

PELICAN CCW Troubleshooting Guide

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INTRODUCTION

Welcome to the PELICAN CCW Troubleshooting Guide! This document was created in response to a need by the field for more information about PELICAN Child Care Works (CCW) and the way it, well, works. As you know it's not uncommon to run into a problem in PELICAN while trying to perform your daily duties. Well now, when that problem does occur, you can crack open this guide to find out how to solve things. Of course, it would be nearly impossible to capture every problem in this guide; however, some of the most common problems and solutions can be found, along with some advice on how to keep the problems from happening again.

When you flip to a problem in the guide you'll likely see the following sections:

- 1. Subsystem:** What part of PELICAN does the problem pertain to? Not all issues fit neatly under one subsystem of course, but this will give you a starting point for the problem.
- 2. Problem:** Here you should find a description of the problem. If there is a specific error message involved it will be listed here as well.
- 3. Definition/Background:** Why does the problem occur?
- 4. Steps to Address Issue:** This is what you need to do to solve the problem.
- 5. Preventive Steps:** If there is anything you can do to help ensure this problem doesn't happen again, here is where you will find it.
- 6. Supplemental References:** Need more information? This section will lead you in the right direction.

Please note that not every issue is best described using the sections above, so not all the problems are laid out in the same way. Also, you may notice that some sections are either missing or blank. Don't fret! This guide is meant to be a living document. That means that as new information becomes available and problems appear and disappear, the guide will be updated and a new version issued to the field.

One final note: suggestions and comments are always welcome! If you have a comment you'd like to make about the guide, or if you happen to find an error, please go ahead and send an e-mail to Ryan Morgan at (rymorgan@state.pa.us).

Enjoy!

p.s. Don't forget to use the hyperlinks in the Table of Contents. They make it much easier to jump around within the guide!

HELP DESK OVERVIEW

Introduction

The Help Desk was established to help CCISs across the Commonwealth with any system-related issues or questions pertaining to PELICAN Child Care Works (CCW). The Help Desk consists of 9 “super users” who are experts on PELICAN CCW and have excellent working knowledge of subsidized child care. If you or your co-workers run into problems, the super users are the ones to call. But before you pick up the phone there are a few things you should know. This section of the guide is designed to give you an overview of the Help Desk and how it works, and also to provide you with some guidance when placing calls.

Who you gonna call?

At first this may sound like a silly question. After all, this section is all about the Help Desk, so naturally you would call it, right? Well, this isn’t always the case. As one of the designated callers for your CCIS, you should know that not all problems should be reported to the Help Desk. The following is a list of some common situations and who should be called in each instance.

1. Password Problems/Account Lockouts: The Help Desk does not handle password problems. In this instance, users should call 1-800-281-5340. This is a special number established specifically to handle account and password problems.

2. Policy/Procedure Questions: The first step should be to try and find the answer using existing resources, such as Online Help, the LMS, regulations, etc. If the issue cannot be resolved internally, your appointed staff person should contact your regional coordinator using the Policy Clarification Form. After completion, these forms can be e-mailed to your coordinator. Please **do not** contact the Help Desk with policy questions.

3. Training/Procedure Issues: Training issues should be handled internally if at all possible. Staff should be encouraged to use/review existing training materials, as well as consult with the designated trainer(s) in your office.

4. Hardware or System Issues: For both hardware and software issues please contact the Help Desk. While the PELICAN CCW Help Desk does not directly deal with hardware problems, the same phone number is used for both issues, and the third-party representative who answers the phone will direct your call appropriately (more information on this in the next section).

Where does your call go?

So, you’ve just dialed the Help Desk phone number and you are connected to a strange voice. Who is this?! What’s going on?! Wait, wait, there’s no need to panic! The super users

themselves don't actually answer the phone when you call the Help Desk, instead, a company called Technisource acts as a third party to operate the phones and take down your problem.

When you call, a representative from Technisource will take your contact information and a description of your problem. They will then generate a "ticket" based on this information. This ticket is what's used to track your call to the Help Desk. Make sure that you get your ticket number before hanging up the phone!

After the Technisource representative has finished inputting the ticket information into their tracking system, an e-mail is generated and sent out to the Help Desk (among other people). At this point, if your call is one that should be handled by the PELICAN CCW Help Desk, the Technisource representative will call your super user and let him or her know about the problem.

Your super user will call you back as soon as possible after hearing about your issue, but please try to give your super user 24 hours to return your call (they are awfully busy you know!) If, after 48 hours, you have not received a call from your super users, please send an e-mail to Ryan Morgan at (rymorgan@state.pa.us). He will follow up with the Help Desk on your behalf and get back to you.

