.)  
 ✓ Part Time Daily Rate-School Age children (K-8<sup>th</sup> grade) or if client is deemed eligible for PT care ONLY
- i. **Rilya Wilson Reporting Requirements:** Select if the box is marked on a PS referral for children 0-5 years old
- j. **Copayment Waiver or Reduction:** Reference “Sibling Discounts and Copayment Waivers” and “How to Correct Fees” Guidance

**Funding Details**

**Funder Type\***  
 SR  Local  E-TAPP  P-TAPP

**Billing Group\*** BG1 **Eligibility Code\*** 11 **Match Funder**

**Eligibility Begin Date\*** 09/02/2021 **Eligibility End Date\*** 12/31/2021 **Purpose-for-Care Review Date** 06/01/2022

Review all levels of the **Eligibility** Screen for accuracy. Click **SAVE**.

- ✓ **BEST PRACTICE:** Ensure there are **NO** gaps or overlaps between **Ended Assignment end date** and **New Assignment start dates**.

**Eligibility**

Eligibility Assignments for ELYSIA SOUSA

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
Current Authorization Period: 01/01/2021 - 12/31/2021 <input type="button" value="Update"/>					
11	BG1	09/02/2021	12/31/2021		<input type="button" value="Cancel"/> <input type="button" value="Update"/>
<b>Ended Assignments</b>					
11	BG1	01/01/2021	09/01/2021		<input type="button" value="Update"/>

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

**Current Eligibility Map**

Current Authorization Period  
01/01/2021 - 12/31/2021

Eligibility Assignment  
11 BG1  
09/02/2021 - 12/31/2021

Click on **Enrollment** button

Children Needing Care

ELYSIA SOUSA (Child, 10 years, Age 1)

**Eligibility status:** Eligible

Final linear status: Not Finalized

Date of birth: 01/19/2010

Child's file: no duplicate

Review: Confirmed to enroll

Case type: MWS/MS/MSU

Case type: Full time

Disability: Unknown

Age verification: Unknown

Medical eligibility: Unknown

Current authorization period: 01/01/2021 - 12/31/2021

Approved: Pending

Click on **End**

**Enrollments**

Enrollments for ELYSIA SOUSA (1 year old)

**Current Enrollments**

Enrollment	Enrollment Status	School Calendar	Calendar Applied	Provider ID	Actions
Level of Care: Full Time Enrollment 12 Months	Full Time Enrollment \$120	N/A	N/A	2000 (New Family)	<input type="button" value="Cancel"/> <input type="button" value="End"/>
Age at enrollment start: 10/19/2010	Part Time Enrollment \$240	Day Days: M T W T F Sa Su	Calendar Applied: 10/19/2010	1001001001001001	<input type="button" value="Update"/>
Enrollment Period: 09/01/2021 - N/A	Cooperative Direct: F	Enrollment Schedule Note: N/A	Provider ID: 2000	JANSEN, JAMES	<input type="button" value="Cancel"/> <input type="button" value="Update"/>
Address: 07010021 - N/A	Billing Group / Eligibility: B91713		Special Hours: 12/1 12:00-11	Contact Email: contact@nhs.gov	<input type="button" value="Cancel"/> <input type="button" value="Update"/>
Address: 07010021 - N/A	Merix Provider ID: N/A		Contact Email: contact@nhs.gov	Doc.com: contact@nhs.gov	<input type="button" value="Cancel"/> <input type="button" value="Update"/>

**Past Enrollments**

There are no past enrollments for this child.

Enrollment Reason: **EU-Enrollment**

Last Day of Service: End the current enrollment the day prior to processing date

End Enrollment

End Enrollment Reason

Last Day of Service

Is there a past due parent fee?  Yes  No

Past Due Parent Fee Amount

Is there a payment plan in place?  Yes  No

Please detach payment plan document.  No file chosen

Press the **Acknowledge** button on the previous enrollment. Click **Add Enrollment** button.

Start Enrollment the day of processing

Enrollments for ELYSIA SOUSA (1 year old)

Current Enrollments

Pending Family Acceptance: Kiddin Around Child Care

Level of Care	Full Time Copayment \$1.20	School Calendar	Calendar Applied	Provider ID	<input type="button" value="Cancel"/>
< 12 Months		N/A		23020 (View Profile)	<input type="button" value="End"/>
Age at Enrollment Start	Part Time Copayment \$0.50	Care Days		Location	<input type="button" value="Payor"/>
1 year		M T W R F Sa Su		1700 MICHIGAN BLVD	<input type="button" value="History"/>
Enrollment Period	Copayment in Effect	FT FT FT FT FT		DUNEDIN, 34008	<input type="button" value="Payment Certificate"/>
08/02/2021 - N/A	FT			Pinellas County	
Attendance	Billing Group / Eligibility	Enrollment Schedule Note		Contact Phone	
08/22/2021 - N/A	BG1 / 11	N/A		(727) 733-8411	
	Match Funder ID			Contact Email	
	N/A			dca.conlay@kiddinaroundchildcare.com	

