Coordinated Enrollment
Check Up for Lead Agencies

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Participants will leave with information about the statewide status of coordinated enrollment implementation, ideas for improving coordination in their community, and program eligibility information.

Agenda
- *Welcome and Ice Breaker*
- *Coordinated Enrolment Overview*
- *Coordinated Enrolment Self-Assessment Results*
- *Q & A with Communities*
- *Update on Eligibility*

Coordinated Enrollment Overview

Coordinated Enrollment
Expectations

As established in Bulletin 140, community networks and sites are required to submit specific information for Coordinated Enrollment and the Coordinated Funding Request.

In order for the Department to evaluate funding requests based on local enrollment, Lead Agencies are required to:

- Count all at-risk, publicly-funded children as of October 1 and February 1
- Submit a Coordinated Funding Request; and
- Submit a Coordinated Enrollment Plan.

Program Partners need to collaborate on all of these requirements to complete the work successfully.

Coordinated Enrollment
The Full Model

Maximize System Capacity
1. Analyze historical demand for services *(e.g., count seats currently occupied and children on waiting lists)*
2. Project community need *(e.g., how many seats are needed and where are they available)*

Coordinated Information Campaign	**Coordinated Eligibility Determination**	**Coordinated Applications**	**Matching Based on Preference**
Work together to inform families about early childhood programs in the community	*Create one way for families to know what they qualify for and one year-round process to refer families to other available programs when they do not qualify or no seats are available*	*Have a single application used by all programs to collect family preferences*	*Enroll at-risk children based upon where families prefer to send their children, as long as space is available*
• Collaborate to ensure access to information year-round	• Understand program & funding eligibility requirements	• Guide families through options based on eligibility	• Admit families according to their preference and the capacity of programs
• Conduct an on-the-ground information campaign	• Determine preliminary eligibility with a unified eligibility application	• Families designate choices on one application during open enrollment period	• Provide enrollment options throughout the year
• Institute a "No Wrong Door" approach by sharing information in-person, online and paper as appropriate	• Use common timelines	• Coordinate application and enrollment timelines across all programs year-round	• Collaborate on waitlist management
• Use common timelines	• Develop a community referral system	• Collaborate on waitlist management	

Coordinated Enrollment Self-Assessment Results

Coordinated Enrollment
Self-Assessment Overview

The Department conducted the third annual statewide coordinated enrollment self-assessment during the summer and fall of 2016.

- The self-assessment required communities to reflect on the coordinated enrollment process from the previous year, and evaluate their success and coordination.

- The self-assessment questions remained consistent from previous years to allow the state to compare results across years.

- As in previous years, communities convened publicly-funded partners to complete a unified response to the self-assessment.

- For the first time, the Department directly facilitated self-assessments for Cohorts 1 and 2, either via phone or in-person, to assist the Department in gauging the level of coordination across providers and reflect on areas for improvement.

- Although the timeline for completing surveys was impacted by the flood, all communities participated and completed a self-assessment.

Self-Assessment Results
Improvement Shown Across all Areas of the Process

83% of communities improved in at least one area of coordinated enrollment. Progress is steady toward achieving the full model.