How does my problem get fixed?

For all issues, the super users will first try and solve the issue through PELICAN. However, sometimes you may come across a bug, error message, etc. that just won't go away and can't be fixed by using PELICAN alone. In these instances, your super user will create a PCR (program change request). Please note that a PCR is **not** the same thing as a ticket. A PCR is created only when the problem will require a code change or data fix to resolve. Tickets are used to track the initial phone call that you made to the Help Desk. Make sure that if your problem requires a PCR to fix that your super user gives you the PCR number. This will help you keep track of when the issue is resolved.

PCRs are tracked using an error-tracking system called ATS. ATS allows the PELICAN CCW technical and application teams to begin researching and resolving the problem. This is often a long process, as your average PCR goes through many stages before an issue is fixed and made available. Please keep this in mind when you wonder if your issue has been resolved yet. If your problem required a PCR to be fixed, it is likely that it will take at least a month or two to resolve, depending on how critical it is.

After the application and technical teams have determined a fix to the problem, the PCR is tested several times to make sure everything is as it should be. After testing is complete, the PCR is made available in PELICAN. You will be notified by your super user after your case has been fixed. If you require a status update on a PCR, please **e-mail** your super user and ask. Make sure that when you e-mail him you have the PCR number that was created for your issue.

What can I do to help?

So now you know all about the Help Desk and what happens when you make a call. You might be wondering though, “Isn’t there anything I can do to speed up this process?” Well I’m glad you asked that question, because yes, there is!

As the designated caller for your CCIS, you are the gateway for all the system issues discovered by your CCIS. And as the person in charge of calling issues in to the Help Desk, one of the most important things you can do is ensure that you have collected as much information as possible about the problem before picking up the phone. To assist you with this task, a PELICAN Help Desk Request Form has been included with this guide ([APPENDIX B](#)). While it’s not mandatory, you are encouraged to ask your co-workers to fill out the front of this form when they submit a problem to you. The form will ask the worker to capture essential case information that will be needed to diagnose and resolve the issue. On the back of the form you’ll find a section for you to fill out and give back to the worker who first submitted the problem. This will help everyone in your office keep track of when issues were reported.

While you were checking out that fantastic request form, you may have noticed another handy dandy device called the Help Desk Issue Log ([APPENDIX A](#)). This is meant to be a tracking tool for you to use in combination with the request form. The issue log can be a simple way to remember when the Help Desk was called and what the relevant ticket number is (and PCR number too if it is applicable). You can also use the log to keep track of when your super user called you back and what the problem is.

Above all though, remember that often the quickest way to have a problem taken care of is to solve it yourself! Most of the calls made to the Help Desk do not result in PCRs. This means that most of the time, an issue called in to the Help Desk could have been resolved in PELICAN by the person who first experienced the problem. By encouraging people to research the problem and try to find a solution on their own, you are empowering the individuals in your office to take control of their own destiny! Sounds exciting, doesn’t it? And what about those situations where you can’t quite figure it out? Well, you may not have to call the Help Desk for those either. In fact, that’s what this guide is all about: giving you, the designated caller, some of the extra system knowledge you need to become a real PELICAN CCW expert. And who knows, maybe some day you’ll be a super as well?!

ELIGIBILITY

3.1 – Rules for Funding Hierarchy

The determination of the appropriate funding for child care is based on the family's TANF eligibility status (if any) and participation of children in the family in certain designated child development programs (Head Start/Pre-K). See [APPENDIX C](#) for a flow chart.

Making a correct determination of the appropriate child care program can be completed by asking the following questions:

1. Does the family currently receive TANF cash benefits and are the adults with care and control either working or enrolled in a CAO approved training program?
 - a. If Yes: Funding Program= TANF
 - b. If No: Ask Question #2
2. Does the family currently receive Food Stamps and has the case been pushed from the CAO with an approved training program?
 - a. If Yes: Funding Program= Food Stamps
 - b. If No: Ask Question #3
3. Was the family pushed from the CAO as a General Assistance case with appropriate qualifying activity?
 - a. If Yes: Funding Program= General Assistance (GA)
 - b. If No: Ask Question #4
4. Did the family receive TANF cash benefits within 183 days prior to the child care application and does the family meet the income and work/training requirements for subsidized child care? (TANF may have closed for any reason!)
 - a. If Yes: Funding Program= Former TANF
 - b. If No: Ask Question #5
5. Does the Parent/Caretaker's family meet the income and work/training requirements for subsidized child care and has the P/C provided verification that at least one of the children is enrolled in Head Start?
 - a. If Yes: Funding Program= Head Start
 - b. If No: Ask Question #6
6. Does the Parent/Caretaker's family meet the income and work/training requirements for subsidized child care and has the P/C provided verification that at least of the children is enrolled in a PA Pre-K program?
 - a. If Yes: Funding Program= Pre-K
 - b. If No: Ask Question #7
7. Does the Parent/Caretaker's family meet the income and work/training requirements for subsidized child care?
 - a. If Yes: Funding Program= Low Income