Past Enrollments

Enrollment Ended (Terminated) Kiddin Around Child Care

Level of Care	Full Time Copayment \$1.20	School Calendar	Calendar Applied	Provider ID	<input type="button" value="Cancel"/>
< 12 Months		N/A		23020 (View Profile)	<input type="button" value="End"/>
Age at Enrollment Start	Part Time Copayment \$0.50	Care Days		Location	<input type="button" value="Payor"/>
10 months		M T W R F Sa Su		1700 MICHIGAN BLVD	<input type="button" value="History"/>
Enrollment Period	Copayment in Effect	FT FT FT FT FT		DUNEDIN, 34008	<input type="button" value="Payment Certificate"/>
07/01/2021 - 08/01/2021	FT			Pinellas County	
Attendance	Billing Group / Eligibility	Enrollment Schedule Note		Contact Phone	
N/A - N/A	BG1 / 11	N/A		(727) 733-8411	
Termination Reason	Match Funder ID			Contact Email	
EU - Enrollment Record Updated	N/A			dca.conlay@kiddinaroundchildcare.com	

Check the **Enrollments** screen to ensure accuracy:

- ✓ The *previous* enrollment must have an end date.
- ✓ The *new* enrollment must start the day after the previous enrollment ended. **NO gaps or overlapping dates.**
- ✓ Review all other fields of the new enrollment: *Level of Care, FT and PT Copays, Copayment in Effect, and Schedule.*
- ✓ Close once all enrollment fields are correct.

Repeat Steps for any additional children in care listed on referral.

Call the client to inform them of the new review date and what is needed for continued services.

If the process is completed within 5 days of Review end date, contact the provider to notify of continued care and payment certificate still needs to be signed.

At the top of the Parent Screen, click on **Add Note** to enter full details regarding this redetermination.



Enter Case Note:

- ✓ **Description:** Miscellaneous
- ✓ **Custom Code Type:** Parent
- ✓ **Custom Code:** Referral Update
- ✓ **Note:** Indicate funding, FT/PT fees, eligibility dates, referral dates, review date, list documents needed for review, referring agency's worker name and number, client will sign payment cert for client and provider records. Note any applicable client contact to discuss review date and documents needed to continue care or provider contact.
- ✓ Save.

### Add Case Note

**Description**

Miscellaneous

**Custom Code Type**      **Custom Code**

Parent      REFERRAL UPDATE

**Note**

bg1-11, no fee chg 1.20ff/ 60pt, new elig dates 9-2-21 to 12-31-21 client needs to recertify, LSF ref dates 9-1-21 to 3-1-22, cm A Bones 456-0600, client will need to sign new payment certificate, spk to Lisa at Rclub regarding continued care for Elysia

Save      Cancel

## Rollovers into Alternate Funding Group

**Summary:** A parent/guardian may not receive an updated referral that matches their current funding category however, may be eligible to roll into an alternate funding category for the following reasons:

-Referral received by a different Partner Agency under another funding category (Example, if current funding is BG1-IN, new referral is under BG1-11)

-No referral received, but meets other purpose for care requirements (*Refer to Funding Chart*)

- **BG8-ECON:** Purpose for care (work, school, work/school combo, disability) and under 85% SMI
- **BG3R-RCG:** Receives higher TANF of \$242, \$249 per child
- **BG3R-GAP:** Receives \$333 per child
- **BG3-28A** Receives lower TANF of \$180 (1 child), \$241 (2 children), etc. plus a purpose for care
- **LOCAL** funding programs (if available at the time of rollover)

### How to Key a Rollover during the Year of Eligibility

The Care Authorization will remain intact as the client is still under the year of eligibility. A new assignment will be built to reflect the transition from one funding category to another. Review referral to determine rollover date:

- ✓ If the *referral has ended* and the client is in the 3 month re-establishment period, the rollover will be effective the *date of processing*. A client is eligible to roll at any time during the reestablishment period.
- ✓ If the *referral is still active*, the rollover effective date will be the *day after the referral ends*.

Determine Eligibility and Review File for accuracy:

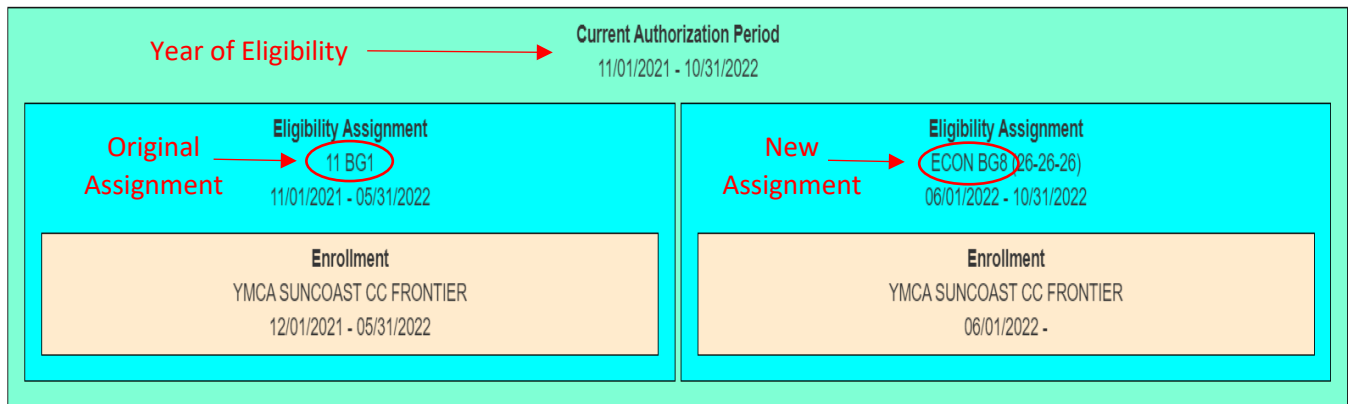
- ✓ Create an Income Calculator to verify that the client is eligible for alternate funding category.
- ✓ Check ALL ID document and Income sections:
  - Ensure that all docs are valid and appropriate for the new funding category.
    - Ex: If the client is rolling into a non-referral based program, the referral can no longer be used as birth verification. Client will need to supply another document that meets age and citizenship requirements.
  - Review that the spellings of names and dates (Ex. date of birth) match documents provided.
  - Make sure file reflects the updated income and upload Income Calculator.

