Summary:
Several community agencies that offer case management and other services for Foster Parents, child protection, homelessness or domestic violence issue referrals for School Readiness enrollment. Agencies, include but are not limited to Lutheran Service Florida, Pinellas County Sheriff’s Department, Community Action Stops Abuse (CASA) and Gulf Coast Jewish Family Services. For specific BG1 category and maximum length of care authorization periods see Eligibility Requirement chart.
Early Learning Coalition (ELC) is required to act upon the referral within 10 days. The ELC has designated one staff member to retrieve referrals, make client contact within 10 days and schedule appointments. Client is responsible for completing eligibility processing within 30 days from the day ELC received the referral. Begin date on the payment certificate can be up to 30 days from processing date in the future if client has chosen provider and the date is not after the end authorization date of the referral. *BG1-11s are an At Risk population and receive specialized outreach efforts completed by a designated Eligibility Specialist.

Eligibility:
The referring agencies determine if the family is eligible for the referral. Any registered staff member with the referring agency is able to complete and submit a referral. ELC is responsible for obtaining required School Readiness eligibility documents.

1. Verification of age
2. Citizenship of each child receiving services
3. Proof of residency
4. Family size – refer to Eligibility Requirement chart to determine who counts
5. Purpose for care – Protection however if the client is employed, receiving Food Assistance or Social Security proof of each must be documented.
6. Income Eligibility - There is no income eligibility. A family’s income can exceed 85% SMI. However, proof of income received is requested in order to calculate a parent co-payment.
   a. Additional Clarification for proof of Employment under Child Protection referral:
      i. Best Practice: Client submits 4 weeks of current and consecutive proof of income to assess co-pays accurately.
      ii. If a client has a minimum of at least one current pay stub, use to calculate co-pays. Client may submit 4 weeks of pay later for a fee check/change.
iii. If the client has NO proof of pay, set the copayment at the fee of 85SMI (the highest fee). Client may submit 4 weeks of pay later for a possible fee decrease effective the date of processing.

**Process:**

The referring agencies submit the referral to ELC in the referral portal or via fax. ELC’s established designee will review these referrals daily. The reviewer ensures the referral is accurate and complete.

**At a minimum referrals must include:**

- Name and contact info for submitting caseworker
- Authorization date
- Name & DOB of all children on the referral
- Name and address of parents
- Eligibility – FC/In Home, Out Home, etc
- Purpose of Care – Should be “Protection”
- Number of hours authorized
- Signature and date for authorizing caseworker and/or supervisor, however a Supervisor is not required to approve each referral.

**The ELC designee will be responsible for:**

1. Electronically date stamping
2. Reviewing for accuracy
3. Case noting receipt & all action, if case exists in MOD.
4. Saving referral to T drive in this format: Last name, First name_Agency abbreviation (BG1 – XXX)
5. Mailing Appointment notice or forward to Eligibility Specialist(ES), if the client has current/active services
   a. If forwarding to assigned ES case noting and storing on T drive is still required
   b. If client is active but referral is for adding a new child in the household a notification is sent rather than forwarding to the assigned ES.
6. Retaining a copy of the appointment notice to T drive.

If corrections or additional information is needed, enter what is needed in the box at the top and click “More Information”.

This sends the message and referral back to the referring agency to be corrected and re-submitted.

Referrals returned for corrections should still be case noted, when possible and retained on T drive with “incorrect” in the document renaming.

**Received Referral Case Note Sample:**
Scheduling Appointments for Placement:

Client will contact designee to schedule appointment, per directions on the appointment notification. The appointment must be scheduled within 30 days of ELC receiving the referral. See appointment screening script and send template appointment email.

Clients are given the choice for a virtual or face-to-face, in-office appointments where the client is given hands on assistance by the Eligibility Specialist. All appointments are tracked in the DaySmart Appointments system.

The assigned designee will call all clients two days prior to the scheduled appointment to confirm attendance, childcare facility and remind client of all required documents.

Appointments are color-coded

<table>
<thead>
<tr>
<th>Appointments Plus -Appointment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled-Virtual</td>
</tr>
<tr>
<td>In Office Appointment</td>
</tr>
<tr>
<td>Completed-Virtual</td>
</tr>
<tr>
<td>No Show</td>
</tr>
<tr>
<td>Rescheduled</td>
</tr>
<tr>
<td>Completed-In Office</td>
</tr>
<tr>
<td>In Progress</td>
</tr>
</tbody>
</table>

**Scheduled – Virtual:** Appointment was scheduled with client to be completed virtually, over the phone.

**In Office Appointment:** In person Appointment was scheduled with client

**Completed-Virtual:** Virtual Placement complete, children enrolled

**No Show:** After making at least 2 attempts to connect with client or client did not show at In Office Appointment.

**Reschedule:** Give a client another date to complete process due to but not limited to: No BC for children, no valid referral, no daycare provider to enroll children, etc.