In most cases the determination of the proper Funding program can be correctly made by following this prescriptive method. However, there are some cases where a CCIS should make a judgment that a different funding program might better benefit a family and in these instances the alternate program should be approved.

For example, the CCIS processes an application for Food Stamps child care where the P/C's TANF has recently closed. The P/C attends an approved training program which qualifies the family for Food Stamp Child care but the P/C also works twenty or more hours per week. Although the prescriptive method would indicate that the funding program should be Food Stamps, the family would be eligible for and receive a higher level of service by using the Former TANF child care program. Under Former TANF, the CCIS could pay for child care for the hours needed for both employment and training while under Food Stamps the CCIS would only be able to pay for training hours.

In all instances, the CCIS should choose whichever qualifying child care program provides the family with the best level of care and service.

The following are examples of common scenarios that occur when opening a case and the steps/choices that should be made by the CCIS:

1. CCIS is providing FS child care during training activity only and receives an update that TANF opened.
 - a. The CCIS must pull the TANF case into PELICAN CCW and assess/confirm eligibility for enrollment.
 - b. If the TANF case is eligible, the CCIS must close the FS case provided all children in the case are eligible for enrollment using "Voluntary Withdrawal" and establish enrollments in the newly created TANF case.
 - c. If the TANF case is ineligible, the CCIS will confirm eligibility in the TANF case, suppress the Ineligible Notice and continue to pay for care using the FS case.
 - d. **The CCIS may not simply override the enrollment funding in the FS case to the appropriate TANF funding program.**
2. Client is receiving TANF and Food Stamps and is enrolled in college with no employment. Care is being provided under TANF- Training Funding. Client begins to receive unemployment comp. CIS sends an alert that TANF is closing.
 - a. This client would not be eligible as Former TANF since there is no employment.
 - b. The TANF case would close and then the worker should pull the Food Stamp case and determine eligibility.
 - c. Worker should then enroll the children under the FS case the day after the TANF closes.
3. CCIS is providing FS child care during training activity and the family has a LI waiting list case with employment. When the children on the wait list are authorized, the CCIS should combine all needed enrollments under a single LI case and close the FS enrollments and case.

4. Case is a closed/intake TANF or FS case and the family applies for child care at a later date under Former TANF or LI.
 - a. Reopen the case in continuous mode (system will not allow these cases to be reopened discontinuous.) Modify the application date to the appropriate date.
 - b. Run eligibility in desired mode. (FS or LI)
 - c. The case should fail eligibility. Overwrite the case to eligible. Save & Confirm these results.
 - d. Go back into the case information and correct or edit the case information so that it reflects the family's current circumstances.
 - e. Rerun eligibility and confirm.

NOTE: If a TANF case was pushed and closed at intake after TANF eligibility was run, this process will not work! This is a fairly rare occurrence but if the CCIS encounters this situation, the only resolution is to create a new case and enter information manually.

5. Client is receiving TANF child care– (C budget, client and children). An alert is received for the case indicating that TANF is closing and will be reopening as “U” budget 2-parent household.
 - a. Worker must pull the U budget and determine eligibility and allow the C budget to close.
 - b. Transfer the enrollments to the U budget. This could also occur when a “U” budget is changed to a C budget.
6. Client is receiving child care under Former TANF funding; she is in training 10 hrs and works 10 hrs. The client loses her job but still needs child care to continue to attend training.
 - a. When the case becomes ineligible after the sixty day period of continued eligibility for involuntary job loss, the FT case will close.
 - b. If care is still needed for training, the worker can pull the FS case (if eligible) and pay child care under food stamp program for the training hours.
7. Client currently receiving child care under Head Start eligibility. CCIS gets CAO referral that client applied & is eligible for TANF.
 - a. Since TANF has a higher ranking on the hierarchy the client's case needs to be moved from HS to TANF.
 - b. Close the HS case using Voluntary Withdrawal and open or pull the TANF case.
 - c. Create new enrollments using the TANF funding program.