### Rollovers when the referral end date has passed:

- ✓ Care Authorization Dates: Reflect Year of Eligibility Dates
- ✓ New Assignment Eligibility Begin Date: Day of Processing
- ✓ New Assignment Eligibility End date: Same as Care Authorization End Date

### Example:

- Care Authorization Dates: 11/1/21-10/31/22
- Referral Dates: 11/1/21-5/1/22
- BG1 Assignment: 11/1/21-8/1/22 (To include 3 month re-establishment period)
- Date of Processing 6/1/22
- BG8 Assignment: 6/1/22-10/31/22
- Since the referral ended 5/1/22, client is eligible to roll into BG8 at any time during the reestablishment period. The rollover date will match the date of processing of 6/1/22



### Process:

1. Change Household Status to **Active**.

The screenshot shows a web form titled 'Change Household Eligibility Status'. It has two dropdown menus: 'Current Status' set to 'Submitted' and 'New Status' set to 'Active'. At the bottom right, there are 'Save' and 'Cancel' buttons.

2. Locate the youngest eligible child in the record to process first.

3. Terminate child(ren)'s enrollment(s):

- a. Click on the **Enrollments** button next to the applicable child.

The screenshot shows a child's record with the following details: Eligibility status: Eligible; Enrollment status: Enrolled; Date of birth: 01/02/2013; Ethnicity: Non-Hispanic; Races: White; Care days: Monday-Friday. On the right side, there are three buttons: 'Change Status', 'Eligibility', and 'Enrollments'. The 'Enrollments' button is circled in red.



- b. Click on End button next to the current enrollment.

Current Enrollments

Enrolled: YMCA SUNCOAST CC FRONTIER

Level of Care In School	Full Time Copayment \$2.00	School Calendar 118 - PCSB -	Calendar Applied	Provider ID 5644 (view Profile)	<input type="button" value="Cancel"/> <input type="button" value="End"/> <input type="button" value="Reset"/> <input type="button" value="Update"/> <input type="button" value="History"/> <input type="button" value="Payment Certificate"/>
Age at Enrollment Start 8 years	Part Time Copayment \$1.30	School Age		Location 6935 HOPEDALE LN CLEARWATER, 33764-7073 Pinellas County	
Enrollment Period 12/01/2021 - N/A	Copayment in Effect PT	School Holiday Unit of Care FT		Contact Phone (727) 331-0000	
Attendance 12/01/2021 - N/A	Billing Group / Eligibility BG1 / 11	Care Days M T W R F Sa Su PT PT PT PT PT		Contact Email abonnie@suncoastymca.org	
	Match Funder ID N/A	Enrollment Schedule Note N/A			

- c. End Enrollment Reason: 48-Funding Transfer
- d. Last Day of Services: Day before “Date of Processing”
- e. Is there a Past due parent fee?: No
- f. Save

End Enrollment

End Enrollment Reason\* 48-Funding Transfer

Last Day of Service\* 06/31/2022

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

- 4. Verify the enrollment ended and saved properly. Close Enrollments screen.

- 5. End the previous assignment the day before “Date of Processing”:

- a. Click on the **Eligibility** button next to the applicable child.

Eligibility status: **Eligible**

Enrollment status: Enrolled

Date of birth: 01/02/2013

Ethnicity: Non-Hispanic

Races: White

Care days: Monday-Friday

- b. Click on Update.

Eligibility Assignments for jane doe II

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
Current Authorization Period (11/01/2021 - 10/31/2022) <input type="button" value="Update"/>					
11	BG1	11/01/2021	08/01/2022		<input checked="" type="button" value="Update"/> End Eligibility

- c. Eligibility End date: Edit to match the day before “Date of Processing”
- d. Purpose for Care Review Date: Remove date

**Edit Eligibility Assignment**

Funding Details

Funder Type\*  
 SR  Local  E-TAPP  P-TAPP

Billing Group\*  Eligibility Code\*  Match Funder

Eligibility Begin Date\*  Eligibility End Date\*  Purpose-for-Care Review Date

e. Click OK.

6. Add the new assignment:

- a. Click Add Eligibility Assignment.

