



**Early Learning
Coalition**
OF PINELLAS COUNTY

DEPARTMENT: Eligibility	SUBJECT: Procedures for “ Sibling Discounts and Copayment Waivers ”
REVISED: 10-21	AUTHORIZATION APPROVAL: Manager, Family Services

Sibling Discounts and Co-Pay Waivers have to be manually keyed. This section is based on a subtraction problem. $\text{Co-Payment} - x = \text{Resulting Co-Payment Amount}$.

SIBLING DISCOUNTS

The youngest child co-pays will pull even if this isn't the youngest child:

Co-Payment

Total Household Members	Full time Co-payment Amount	Part time Co-payment Amount
<input type="text" value="4"/>	<input type="text" value="\$ 1.80"/>	<input type="text" value="\$ 0.90"/>

Full Time Co-payment Waiver or Reduction

Complete both the Full Time and Part Time Co-payment sections:

- ✓ **Reduction Amount:** Enter the amount to be deducted in order to result in correct fees.
- ✓ **Co-Payment Reduction or Waiver Reason:** Sibling Discount
 - In the below example, the FT co-pay is \$1.80 but the sibling discount should reflect \$1.35. In order to determine the Reduction Amount: $\$1.80 - \$1.35 = \underline{\$0.45}$ and $\$0.90 - \underline{\$0.22} = \underline{\$0.68}$.

Full Time Co-payment Waiver or Reduction

Full Time Co-payment is Waived or Reduced

Reduction Amount*	Co-payment Reduction or Waiver Reason*
<input type="text" value="\$ 0.45"/>	<input type="text" value="SIBLING DISCOUNT"/>
Additional Waiver or Reduction Details	
<input type="text"/>	

Part Time Co-payment Waiver or Reduction

Part Time Co-payment is Waived or Reduced

Reduction Amount*	Co-payment Reduction or Waiver Reason*
<input type="text" value="\$ 0.22"/>	<input type="text" value="SIBLING DISCOUNT"/>
Additional Waiver or Reduction Details	
<input type="text"/>	

- The system should then update the Resulting Full Time Co-Payment Amount accordingly.
- **BEST PRACTICE:** Compare the section below to the Income Calculator and Sliding Fee Scale to make sure EFS MOD has calculated correctly:

Resulting Full Time Co-payment Amount	Resulting Part Time Co-payment Amount
\$ 1.35	\$ 0.68

COPAYMENT WAIVERS

The Co-pay will pull based on income and household size:

Co-Payment Recalculate		
Total Household Members	Full time Co-payment Amount	Part time Co-payment Amount
2	\$ 1.20	\$ 0.60

Complete both the Full Time and Part Time Co-payment sections:

- ✓ **Reduction Amount:** Enter the amount to be deducted in order to result in correct fees.
 - ✓ **Co-Payment Reduction or Waiver Reason:** Select appropriate option from drop down menu per fee waiver submitted by referring agency.
- In the below example, the FT co-pay is \$1.20. The referring agency is waiving the co-pays. In order to determine the Reduction Amount: $\$1.20 - \$1.20 = \$0.00$ and $\$.60 - \$.60 = \$0.00$.

Full Time Co-payment Waiver or Reduction

<input checked="" type="checkbox"/> Full Time Co-payment is Waived or Reduced	
Reduction Amount*	Co-payment Reduction or Waiver Reason*
\$ 1.20	HOMELESS
Additional Waiver or Reduction Details	
<input type="text"/>	

Part Time Co-payment Waiver or Reduction

<input checked="" type="checkbox"/> Part Time Co-payment is Waived or Reduced	
Reduction Amount*	Co-payment Reduction or Waiver Reason*
\$.60	HOMELESS
Additional Waiver or Reduction Details	
<input type="text"/>	

- The system should then update the Resulting Full Time Co-Payment Amount accordingly.
- **BEST PRACTICE:** Review the below section to ensure that both the Full Time and Part Time fees reflect \$0.00:

Resulting Full Time Co-payment Amount	Resulting Part Time Co-payment Amount
\$ 0.00	\$ 0.00

Complete “Coalition Use Only” section of Copayment Waiver Request Form:

COALITION USE ONLY

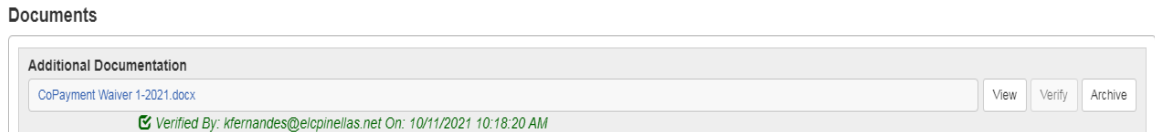
APPROVED FROM: _____ THROUGH _____

DENIED

Comments: _____

Authorized ELC Signature & Title	Phone #	Date
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Rename the Copayment Waiver Request Form, upload it to the **Additional Documentation** section, and Verify.



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.