3.2 – Case Reopening: Continuous vs. Discontinuous

3.2.1 – Closed Due to Worker Error or an Appeal

Subsystem: Case

Problem/Error Message Description: Reopening a case Continuous due to worker error or an appeal.

Definition/Background: This is when a case has been closed due to worker error or an appeal. The worker re-opens the case Discontinuous instead of Continuous which creates an ineligible segment for that case.

Steps to Address Issue: Anytime there is a worker error or appeal the case should be re-opened Continuous. If this does not happen and the case is opened Discontinuous, then the ineligible segment will have to be corrected on the Eligibility Override Summary Page. See Correcting Gaps in Eligibility located in this manual.

Preventive Steps: Need to open the case Continuous when there is a worker error or appeal.

Supplemental References: On-line Help

3.2.2 – Reopening a Closed Intake Case

Subsystem: Case (Re-opening a new application case when status of case is closed at intake).

Problem/Error Message Description: Workers are opening the intake case continuous but are forgetting to change the application date before they assess eligibility which does not create an ineligible segment.

Definition/Background: All cases that are closed at intake must be opened as continuous. The worker needs to make sure that they are creating an ineligible segment by changing the application date on the household page to the date of the application before they are assessing eligibility.

Steps to Address Issue: If the worker forgets to change the application date before assessing eligibility, then they will have to use the Eligibility Override Summary Screen to create an ineligible segment so that the eligibility date is correct. See Correcting Gaps in Eligibility located in this manual.

Preventive Steps: Need to remember to change application date before assessing eligibility for all new applications that were opened continuous.

Supplemental References: refer to On-line Help.

3.2.3 – Reopening a Case for a New Application

Subsystem: Case (Re-opening a new application case when status of the case is closed ongoing).

Problem/Error Message Description: For new applications the workers are re-opening the closed ongoing case continuous when they should have re-opened the case discontinuous. This does not create an ineligible segment and the application date is incorrect.

Definition/Background: The problem occurs when the worker does not realize that they have to create an ineligible segment so that we have the correct application date as the start of the new eligibility segment.

Steps to Address Issue: All new applications should be re-opened as discontinuous unless they were closed at intake and then we would have to open continuous but change the application date to the correct date. If the case is mistakenly re-opened as continuous the Eligibility Override Summary Page will have to be used to create the ineligible segment so that the application date is correct. See Gaps in Eligibility located in this manual.

Preventive Steps: Need to open the case Discontinuous since it is a new application.

Supplemental References: Refer to On-line Help

3.2.4 – Opening a Former TANF Case

Subsystem: Case (Cash closes on a TANF case and the case closes before coming Former TANF).

Problem/Error Message Description: Cash closes on a TANF case and the case closes before coming Former TANF. Workers are opening the case Discontinuous but not changing the application date before assessing eligibility.

Definition/Background: The problem occurs when the worker opens the Former TANF case Discontinuous and does not change the application date to the day after cash closes. They will need to use the Eligibility Override Summary Screen to fix the date. See Gaps in Eligibility located in this manual.

Steps to Address Issue: Change the application date to the day after the cash closes before assessing eligibility.

Preventive Steps: Need to make sure your processing your TANF cases on the day the cash closes or when you re-open you need to make sure your opening Discontinuous and changing the application date before assessing eligibility.

Supplemental References: Refer to On-line Help.

3.3 – Enrollment Keeps Closing After Batch Runs

Subsystem: Enrollment

Problem: Enrollment keeps closing every night after the batch runs

Definition/Background: This generally occurs when there is a segment of “ineligibility” or “not requesting care” for the child exists.

Steps to Address Issue:

Go to “Case Summary” Page

Review “Case Eligibility” to insure eligibility exists for the period of time needed. If all case elements appear correct check provider eligibility to make sure:

- Agreement exists and dates have not been changed
- Review subsidy effective dates
- Check Carecheck status of provider

If all case elements do not exist:

- Establish eligibility for the enrollment period requested
- Use Eligibility Override page when necessary.

Preventive Steps: Review eligibility of child/ren before enrollment. Remember child must have a corresponding eligibility segment for enrollment to occur or remain.