Eligibility Assignments for jane doe II

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
Current Authorization Period (11/01/2021 - 10/31/2022) <a href="#">Update</a>					
11	BG1	11/01/2021	05/31/2022		<a href="#">Update</a> <a href="#">End Eligibility</a>
Ended Assignments					
ECON	BG8	11/01/2020	10/31/2021	1202 (25-28-26, BG8, BG8 0% Match)	<a href="#">Update</a>

[Add Eligibility Assignment](#) [Add New Authorization Period](#)

- b. Complete the Eligibility Assignment as follows, review for accuracy, and click OK.

**Add Eligibility Assignment**

Funding Details

Funder Type\*  
 SR  Local  E-TAPP  P-TAPP

Billing Group\*  Eligibility Code\*  Match Funder\*

Eligibility Begin Date\*  Eligibility End Date\*  Purpose-for-Care Review Date

Care Information

Priority\*

Level of Care\*  Purpose for Care\*

Rita Wilson Reporting Requirements Copay in Effect\*

Co-Payment [Details](#)

Total Household Members  Full time Co-payment Amount  Part time Co-payment Amount

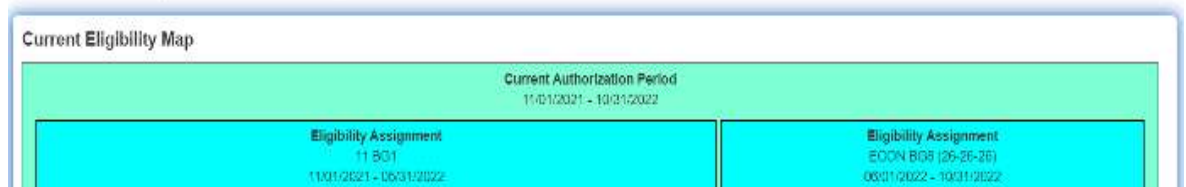
Full Time Co-payment Waiver or Reduction  
 Full Time Co-payment is Waived or Reduced

[OK](#) [Cancel](#)

- i. **Billing Group/Eligibility Code:** See Funding Chart  
 ✓ Reminder: If rolling into BG8, always select BG8-ECON.
- ii. **Match Funder:**  
 ✓ BG8-ECON-BG8 0% Match

- iii. **Eligibility Begin Date:** Date of Processing  
**Eligibility End Date:** Reflect Care Authorization Period End Date  
 ✓ Reference “Processing BG1 Referrals” for BG1 date clarification.
  - iv. **Purpose-for-Care Review Date:** ONLY used if the client has a review date, typically associated with an agency referral or if school is purpose for care
  - v. **Priority:** See Funding Chart
  - vi. **Level of Care:** See Level of Care Chart
  - vii. **Purpose for Care:** Select applicable option from drop down menu
  - viii. **Copay in Effect:**
    - ✓ Full Time Daily Rate-Preschool children (0-Pre-Kindergarten)
      - ✓ NOTE: Any school age child using FT evening care will need FT Copay (Reference “Process for Special Enrollments Schedule” for more information.)
    - ✓ Part Time Daily Rate-School Age children (K-8<sup>th</sup> grade) or if client is deemed eligible for PT care ONLY
  - ix. **Rilya Wilson Reporting Requirements:** Select if the box is marked on a PS referral for children 0-5 years old
  - x. **Copayment Waiver or Reduction:** Reference “Sibling Discounts and Copayment Waivers” and “How to Correct Fees” Guidance
- c. Review all levels of the **Eligibility** Screen for accuracy. Click SAVE.

Current Authorization Period (11/01/2021 - 10/31/2022) Update					
11	BG1	11/01/2021	05/31/2022		Update End Eligibility
ECON	BG8	06/01/2022	10/31/2022	1202 (28-26-26, BG8, BG8 0% Match)	Cancel Update
Ended Assignments					
ECON	BG8	11/01/2020	10/31/2021	1202 (25-26-26, BG8, BG8 0% Match)	Update



✓ **BEST PRACTICE:** Ensure the Current Authorization Period reflects the year of eligibility. Check that there are **NO** gaps or overlaps between previous Assignment end dates and new Assignment start dates.

7. Add Enrollment:

- a. Click on the **Enrollments** button next to the applicable child.

**Eligibility status:** Eligible  
**Enrollment status:** Enrolled  
**Date of birth:** 01/02/2013  
**Ethnicity:** Non-Hispanic  
**Races:** White  
**Care days:** Monday-Friday

Change Status  
 Eligibility  
**Enrollments**

- b. Take note of the Childcare Provider under **Current Enrollments**. Click on Add Enrollment...

**Current Enrollments**

Enrolled: YMCA SUNCOAST CC FRONTIER

Level of Care in School	Full Time Employment \$2.50	School Calendar 118 - FCSE - School Age	Calendar Applied	Provider ID 8944 (View Profile)	Cancel
Age at Enrollment Start	Part Time Employment \$1.00	School Holiday Unit of Care		Location 8995 HOPEDALE LN CLEARWATER, FL 33764-7073 Pinellas	Go
Enrollment Period	Employment in Effect PT	Care Days		Contact Phone (727) 531-8622	Repair
Attendance	Billing Group / Eligibility B61 / H	Enrollment Schedule Note		Contact Email bgeellig@suncoastymca.org	Submit
Termination Reason	Match Funder ID N/A				View Termination Details
					History
					Payment Calendar

Enrolled: YMCA SUNCOAST CC FRONTIER

Level of Care Full Time Employment School Calendar Calendar Applied Provider ID

**Add Enrollment...**

- c. Re-enroll the child to reflect the new eligibility dates and co-pays:
- Select a Provider:** Choose the site the child's currently attending notated in Step #7b.
    - ✓ TIP: Click Browse on the right and select the appropriate provider from the menu to ensure accuracy.
    - ✓ If the child is attending a new site, a transfer form will be needed.
  - Enrollment Start Date:** "Date of Processing"
  - Continuation of Services:** Yes
  - Enrollment Schedule:** Reference "Enrollment Schedules" Guidance
  - Initial Enrollment Action:** Enroll on behalf of the provider.
  - SAVE.**

**Add Enrollment**

Other: YMCA SUNCOAST CC FRONTIER Browse...