**Completed-In Office:** In Person Placement complete, children enrolled

**In Progress:** The placement was not complete but will be completed by the Assigned Specialist at a later date.

**Clients DO NOT have to wait until they receive the Appointment Notification or have to wait for ELC to receive the referral in order to make an appointment. Staff member scheduling the appointment can notify Supervisor if an appointment is scheduled but ELC has not received the referral. Supervisors can assist in expediting receiving the referral.**

Eligibility Specialist Processing of Referrals:

Clients are required to complete the application, wizard and upload all documents using the parent portal. This can be done virtually, in the office or by the client prior to the appointment.
Review Dates:

For all BG1 Referrals (**See exceptions below**), add a 3 month reestablishment period to the referral end date. The last day of the referral plus 3 months is entered in the Eligibility End Date and Purpose-for-Care Review Date.

Clients will need to provide current proof of income and purpose for care documents or obtain an updated referral during their reestablishment period.

- **60 day Referral Example:**
  Referral dates 4/15/21-6/15/21; Eligibility Assignment dates 4/15/21-9/15/21; Purpose for Care Review date 9/15/21

- **6 month referral Example:**
  Referral dates 4/15/21-10/15/21; Eligibility Assignment dates 4/15/21-1/15/22; Purpose for Care Review date 1/15/22

**NOTE:** The Assignment cannot go past the Care Authorization end date. The client will need to recertify by completing the wizard by the Care Authorization end date.

**Exceptions:**

- **BG1-13.** All foster families will get 6 months since it is better for them to get in the habit of getting referrals every 6 months. This is with the understanding that if they do not get the referral, they cannot be termed (without giving the reestablishment period), but it may encourage them to get in the routine of needing something every 6 months.
  - Referral/assignment dates 4/15/21-10/15/21; Review date 10/15/21

- **Any family over 85SMI at time of referral start date.** The care can only be covered during active referral dates. The client will be responsible for the highest SR co-pays. If the client’s income decreases before the referral end date, the client will need to report the change with supporting proof in order for care to continue after the referral ends.
  - Referral/assignment dates 4/15/21-10/15/21, Review date (LDC) 10/15/21

- **Fee Waivers.** The fee waiver is only in effect during the referral. When referral ends, build a new assignment to reflect the re-establishment period with co-pays. The review date must match the referral/fee waiver end date to be captured properly on the reports. Encourage clients to submit purpose for care by referral end date in order to avoid two review dates.
  - Referral/assignment dates 4/15/21-10/15/21, Review date 10/15/21
  - If client is unable to roll on 10/15/21: Reestablishment assignment with co-pays 10/16/21-1/15/22, Review date 1/15/22
RWA:
If the child is coded as RWA, the provider will need to adhere to reporting requirements. Review the BG1 referrals for the RWA indicator:

ALL BG1-11 & BG1-14R referrals for children not yet attending school must be considered RWA and should be marked “Yes”, whether the RWA box on the referral is checked or not.

If this box is checked or the child meets the above bolded statement, click on the RWA box in each child’s assignment for every child birth-5 listed on the referral:

The indicator will then show in the provider’s portal account:

![RWA Indicator in Portal Account]

Case Notes:

In order to ensure that BG1 case notes are clear, indicate all dates. Remind the client of Review Dates and documentation needed by the due date and notate the conversation. Detailed notes will help the person processing the recertification/rollover. Please include the following info in your case note (fill in the blanks as indicated).

BG1-______, enrolled (child’s name) at (site’s name) eff ________, FT/PT fees, elig (care auth dates), (ref dates), (review date) for client to provide (list of all needed documentation), (agency name) worker (caseworker’s name) (caseworker’s number), called (provider’s name) to verify enrollment and fees, advised client of review date and docs needed to continue care, client will sign payment cert for client and provider records.

Example:

Add Case Note

Description

Miscellaneous

Custom Code Type

Parent

Custom Code

PLACEMENT - Placement:

Note

BG1-______, enrolled (child’s name) at (site’s name) eff ________, FT/PT fees, elig (care auth dates), (ref dates), (review date) for client to provide (list of all needed documentation), (agency name) worker (caseworker’s name) (caseworker’s number), called (provider’s name) to verify enrollment and fees, advised client of review date and docs needed to continue care, client will sign payment cert for client and provider records.
Reminder: As long as the referral has ended, clients can roll at any time during the 3-month reestablishment window.

- **Example: Referral dates 4/15/21-10/15/21**
  - Client submits BG8 approved docs **prior** to referral end date-Rollover date will be the day after referral ends.
    ***Family will stay under BG1 the entire length of the referral.***
    - Processing date-10/12/21. Rollover date-10/16/21.
  - Client submits BG8 approved docs **after** referral end date-Rollover date will be day of processing.

- See “Review Notification Process” and “Reestablishment Process” for additional guidelines.

**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.