Supplemental References:

3.4 – Eligibility Override Summary Screen

Subsystem: Case

Problem/Error Message Description:

- a) Correcting the Child Care Program - Eligibility run under the incorrect Child Care Program or TANF/FS cases being reopened continuously with no break in eligibility after the CCIS has already changed the Child Care Program.
- b) Correcting gaps in eligibility - Most commonly caused by cases being reopened incorrectly or when reopening a “Closed/Intake” case and assessing eligibility under a new Child Care Program.
- c) Correcting child’s dates on “Not Requesting Care” to “Eligible” - Most commonly caused by the Child Care Request checkbox not being checked prior to running eligibility. (*Majority are TANF/FS cases*)

Steps to Address Issue:

See attached step by step instructions for each situation.

***Note: Case must be in Open/Ongoing mode in order to use the Eligibility Override Summary screen.*

Preventive Steps:

Staff need to be sure that they’ve selected the correct Child Care Program prior to running eligibility and be sure that they’re reopening cases correctly. However, the majority of these problems are occurring with TANF/FS cases where we have to make retroactive changes in order to provide child care.

Supplemental References: *On Line Help:* Family Composition Eligibility Overrides – Past Segment, Case Close Reopen Job Aid, Reopening a Case – Continuous, Reopening a Case – Discontinuous, Changing a Child Care Program – Scenarios 1-5.

3.4.1 – Correcting the Child Care Program

Problem: Changing Child Care Program: Eligibility was run under Low Income but should have been assessed as Former TANF. (*Prior to fixing the incorrect segment, you must run eligibility under the correct Child Care Program.*)

- Using the drop down list; go to the Eligibility Override Summary screen.

Eligibility Override Summary

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
22		CCIS of Dauphin County	Open	Ongoing		

	Run Date	Program
<input type="checkbox"/>	1/14/2009 3:33:16 PM	Former TANF
<input type="checkbox"/>	1/14/2009 3:33:16 PM	Low income

- Check the checkbox for the Low Income segment.
- Select the button beside “Child Care Program”
 - Using the drop down list beside “Child Care Program,” select the Child Care Program needed. *(This is the only information that needs changed when changing Child Care Programs.)*
 - Using the drop down list beside “Override Reason,” select appropriate override reason.
 - In the “Comment” text box enter reason for the override.
 - Click “Confirm”

Child Care Program	Eligibility Status	Eligibility Begin Date	Eligibility End Date
Low income	Eligible	1/14/2009 3:31:00 PM	1/14/2009

Individual Detail
Child Care Program: Low income

Individual Number	Individual Name	Participation Begin Date	Participation End Date	Eligibility Status	Eligibility Begin Date	Eligibility End Date
		8/10/2008 12:00:00 AM		Eligible Adult	1/14/2009 3:31:00 PM	1/14/2009
		8/10/2008 12:00:00 AM		Eligible Child	1/14/2009 3:31:00 PM	1/14/2009

Individual Detail
 Family Composition Detail
 Child Care Program

Child Care Program:

FC Eligibility Status:

Individual:

Individual Eligibility Status:

Begin Date:

Begin Time: --

End Date:

Override Reason*:

Comment*:

ADD

CONFIRM CANCEL

4) Case Eligibility should now be listed correctly on the Case Summary screen.

Case Eligibility			
CC Program	Eligibility Status	Effective Begin Date	Effective End Date
Former TANF	Eligible	01/14/2009	01/14/2009
Former TANF	Eligible	01/15/2009	01/28/2009
Former TANF	Ineligible	01/29/2009	

[ASSESS ELIGIBILITY](#)

3.4.2 – [Correcting Gaps in Eligibility](#)

Problem: Correcting gaps in eligibility i.e. Case reopened discontinuous instead of continuous.

1) Go to the Case Summary screen and take note of the Application Received date. This should match the date of the new eligibility segment. In this case it's 01/05/2009. Before you can close the gap in eligibility you must also close the gap in the application date. Eligibility ended on the previous segment effective 12/31/2008, so you'll need to enter the application received date of 01/01/2009.