**Details of Selected Provider**

Name	Provider ID	Hours of Business
YMCA SUNCOAST CC FRONTIER	6944	M-F 6:30am-6:00pm
Location	Provider Type	Child Ages
8995 HOPEDALE LN CLEARWATER, Florida 33764-7073 Pinellas	Center	3 YR - 12 YR
Contact Phone Number	Profile Status	<a href="#">View Provider Profile</a>
(727) 467-8622	Active	<a href="#">View Provider Rates</a>
Contact Email Address	Program Year	<a href="#">View Provider Contacts</a>
bgeellig@suncoastymca.org	2021 - 2022	
	Gold Seal Type	
	Not a Gold Seal provider	

Enrollment Start Date \* 06/01/2022

Continuation of Services \* Is this enrollment a continuation of services with the selected provider?  
 Yes  No

Eligibility Information

[Save](#) [Cancel](#)

8. Check the **Enrollments** screen to ensure accuracy:
  - a. The *previous* enrollment must have an end date.
  - b. The *new* enrollment must start the day after the previous enrollment ended. **NO gaps or overlapping dates.**
  - c. Review all other fields of the new enrollment: *Level of Care, FT and PT Copays, Copayment in Effect, and Schedule.*
  - d. Close once all enrollment fields are correct.

Enrollments for jane doe II (9 years old)

In School	\$2.60	118 - PCSB - School Age	6844 (View Profile)	Location	6865 HOPEDALE LN CLEARWATER, 33764-7073 Pinellas County	Contact Phone	(727) 631-6688	Contact Email	abonnic@suncoastymca.org	Payment Certificate
Age at Enrollment Start	9 years	Part Time Copayment	\$1.30	School Holiday Unit of Care	FT	Care Days	M T W R F Sa Su PT PT PT PT PT	Enrollment Schedule Note	N/A	
Enrollment Period	06/01/2022 - N/A	Copayment in Effect	PT	Match Funder ID	1202 (26-26-26, BCB 0% March)					
Attendance	06/01/2022 - N/A	Billing Group / Eligibility	BGB / ECON							

Enrolled	YMCA SUNCOAST CC FRONTIER	Level of Care	In School	Full Time Copayment	\$2.60	School Calendar	118 - PCSB - School Age	Calendar Applied	6844 (View Profile)	Provider ID	6865 HOPEDALE LN CLEARWATER, 33764-7073 Pinellas County	Contact Phone		Cancel
		Age at Enrollment Start	8 years	Part Time Copayment	\$1.30	School Holiday Unit of Care	FT	Care Days						End
		Enrollment Period	12/01/2021 - 05/31/2022	Copayment in Effect	PT									Repair
		Attendance		Billing Group / Eligibility										History

9. Repeat Steps 2-7 for each additional eligible child in the household.
10. If the review is completed within 5 days of the end date, call the provider to inform them. Client will need to sign payment certificate in order for the provider to complete attendance for this child. System-generated e-mail reminders will be sent to the client every 5 days until they sign.
11. At the top of the Parent Screen, click on **Add Note** to enter full details regarding this rollover.

Eligibility Verification Active EV\_103317683

[Dashboard](#) [Change Household Status](#) [Care Needs](#) [Add Note](#)

Household at a Glance

<b>Children Needing Care</b> jane doe II (child, female, age 8) JANE DOE (child, female, age 4) jill doe (child, female, age 2)	<b>Parents</b> Nancy Test (adult, female)	<b>Other Household Members</b>	<b>Total Household Income Calculations</b> Employment Income: \$18,851.00 All other anc child support income: \$0.00 Other Income: \$0.00 All other anc child support deductions: \$0.00 Total annual gross income: \$18,851.00
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Total Household Size: 4

12. Enter Case Note

- a. **Description:** Miscellaneous
- b. **Custom Code Type:** Parent
- c. **Custom Code:** Rollover
- d. **Note:** Used when a rollover from one funding to another is completed. Indicate funding from & to, effective date of rollover, FT/PT highest daily fees for the youngest child in the home, if there is a fee change put in fee change effective date (or reference there is no change), eligibility dates, worker name and number (if referral program), 2 year TCC dates (if applicable), client will sign payment cert for client and provider records-any provider contact, whom you spoke to.
- e. Save.