Level of Community Coordination by Area
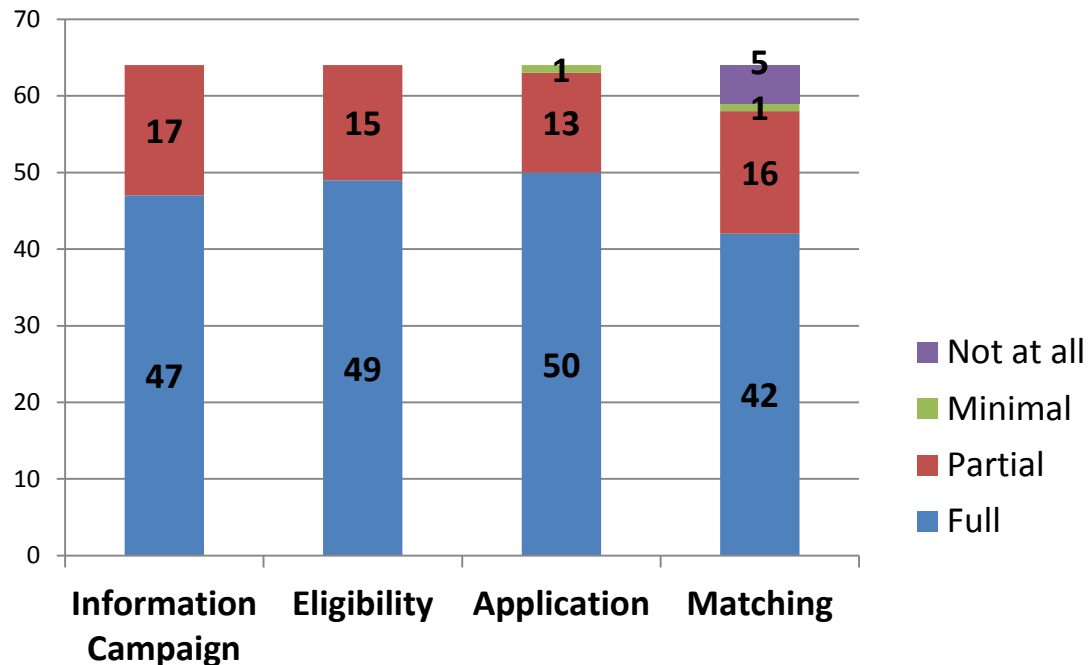
- All communities are at least partially coordinating their informational campaigns and eligibility determinations.

- Although matching is still a work in progress, 66% of communities achieved full coordination in matching, an increase from 25% last year.

Self-Assessment Results
Communities Achieved Full Coordination in Each Area

During 2015-2016, all communities worked together to coordinate each area of enrollment with Cohort 3 beginning the process.

Number of Fully Coordinated Communities
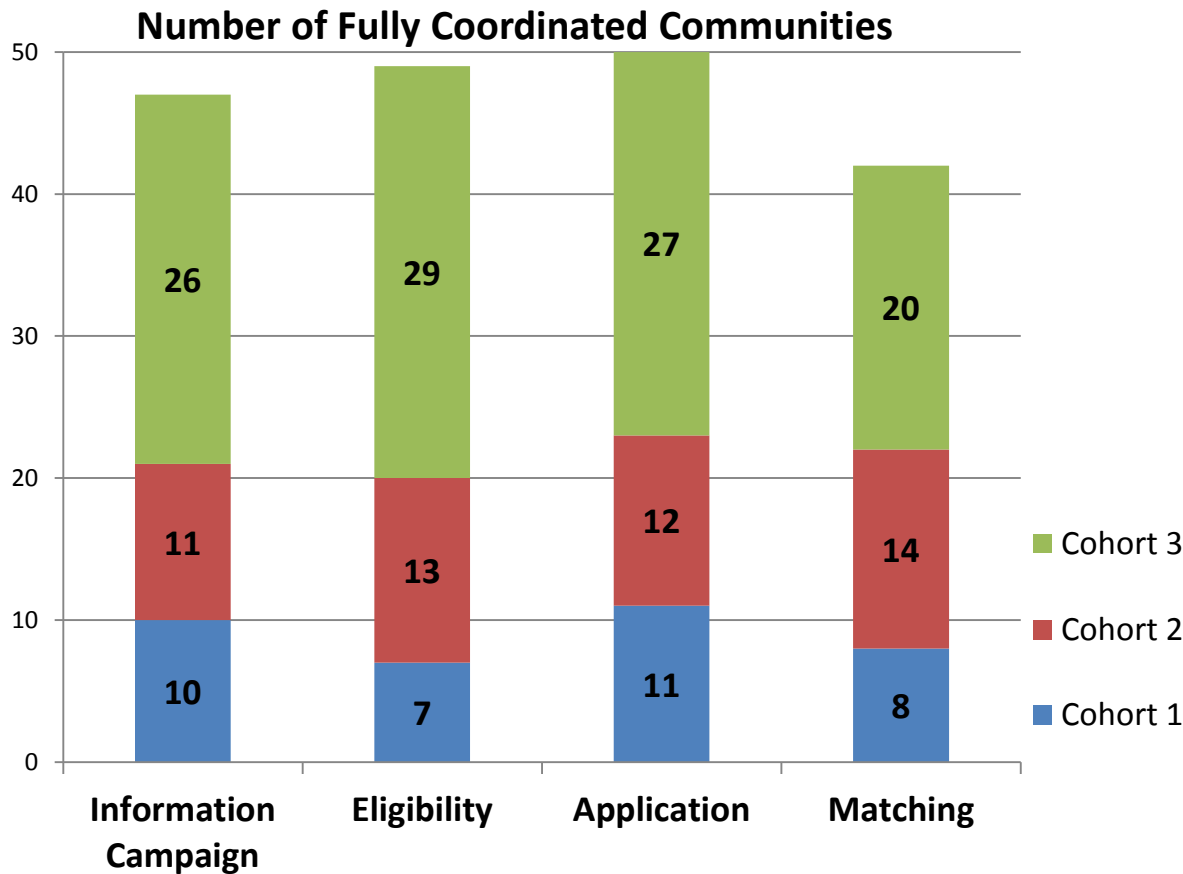
- 78% of all communities achieved full coordination for Application. This was largely a result of 23 new Cohort 3 communities using a unified application.