Case Information			
Date Application Received	01/05/2009 04:39:00 PM	Number of Children Needing Care	1
Family Size	3	Weekly Co-pay	\$45.00
Adjusted Annual Income	\$27,719.52	Under Adverse Action	NO
Under Appeal	NO		
Redetermination Date	07/15/2009		

[LOCAL ID](#)

Case Eligibility			
CC Program	Eligibility Status	Effective Begin Date	Effective End Date
Low income	Eligible	12/08/2008	12/31/2008
Low income	Eligible	01/05/2009	

[ASSESS ELIGIBILITY](#)

2) Go to the Household Information Detail screen and enter:

- Date Application Received: 01/01/2009
- Time: 12:00 AM
- Click Save

Household Information Detail						
County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
22		CCIS of Dauphin County	Open	Ongoing		0126

[GO](#)

General Information			
Case CAMIS ID	<input type="text"/>		
Date Application Received*	<input type="text" value="01/01/2009"/>	Time*	<input type="text" value="12:00 AM"/>
Date Documents Received	<input type="text" value="1/1/09"/>	Time	<input type="text" value="12:00 AM"/>
Face to Face Date	<input type="text"/>	Face to Face Waiver Reason	<input type="text" value="Select..."/>

- 3) Using the drop down list; go to the Eligibility Override Summary screen. Select one of the checkboxes and click Update to view each segment and find the new segment with the begin date of 01/05/2009.
- 4) Select the button beside “Family Composition Detail” and enter ONLY:
 - a. Begin Date: 01/01/2009
 - b. Time: 12:00 AM
 - c. Select “Eligible” from the drop down list beside FC Eligibility Status
 - d. Using the drop down list beside “Override Reason,” select appropriate override reason.
 - e. In the “Comment” text box enter reason for the override.
 - f. Click Add

- 5) The Eligibility Begin Date under the Family Composition Detail should now be effective 1/1/2009 12:00 a.m.

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
		CCIS of Dauphin County	Open	Ongoing		0126

Child Care Program	Eligibility Status	Eligibility Begin Date	Eligibility End Date
Low income	Eligible	1/1/2009 12:00:00 AM	

- 6) Select the button beside “Individual Eligibility”:
 - a. Select an Individual from the drop down list
 - b. Select the Individual Eligibility Status from the drop down list for that individual.
 - c. Enter: Begin Date: 01/01/2009
 - d. Enter: Time: 12:00 AM

- e. Using the drop down list beside “Override Reason,” select appropriate override reason.
- f. In the “Comment” text box enter reason for the override.
- g. Click Add

[Redacted]	[Redacted]	1/5/2009 4:39:00 PM		Not Requesting Child	1/5/2009 4:39:00 PM
[Redacted]	[Redacted]	1/5/2009 4:39:00 PM		Eligible Child	1/5/2009 4:39:00 PM

Failure Reasons

Individual	Failure Reasons	
[Redacted]		UPDATE
[Redacted]		UPDATE

Individual Detail
 Family Composition Detail
 Child Care Program

Child Care Program:
 FC Eligibility Status:
 Individual:
 Individual Eligibility Status:
 Begin Date:
 Begin Time:
 End Date:
 Override Reason*:
 Comment*:

- 7) Continue Step 6 for each individual in the family. Once everyone has been updated, click Confirm.
- 8) Return to the Case Summary screen. It will now show continuous eligibility beginning with a new segment effective date of 01/01/2009.

Case Information

Date Application Received	01/01/2009 12:00:00 AM	Number of Children Needing Care	1
Family Size	3	Weekly Co-pay	\$45.00
Adjusted Annual Income	\$27,719.52	Under Adverse Action	NO
Under Appeal	NO		
Redetermination Date	07/15/2009		

[LOCAL ID](#)

Case Eligibility

CC Program	Eligibility Status	Effective Begin Date	Effective End Date
Low income	Eligible	12/08/2008	12/31/2008
Low income	Eligible	01/01/2009	

[ASSESS ELIGIBILITY](#)

Case Members

Individual Number	Individual Name	Relationship to Primary Caretaker	Participation Begin Date	Participation End Date	Eligibility Status	Eligibility Begin Date	Eligibility End Date
[Redacted]	[Redacted]	Self	01/01/2009 12:00:00 AM		Eligible Adult	01/01/2009	
[Redacted]	[Redacted]	Son	01/01/2009 12:00:00 AM		Eligible Child	01/01/2009	
[Redacted]	[Redacted]	Daughter	01/01/2009 12:00:00 AM		Not Requesting Child	01/01/2009	

3.4.3 – Changing Child’s Dates on “Not Requesting Care” to “Eligible”

Problem: Correcting child’s dates on “Not Requesting Care” to “Eligible”

This can be corrected by using the Eligibility Override Summary screen, however the easiest way to correct this issue is to rerun eligibility and correct the dates prior to confirming eligibility.

