



**Early Learning
Coalition**
OF PINELLAS COUNTY

DEPARTMENT: Eligibility	SUBJECT: Procedures for “BG1 Referral Placement Processing and Timeline”
11-2021	AUTHORIZATION APPROVAL: Manager, Family Services

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, 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 (**Enrollment start date? Maybe to match the terminology on payment cert?**) 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 determines if the family is eligible for the 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 – only count the children on the referral in the family size (**This depends on the funding type. I don’t think we can put a specific explanation here. They will have to refer to their funding chart.**)
5. Parent size - ?? (**Do you mean...who the guardians of the children are...1 guardian vs 2? That should be listed on the referral, as they are the ones letting us know who has custody.**)
6. Purpose of care is not required however if the client is employed, receiving Food Assistance or Social Security proof of each must be documented. **The purpose for care is actually Child Protection so this may be a little confusing. I know what you mean, but I think that maybe you are leading more to income eligibility. Income Eligibility-There is**

no income eligibility. A family's income can exceed 85SMI. However, proof of income received is requested in order to calculate a parent co-payment.

- a. Additional Clarification/Notes (?) for proof of Employment under Child Protection referral (I've been wanting to find the best spot to add this. Does it work?):
 - 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' submits~~ 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 complete, accurate and approved by a Supervisor.

At a minimum referrals must include:

- Full names
- DOBs
- Client's address
- Eligibility (Meaning "In home, out of home, HOME, FAM etc?)
- Purpose for Care
- Allowable authorized dates
- Number of hours authorized (Can this be moved up one to follow the flow of the 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, if the client has current/active services
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. Referral returned for corrections should still be case noted, when possible and retained on T drive with "incorrect" in the document renaming.

Scheduling Appointments for Placement:

Client will contact designee to schedule appointment, per directions on the Appointment Notice. 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.

These appointments are tracked in the Appointments Plus system. Appointments are color-coded and the in-office appointments are labeled with "IN" by the client's name.

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 & Purpose-for-Care Review Date. **Do you still have the record below to get another print screen? Eligibility is cut off a little bit. Not a huge ordeal....just a thought. ☺**

Eligibility Begin Date*	Eligibility End Date*	Purpose-for-Care Review Date
<input type="text" value="04/27/2021"/>	<input type="text" value="01/27/2022"/>	<input type="text" value="01/27/2022"/>

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

I think you were trying to put it on a second line...is it ok if I tabbed over? Did you want each bullet point spaced out or together like the Exceptions section?

- 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 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:

Rilya Wilson Act: Yes No

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

Rilya Wilson Reporting Requirements

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

Child Name	Child ID	Birth Date	Age	Parent Name	Billing Group	At Risk	RWA	Eligibility Start Date	Redetermination Due Date	Care Level	Unit of Care
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter

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).

P-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.

For example:

P-BG1-IN, enrolled John at Kindercare eff 4/15/21, FT 1.20 PT .60, elig 4/15/21 to 4/14/22, ref dates 4/15/21-6/15/21, review date 9/15/21 as client will need to provide proof of purpose for care, PCSO worker Brandi Smith 582-3800, spoke with Jill at Kindercare 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.

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.