- Matching remains the least coordinated area. Five communities reported no coordination in matching.

Self-Assessment Results
Full Coordination More than Doubled from 2014-2015

The percent of communities fully coordinating enrollment for families more than doubled from 16% in 2014-2015 to 41% in 2015-2016.

Percent Communities Fully Coordinated

Chart data:
- Cohort 1: 33%
- Cohort 2: 44%
- Cohort 3: 42%

Legend:
- Cohort 1
- Cohort 2
- Cohort 3
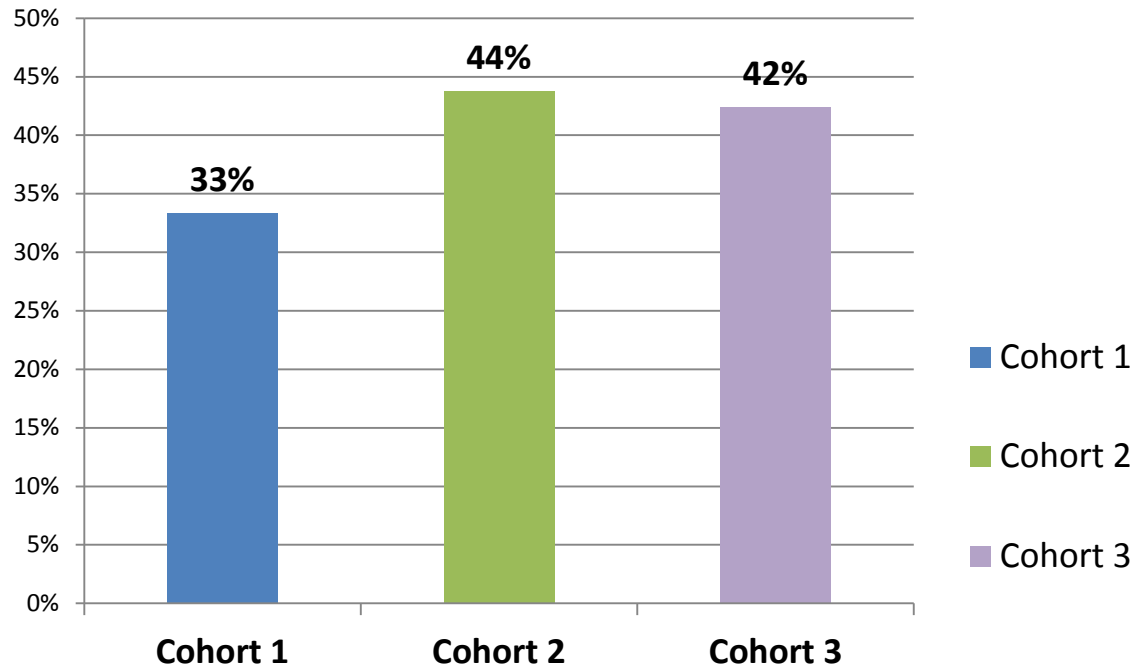
- 14 Cohort 3 communities achieved full coordination in 2016, a year ahead of Bulletin 140 requirements.