**Add Case Note**

**Description** \*

Miscellaneous ▼

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**Custom Code Type** ▼      **Custom Code** ▼

Parent ▼      ROLLOVER Rollover ▼

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**Note**

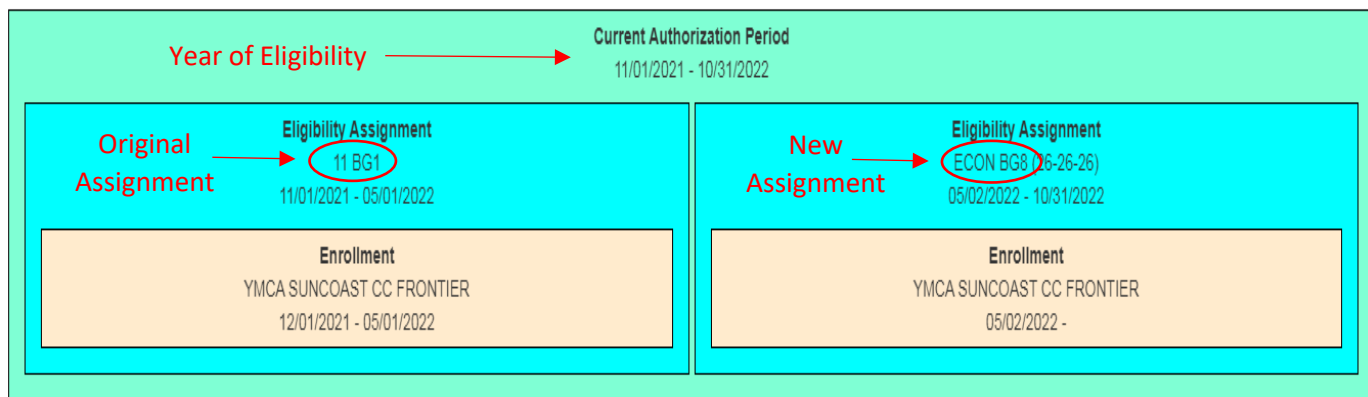
BC1-11 to BC3-FCOM off 5/1/02, no fee change, FT 2.60, PT 1.30, sig 6/1/02-10/31/02, client sign payment cert for client and provider records

**Rollovers when the referral is still active:**

- ✓ Care Authorization Dates: Reflect Year of Eligibility Dates
- ✓ New Assignment Eligibility Begin Date: Day after Referral End Date
- ✓ New Assignment Eligibility End date: Same as Care Authorization End Date
- ✓ The eligibility must be covered under BG1 for the *entire* length of the referral and then rolled into BG8 the following day.
- ✓ This may be keyed in advance (no more than 30 days prior to the referral end date) with an eligibility start date that follows the end of the BG1 referral.

Example:

- Care Authorization Dates: 11/1/21-10/31/22
- Referral Dates: 11/1/21-5/1/22
- BG1 Assignment: 11/1/21-8/1/22 (To include 3 month re-establishment period)
- Date of Processing 4/20/22
- BG8 Assignment: 5/2/22-10/31/22
- Since the client proved they were eligible on or before 5/1/22, this may be keyed on 4/20/22. However, the rollover date will reflect the day after the referral ends of 5/2/22.



**Process:**

1. Change Household Status to **Active**.

The screenshot shows a web form titled 'Change Household Eligibility Status'. It has two main input fields:

- Current Status:** A dropdown menu with 'Submitted' selected.
- New Status:** A dropdown menu with 'Active' selected.

At the bottom right of the form, there are 'Save' and 'Cancel' buttons.

2. Locate the youngest eligible child in the record to process first.

3. Terminate child(ren)'s enrollment(s):
  - a. Click on the **Enrollments** button next to the applicable child.

**Eligibility status:** Eligible  
**Enrollment status:** Enrolled  
**Date of birth:** 01/02/2013  
**Ethnicity:** Non-Hispanic  
**Races:** White  
**Care days:** Monday-Friday

Change Status  
 Eligibility  
**Enrollments**

- b. Click on End button next to the current enrollment.

Current Enrollments

Enrolled: YMCA SUNCOAST CC FRONTIER

Level of Care In School	Full Time Copayment \$2.00	Level of Care 118 - PCSB -	School Calendar 118 - PCSB -	Calendar Applied	Provider ID 5944 (View Profile)	Cancel
Age at Enrollment Start 5 years	Part Time Copayment \$1.30	School Age	School Age		Location 6995 HOPDALE LN CLEARWATER, 33764-7073 Pinellas County	<b>End</b>
Enrollment Period 12/01/2021 - N/A	Copayment in Effect PT	School Holiday Unit of Care FT	School Holiday Unit of Care FT		Contact Phone (727) 331-0098	Repeat
Attendance 12/01/2021 - N/A	Billing Group / Eligibility BG1 / 11	Care Days	Care Days		Contact Email abornick@suncoastymca.org	Update
	Match Funder ID N/A	Enrollment Schedule Note N/A	Enrollment Schedule Note N/A			History
						Payment Certificate

- c. End Enrollment Reason: 48-Funding Transfer
  - d. Last Day of Services: Day before "Date of Processing"
  - e. Is there a Past due parent fee?: No
  - f. Save

End Enrollment

End Enrollment Reason ▼ 48-Funding Transfer

Last Day of Service

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

4. Verify the enrollment ended and saved properly. Close **Enrollments** screen.

5. End the previous assignment on the "Referral End Date":
  - a. Click on the **Eligibility** button next to the applicable child.