1. Go to the Child Care Request screen and make sure that the CC Request has been checked and click Save.

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
		CCIS of Dauphin County	Open	Ongoing		
380: Data has changed. Please reassess and confirm eligibility						
Individual	CC Request	Reason Ending Care	Age Appropriate Immunization		Y	
	<input checked="" type="checkbox"/>	Select...	Yes, Immunized		Self-Certified	
	<input checked="" type="checkbox"/>	Select...	Yes, Immunized		Self-Certified	
	<input checked="" type="checkbox"/>	Select...	Yes, Immunized		Self-Certified	
	<input type="checkbox"/>	Voluntary Withdrawal	Yes, Immunized		Self-Certified	

2. Determine Eligibility (*Do Not Confirm eligibility yet*)
3. Go to the Individual Results screen

380: Data has changed. Please reassess and confirm eligibility

Individual Eligibility Result			
Individual	Eligibility Status	Eligibility Begin Date	Eligibility End Date
Parent/Caretaker(s)			
	Eligible Adult	11/01/2006	01/15/2009
	Eligible Adult	01/16/2009	
Children			
	Eligible Child	11/01/2006 12:00 AM	01/15/2009
	Eligible Child	01/16/2009 2:13 PM	
	Eligible Child	11/01/2006 12:00 AM	01/15/2009
	Eligible Child	01/16/2009 2:13 PM	
	Eligible Child	11/01/2006 12:00 AM	02/25/2008
	Not Requesting Child	02/26/2008 12:00 AM	01/14/2009
	Eligible Child	01/15/2009 2:13 PM	
	Eligible Child	11/01/2006 12:00 AM	02/25/2008
	Not Requesting Child	02/26/2008 12:00 AM	

4. Using the 2nd child for the example – The parent requested care effective 01/05/2009.
 - a) Beside the “Not Requesting Child” segment enter the date of 01/04/2009 in the Eligibility End Date text box. *(These segments must always run in sequential order.)*
 - b) Beside the “Eligible Child” segment enter the date of 01/05/2009 in the Eligible Begin Date text box.

Children				
[Redacted]	Eligible Child	11/01/2006	12:00 AM	01/15/2009
	Eligible Child	01/16/2009	2:13 PM	
[Redacted]	Eligible Child	11/01/2006	12:00 AM	01/15/2009
	Eligible Child	01/16/2009	2:13 PM	
[Redacted]	Eligible Child	11/01/2006	12:00 AM	02/25/2008
	Not Requesting Child	02/26/2008	12:00 AM	01/4/2009
	Eligible Child	01/5/2009	2:13 PM	
[Redacted]	Eligible Child	11/01/2006	12:00 AM	02/25/2008
	Not Requesting Child	02/26/2008 12:00 AM		

5. Scroll down to the Eligibility Override Details & enter an Override Code and Override Comments, click on Save & Return.

Eligibility Override Details		
Individual	Override Code	Override Comments
[Redacted]	Select...	
[Redacted]	Select...	
[Redacted]	Select...	
[Redacted]	Worker Error	Parent requested care effective 1/5/09.
[Redacted]	Select...	

SAVE & RETURN [S] HISTORY [H] CANCEL [C]

6. Confirm eligibility
7. When you return to the Case Summary screen the child’s eligible segment should be corrected.

Case Members							
Individual Number	Individual Name	Relationship to Primary Caretaker	Participation Begin Date	Participation End Date	Eligibility Status	Eligibility Begin Date	Eligibility End Date
[Redacted]	[Redacted]	Self	11/01/2006 12:00:00 AM		Eligible Adult	11/01/2006	
[Redacted]	[Redacted]	Son	11/01/2006 12:00:00 AM		Eligible Child	11/01/2006	
[Redacted]	[Redacted]	Son	11/01/2006 12:00:00 AM		Eligible Child	11/01/2006	
[Redacted]	[Redacted]	Daughter	11/01/2006 12:00:00 AM		Eligible Child	11/01/2006	02/25/2008
	Not Requesting Child				02/26/2008	01/04/2009	
	Eligible Child				01/05/2009		
[Redacted]	[Redacted]	Daughter	11/01/2006 12:00:00 AM		Eligible Child	11/01/2006	02/25/2008
	Not Requesting Child				02/26/2008		

3.5 – Individual Does Not Show on Eligibility Results Screen

Subsystem: Case

Problem/Error Message Description: Person does not show up on the individual eligibility results screen when they were there previously in a TANF case.

Definition/Background: Some parent/caretakers may have a C1 case and a C2 case in CIS. If there is another family member within the household receiving TANF benefits, such as a niece nephew, cousin, they may be placed in a separate case within the household (C2 case). The parent/caretaker for the C1 case most likely has care and control over the child in the C2 case and the child is eligible for care, just in a different case. Refreshing the case and looking at the update will show the C2 case and you will then be able to pull a case and pay for care for the C2 child.