- 91% of communities across the state are fully or partially coordinating across all areas of enrollment.

Q & A with Communities

Update on Eligibility

Eligibility for Pre-K Programs
Current Context

Bulletin 140 defines eligibility for pre-K programs at 185% of the Federal Poverty Level (FPL). This includes LA 4, NSECD, 8g, and the Pre-K Expansion Grant.

- Prior to 2015, the Department's at-risk definition for K-12 was aligned with eligibility for the Free/Reduced Lunch program (185% of FPL). Eligibility for publicly-funded pre-K programs was also aligned with eligibility for the Free/Reduced Lunch program.

- With the advent of the Community Eligibility Program, K-12 at-risk determination is now based on Medicaid eligibility (200% FPL).

- At-risk definitions and eligibility for the pre-K programs are no longer aligned with K-12.

- This means that the at-risk information used by the Department and reported to the field for early childhood and for K-12 are not aligned.

- There was some difficulty in filling Pre-K Expansion Grant seats, predominantly in centers, and we are being encouraged from the federal level to align our eligibility with the grant's 200% eligibility requirement.

Eligibility for Pre-K Programs
Policy Change Consideration

The Department is considering proposing to BESE in March a change to the at-risk definition in Bulletin 140 that would adjust eligibility from the current 185% of FPL to 200% of FPL.

This proposed change would:
- Align the birth-to-age-five at-risk definition with the K-12 definition and ensure that the Department is measuring at-risk populations consistently across ages and programs.
- Ensure that all families who qualify for Medicaid also qualify for PreK programs.
- Allow communities to use Medicaid eligibility forms to determine child eligibility for seats.

With the exception of the Pre-K Expansion Grant, funding for pre-K seats is expected to remain at current levels.

This proposal must go through the formal rulemaking process before it can be used for eligibility determination. The Department will advise Lead Agencies if it is approved.

Louisiana Believes

Eligibility for Pre-K Programs
Potential Impact of Considered Policy Proposal

The proposed adjustment to eligibility would likely increase access slightly and result in more children receiving needed pre-K services.

2015-2016 Kindergarten Cohort	2015-2016 Kindergarten Cohort Estimated at 200% FPL	2015-2016 Kindergarten Cohort Estimated at 185% FPL	2015-2016 Four Year Olds Served per October 1 Count	Estimated Difference in 185% FPL and 200% FPL Kindergarten Cohorts
53,697	40,054	39,326	37,619	+728

Family Size	Income at 185% FPL	Income at 200% FPL
3	$37,296	$40,320
4	$44,955	$48,600
5	$52,614	$56,880
6	$60,273	$65,160

CCAP Eligibility
Implementation of Policy Changes

In summer 2016, BESE approved changes to the work and job training CCAP eligibility requirements, which take effect February 1, 2017. Income limits still apply to all households.

The eligibility changes include:
- Reducing work or job training requirements from 30 to 20 hours a week;
- Allow full-time status for students in an education and/or training program resulting in a degree or certificate designed to promote job skills and employability to meet the work or job training requirements; and
- Provide an exception to families of children with special needs by reducing their employment and training activity requirements to an average of 15 hours per week.

Additionally, the Department implemented a definition change so that an IEP or IFSP allows a child to qualify for a higher CCAP rate.

If you become aware of any issues related to these eligibility changes, please notify the Department immediately, so we can follow up.