**Eligibility status:** Eligible  
**Enrollment status:** Enrolled  
**Date of birth:** 01/02/2013  
**Ethnicity:** Non-Hispanic  
**Races:** White  
**Care days:** Monday-Friday

Change Status  
**Eligibility**  
 Enrollments



b. Click on Update.

Eligibility Assignments for jane doe II

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
Current Authorization Period (11/01/2021 - 10/31/2022) <input type="button" value="Update"/>					
11	BG1	11/01/2021	08/01/2022		<input type="button" value="Update"/> <input type="button" value="End Eligibility"/>

c. Eligibility End date: Edit to match the “Referral End Date”

d. Purpose for Care Review Date: Remove date

**Edit Eligibility Assignment**

**Funding Details**

Funder Type <sup>\*</sup>  
 SR  Local  F-TAPP  P-TAPP

Billing Group <sup>\*</sup>  Eligibility Code <sup>\*</sup>  Match Funder

Eligibility Begin Date <sup>\*</sup>  Eligibility End Date <sup>\*</sup>  Purpose-for-Care Review Date

e. Click OK.

6. Add the new assignment:

a. Click Add Eligibility Assignment.

Eligibility Assignments for jane doe II

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
Current Authorization Period (11/01/2021 - 10/31/2022) <input type="button" value="Update"/>					
11	BG1	11/01/2021	08/01/2022		<input type="button" value="Update"/> <input type="button" value="End Eligibility"/>
<b>Ended Assignments</b>					
RC0N	RC08	11/01/2020	10/31/2021	1202 (26-26-26, RC08, RC08 0% Match)	<input type="button" value="Update"/>

b. Complete the Eligibility Assignment as follows, review for accuracy, and click OK.

**Add Eligibility Assignment**

**Funding Details**

Funder Type <sup>\*</sup>  
 SR  Local  F-TAPP  P-TAPP

Billing Group <sup>\*</sup>  Eligibility Code <sup>\*</sup>  Match Funder <sup>\*</sup>

Eligibility Begin Date <sup>\*</sup>  Eligibility End Date <sup>\*</sup>  Purpose-for-Care Review Date

**Care Information**

Priority <sup>\*</sup>  Level of Care <sup>\*</sup>  Purpose for Care <sup>\*</sup>

Riva Wilson Reporting Requirements  Copay in Effect <sup>\*</sup>

**Co-Payment** Read More

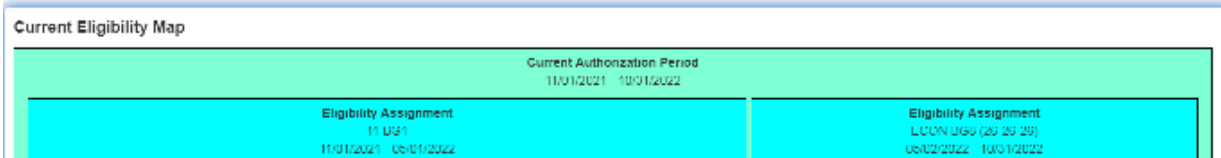
Total Household Members  Full time Co-payment Amount  Part time Co-payment Amount

Full Time Co-payment Waiver or Reduction  Full Time Co-payment is Waived or Reduced

- i. **Billing Group/Eligibility Code:** See Funding Chart  
 ✓ Reminder: If rolling into BG8, always select BG8-ECON.
- ii. **Match Funder:**
  1. BG8-ECON-BG8 0% Match

- iii. **Eligibility Begin Date:** Day after “Referral End Date”  
**Eligibility End Date:** Reflect Care Authorization Period End Date  
 ✓ Reference “Processing BG1 Referrals” for BG1 date clarification.
  - iv. **Purpose-for-Care Review Date:** ONLY used if the client has a review date, typically associated with an agency referral
  - v. **Priority:** See Funding Chart
  - vi. **Level of Care:** See Level of Care Chart
  - vii. **Purpose for Care:** Select applicable option from drop down menu
  - viii. **Copay in Effect:**
    - ✓ Full Time Daily Rate-Preschool children (0-Pre-Kindergarten)
      - ✓ NOTE: Any school age child using FT evening care will need FT Copay (Reference “Process for Special Enrollments Schedule” for more information.)
    - ✓ Part Time Daily Rate-School Age children (K-8<sup>th</sup> grade) or if client is deemed eligible for PT care ONLY
  - ix. **Rilya Wilson Reporting Requirements:** Select if the box is marked on a PS referral for children 0-5 years old
  - x. **Copayment Waiver or Reduction:** Reference “Sibling Discounts and Copayment Waivers” and “How to Correct Fees” Guidance
- c. Review all levels of the **Eligibility** Screen for accuracy. Click SAVE.

Current Authorization Period (11/01/2021 - 10/31/2022) <input type="button" value="Refresh"/>				
11	US1	11/01/2021	06/01/2022	<input type="button" value="Update"/> <input type="button" value="End Eligibility"/>
PCON	RC8	05/01/2022	10/31/2022	1202 (24-26-26, RC8, RC8 0% Match) <input type="button" value="Cancel"/> <input type="button" value="Update"/>
Ended Assignments				
PCON	RC8	11/01/2020	10/31/2021	1202 (24-26-26, RC8, RC8 0% Match) <input type="button" value="Refresh"/>



✓ **BEST PRACTICE:** Ensure the Current Authorization Period reflects the year of eligibility. Check that there are NO gaps or overlaps between previous Assignment end dates and new Assignment start dates.

