



# Early Learning Coalition

OF PINELLAS COUNTY

DEPARTMENT: <b>Eligibility</b>	SUBJECT: MOD Procedures for “ <b>Placements</b> ”
REVISED: 10-21	AUTHORIZATION APPROVAL: Manager, Family Services

1. Search for the client and child under WL, VPK, and EV to ensure no duplicate records. If no duplicate files are found, pull the client by the existing EV#.
2. Click on the EV# to the left to open file.

Eligibility Verification Number	Child Name	Assigned Counselor	Date of Birth	Age	Parent Name	SR Process
<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>
<input type="checkbox"/> EV_0000576551	ELYSIA SOUSA	<a href="#">Assign Counselor</a>	08/18/2020	0	NANCY SOUSA-FELEY	Eligibility Verification

**Eligibility Verification** Submitted - Eligibility Verification EV\_0000576551

[Assign Counselor](#) [Change Household Status](#) [Case Notes](#) [Add Note](#)

**Household at a Glance...** HH\_0001648646

<p><b>Children Needing Care</b> ELYSIA SOUSA (child, female, age 0)</p> <p><b>Total Household Size:</b> 2 <a href="#">+</a></p>	<p><b>Parents</b> NANCY SOUSA-FELEY (adult, female)</p>	<p><b>Other Household Members</b></p>	<p><b>Total Household Income Calculations</b>            Employment income: <b>\$0.00</b>            Alimony and child support income: <b>\$0.00</b>            Other income: <b>\$6,000.00</b>            Alimony and child support deductions: <b>\$0.00</b>            Total annual gross income: <b>\$6,000.00</b></p>
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3. Check ALL ID document sections (**Contact Information, Children Needing Care, Parents, and Other Household Members**) and make any necessary adjustments.
  - a. Press Edit on the right side of each section.

**Contact Information**

<p><b>Primary Address</b> 2536 COUNTRYSIDE BLVD STE 500 CLEARWATER, Florida 33763 Pinellas County <b>RCMA Family:</b> No</p>	<p><b>Primary Parent</b> <b>Email:</b> nfeley@gmail.com <b>Primary phone:</b> (727) 400-4429</p>	<p><b>Family Portal Account</b> nfeley@gmail.com</p>
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History Edit

- b. Ensure that spellings of names and dates (Ex. date of birth) match documents provided.

c. Verify ALL documents.

Proof of Age\*

MK birth certificate.jpeg View Verify Delete

Upload Document...

Proof of U.S. Citizenship Or Qualified Alien\*

MK birth certificate.jpeg View Verify Delete

Upload Document...

- ✓ View-Open each document to ensure that it's accurate, legible, and **unexpired**.
- ✓ Verify-Select for all documents that need to stay in the record to support transaction.
- ✓ Delete-ONLY use to remove any documents that need to be deleted PERMANENTLY.
- ✓ Archive-If additional slots are needed, use to send older documents to "Household Documents" library if needed for monitoring purposes. (NOTE: Archive button only appears after a document is "Verified".)

d. For **Children Needing Care Screens**:

- ✓ Answer additional Citizenship and Age Verification questions.

Citizenship\*

Is the child a U.S. Citizen or Qualified Alien?

Yes  No

The U.S. Citizen or Qualified Alien field is required.

Age Verification\*

Has the child's age been verified?

Yes  No

The Verification of Age field is required.

- ✓ If any child's status is Terminated, add the child's supporting ID documentation under **Additional Documents**.

e. Press Save.

f. Repeat steps a-e for each applicable section that contains ID documentation.

4. Review ALL income sections (**Employment, Alimony and Child Support Income, Other Income, and Deductions**):

- a. Update all applicable screens to match income calculator and supporting documentation.
- b. Upload income calculator in employment screen.
  - o NOTE: If the client is not employed, add calculator to the appropriate **Other Income** screen.
- c. Press Verify to save calculator and all supporting documentation.
- d. Reference "How to Verify Calculations" Guidance.

5. Change Household Status:

a. On the top left of screen, click on Change Household Status.

Eligibility Verification Submitted - Eligibility Verification

Counselor : Change Household Status

Change Household Eligibility Status

Current Status Submitted

New Status\* Active

Save Cancel

b. **New Status:** Active

c. Save.

- TIP: Locate the youngest eligible child in the record to process first.
- The child's **Eligibility Status** should reflect Pending Eligibility. Click on the Eligibility button.

Children Needing Care

<p><b>ELYSIA SOUSA</b> (child, female, age 0)  <b>Eligibility status:</b> Pending Eligibility  <b>Enrollment status:</b> Not Enrolled  <b>Date of birth:</b> 08/18/2020  <b>Ethnicity:</b> Prefer not to answer  <b>Races:</b> Prefer not to answer  <b>Case dates:</b> Monday, Friday</p>	<p>History</p> <p>Change Status</p> <p><b>Eligibility</b></p> <p>Edit</p>
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- Click Add Eligibility Assignment...

**Eligibility**

Eligibility Assignments for ELYSIA SOUSA

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)
There are no eligibility assignments for this child.				

Add Eligibility Assignment...

- Complete the eligibility information as follows, review for accuracy, and click OK.