7. Add Enrollment:

- a. Click on the **Enrollments** button next to the applicable child.

**Eligibility status:** Eligible  
**Enrollment status:** Enrolled  
**Date of birth:** 01/02/2013  
**Ethnicity:** Non-Hispanic  
**Races:** White  
**Care days:** Monday-Friday



8. Check the **Enrollments** screen to ensure accuracy:
  - a. The *previous* enrollment must have an end date.
  - b. The *new* enrollment must start the day after the previous enrollment ended. **NO gaps or overlapping dates.**
  - c. Review all other fields of the new enrollment: *Level of Care, FT and PT Copays, Copayment in Effect, and Schedule.*
  - d. Close once all enrollment fields are correct.

Enrollments for Jane Doe II (9 years old)

Pending Family Acceptance		YMCA SUNCOAST CO FRONTIER	
Level of Care In School	Full Time Copayment \$2.50	School Calendar	Calendar Applied
Age at Enrollment Start	Part Time Copayment \$1.00	116 - FCAR - School Age	Provider ID 6344 (View Profile)
Enrollment Period	Copayment in Effect PT	School Holiday Unit of Care	Location 8996 KOPPELLE LN CULLMANVILLE, 35764 /073 Marietta County
Attendance	Billing Group / Eligibility USU / LGUN	Care Days	Contact Phone (727) 631-6668
	Match Funder ID 1002 (25-95-96, R08 0% Match)	Enrollment Schedule Note	Contact Email abornick@suncoastymca.org
			Cancel
			End
			Repeat
			History
			System Database

Enrolled		YMCA SUNCOAST CO FRONTIER	
Level of Care In School	Full Time Copayment \$2.00	School Calendar	Calendar Applied
Age at Enrollment Start	Part Time Copayment \$1.00	116 - FCAR - School Age	Provider ID 6344 (View Profile)
Enrollment Period	Copayment in Effect PT	School Holiday Unit of Care	Location 6005 HODDGE F LN CUMMINGS, 35764-7073 Marietta County
Attendance	Billing Group / Eligibility USU / LGUN	Care Days	Contact Phone
			Cancel
			End
			Repeat
			History
			System Database

add Enrollment...

Close

9. Repeat Steps 2-7 for each additional eligible child in the household.
10. If the review is completed within 5 days of the end date, call the provider to inform them. Client will need to sign payment certificate in order for the provider to complete attendance for this child. System-generated e-mail reminders will be sent to the client every 5 days until they sign.
11. At the top of the Parent Screen, click on **Add Note** to enter full details regarding this rollover.

Eligibility Verification Active BY: 00337949

Buttons: [Overview](#) [Change Household Status](#) [Care Notes](#) [Add Note](#)

Household at a Glance

Contact Information

Children Needing Care

Parents

Other Household Members

CCAA Personal Information

**Household at a Glance...** (111, 2023209, 5)

<b>Children Needing Care</b> Jane Doe II (Child, female, age 9) JANE DOE (Child, female, age 4) Jill doe (Child, female, age 2) <b>Total Household Size: 4</b>	<b>Parents</b> Nancy Test Browne TEST (Adult, female)	<b>Other Household Members</b>	<b>Total Household Income Calculations</b> Employment Income: \$19,251.00 All other and child support income: \$0.00 Other Income: \$0.00 All other and child support deductions: \$0.00 <b>Total annual gross income: \$19,251.00</b>
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12. Enter Case Note

- a. **Description:** Miscellaneous
- b. **Custom Code Type:** Parent
- c. **Custom Code:** Rollover
- d. **Note:** Used when a rollover from one funding to another is completed. Indicate funding from & to, effective date of rollover, FT/PT highest daily fees for the youngest child in the home, if there is a fee change put in fee change effective date (or reference there is no change), eligibility dates, worker name and number (if referral program), 2 year TCC dates (if applicable), client will sign payment cert for client and provider records-any provider contact, whom you spoke to.
- e. Save.

Add Case Note

Description ▼  
Miscellaneous ▼

Custom Code Type ▼ Custom Code ▼  
Parent ▼ ROLLOVER - Rollover ▼

Note  
MSL 11 to 1200 LCON eff 5/2/22, no fee change, 11 2:00 PT 1:30, eff 5/2/22 10/31/22, client will sign payment cert for client and provider records.

Save Cancel

Child(ren) has been Adopted:

1. Give client a 14 day Review Period *as long as it does not exceed the 3 month reestablishment date or current authorization end date.*
2. Must provide all documentation to meet BG8 guidelines.
3. Request proof of Final Adoption
4. Provide new birth verification if there is a name change
5. Household income cannot exceed 85% SMI
6. If client is still under a year of eligibility- *follow instructions: page 8-14*

**Note:** The information listed in these guidelines are not all inclusive and staff are responsible for ensuring that all applicable rules, policies and procedures are adhered to in the execution of their duties and responsibilities as it relates to their position. These guidelines can be modified and exceptions may be made upon justification within program policy and with management approval. This procedure will be reviewed periodically or as needed for updates or revisions as approved by management.