**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**

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**Care Information**

**Priority\***    **Level of Care\***    **Purpose for Care\***

Rilya Wilson Reporting Requirements   **Copay in Effect\***

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**Co-Payment**

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

 

- Billing Group/Eligibility Code:** See Funding Chart
- Match Funder:**
  - ✓ BG8-ECON-BG8 0% Match
  - ✓ BG8-SRMT-JWB SRMT Match
- Eligibility Begin Date:** Date of processing  
**Eligibility End Date:** One year later minus a day
  - ✓ Reminder: BG3 referrals from CSP follow the referral dates.
  - ✓ Reference "Processing BG1 Referrals" for BG1 date clarification.

- d. **Purpose-for-Care Review Date:** ONLY used if the client has a review date, typically associated with an agency referral
- 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

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

Eligibility

Eligibility Assignments for ELYSIA SOUSA

Eligibility Code	Billing Group	Begin Date	End Date	Funding Agency ID (code, type, name)	Actions
Current Authorization Period (06/30/2021 - 06/29/2022) <span>Update</span>					
ECON	BG8	06/30/2021	06/29/2022	1202 (26-26-26, BG8, BG8 0% Match)	<span>Cancel</span> <span>Update</span>

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

Current Eligibility Map

Current Authorization Period  
06/30/2021 - 06/29/2022

Eligibility Assignment  
ECON BG8 (26-26-26)  
06/30/2021 - 06/29/2022

Save Cancel

11. Click **Enroll** button.

<b>Eligibility status:</b> Eligible	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; text-align: center;">Change Status</div> <div style="background-color: #0056b3; color: white; padding: 5px; margin-bottom: 5px; text-align: center;">Eligibility</div> <div style="background-color: #0056b3; color: white; padding: 5px; margin-bottom: 5px; text-align: center;">Enroll</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; text-align: center;">Edit</div>
<b>Enrollment status:</b> Not Enrolled	
<b>Date of birth:</b> 08/18/2020	
<b>Ethnicity:</b> Prefer not to answer	
<b>Races:</b> Prefer not to answer	
<b>Care days:</b> Monday-Friday	
<b>Care types:</b> Fulltime	
<b>Citizenship:</b> Unknown	
<b>Age verification:</b> Unknown	

12. Click on **Add Enrollment...**

Enrollments

Enrollments for ELYSIA SOUSA (10 months old)

There are no enrollments for this child.

Add Enrollment...

13. If the client has not selected a provider, contact client to determine selected provider and start date. Then, verify enrollment with selected provider.

**Add Enrollment**

Select a Provider for ELYSIA SOUSA \*

There are no provider selections for this child.

Other:

Browse...

Details of Selected Provider

14. If the client has selected a provider, contact the provider to confirm enrollment and start date.

**Add Enrollment**

Select a Provider for ELYSIA SOUSA \*

Other:

MAIN STREET EARLY LEARNING CENTER Browse...

- ✓ TIP: Click Browse on the right and select the appropriate provider from the menu to ensure accuracy.
- ✓ Reference “Enrollment Schedules” and “Process for Special Enrollment Schedules”.

15. Repeat Steps 7-13 for the placement of any additional children.

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

Eligibility Verification EV\_0000576499

Counselor Change Household Status Case Notes Add Note

Household at a Glance HH\_0000009150

Children Needing Care	Parents	Other Household Members	Total Household Income Calculations
jane doe II (child, female, age 8) <b>JANE DOE</b> (child, female, age 4) jill doe (child, female, age 2)	Nancy Test brenda TEST (adult, female)		Employment income: <b>\$19,651.00</b> Alimony and child support income: <b>\$0.00</b> Other income: <b>\$0.00</b> Alimony and child support deductions: <b>\$0.00</b> Total annual gross income: <b>\$19,651.00</b>
Total Household Size: 4			

17. Enter Case Note:

- a. **Description:** Miscellaneous
- b. **Custom Code Type:** Parent
- c. **Custom Code:** PLACEMENT
- d. **Note:** Indicate funding, name of the child(ren), what provider child(ren) are enrolling in, effective date, person at site who verified the enrollment, FT/PT highest daily fees for the youngest child in the family, fee effective date, eligibility dates, referring agency’s worker name and phone# (for all referral programs), include any client contact, client will sign payment cert for client and provider records.
- e. **Save.**

**Add Case Note**

**Description\***

Miscellaneous

**Custom Code Type**

Parent

**Custom Code**

PLACEMENT

**Note**

BG8-ECON, Enrolled Elysia at Main Street Early Learning Center eff 6/30/21, confirmed enrollment with Debbie at Main Street Early Learning Center, FT 1.20 PT .60, elig 6/30/21-6/29/22, client will sign payment cert for client and provider records.

Save Cancel

18. Assign Counselor per caseload distribution.

**Eligibility Verification** Active

[Assign Counselor](#) [Change Household Status](#)

Assign Eligibility Counselor ✕

Assign Counselor to:  
ELYSIA SOUSA **DOB:** 08/18/2020

**Counselor\***

-- Select Counselor --

**Note**

You have 500 characters remaining.

[Assign](#) [Cancel](#)

**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.