Steps to Address Issue: Refresh the case and look at the update. If there is a C1 and a C2 case, pull the C2 case. Remember to check multiple case buttons on the child care request screen and enter the date you are creating the case as the effective date.

Preventive Steps: Check CIS

Supplemental References:

3.6 – Locked Low Income Cases

Subsystem:

Individual client information in Low Income cases

Problem/Error Message Description:

Data Sharing Issues – client information overwritten and locked by open Food Stamps cases

Definition/Background:

Now that CIS pushes Food Stamps cases to PELICAN to pay for training, it is changing the Low Income cases to “Read Only” preventing the CCIS from updating the necessary information in order to determine eligibility or ineligibility for new applications as well as cases currently on the Waiting List.

Steps to Address Issue:

- d) If the Food Stamps case is working only – Close the Food Stamps case and wait for the case to close in PELICAN and then update your Low Income case accordingly.
- e) If the Food Stamps case is training and working and your Low Income client is still on the Waiting List or a new application needs processed;
 - Do a Voluntary Withdraw on the Food Stamps case to temporarily close the case.
 - Once the Food Stamps case is closed in PELICAN, update the client’s information in the Low Income case and generate whatever documents you may need.
 - Enter **detailed** Case Comments – Enter on the Subject line “Data Sharing Issues.” Be sure to include detailed information in the comments about what was overwritten. For instance: If the employment information was overwritten and you have updated pay stubs; enter the calculated income and correct co-payment calculation in the case comments.
 - Print the screens with your correct information and keep in the clients file for future reference.
 - Once everything has been processed for the Low Income case; Reopen the Food Stamps case “Continuous” and assess eligibility. Perform a retroactive update on the enrollments and delete the Discontinue/Closed segment.

Preventive Steps:

There is no way to prevent this problem.

Supplemental References:

None

3.7 – Former-TANF Funded Child Appears on the Waiting List

Subsystem: Waiting List

Problem/Error Message Description: A Former TANF funded child is appearing on the waiting list.

Definition/Background: A user reports that although the Family Eligibility Screen and the child’s enrollment screen indicate that the family and child are currently Former TANF, the child’s enrollment is wait-listed (should be pre-enrolled.)

Steps to Address Issue: In order to change the status of this child’s enrollment from wait list to pre-enrolled it is necessary to remove the wait list enrollment and create a new enrollment. Navigate to the Enrollment Screen, using the Change/End Enrollment function, change the status of the Enrollment to Remove and use the reason code “Worker Error” and save this change. Then create a new enrollment using the correct Funding Program (In order to avoid eligibility issues, be sure to use the same date that was shown on the Wait List enrollment.) The resulting enrollment should be in Pre-enrolled status.

Preventive Steps: This occurs in the following way: A user creates a new case (application) and runs eligibility under Low Income and creates an enrollment. The enrollment has a Funding Program indicator of Low Income and consequently a Waiting List status (if the CCIS in question has no available funds.) After completing these processes, the user realizes that the case should have been made eligible under Former TANF. The user then reruns eligibility under Former TANF and confirms. The user then navigates to the enrollment screen and using the Change/End Enrollment function changes the Funding Program to Former TANF using the override reason Worker Error and saves the enrollment change. The expectation is that the enrollment would change from Waiting List status to Pre Enrolled Status. This in fact does not occur. Child remains on Wait List.

Supplemental References: See online help “Changing a Child Care Program.”

3.8 – Error 150

Subsystem: Eligibility

Problem: Error 150: Eligibility begin date cannot be before application date

Definition/Background: This issue occurs when application and participation dates don't match. Issue occurs sometimes when application date's time stamp is set to PM.

Steps to Address Issue:

1. Go to the "house hold information" page.
2. Change the application date's time stamp from PM to AM and save it.

Preventive Steps:

Supplemental References:

3.9 – Child Appears on the Waiting List with an Incorrect Date

Subsystem: Case-Waiting list

Problem/Error Message Description: child is appearing on the waiting list with the wrong date

Definition/Background: There are times when a child will appear on the waiting list with a date that is earlier than the eligibility date of the family composition. If a child is a member of more than one open case, the child will always go on the waiting list with the earliest eligibility date of the two cases. This occurs in joint custody cases and in cases where the child moves from one foster home to another foster home with an active case.

Steps to Address Issue: Policy has determined that children in joint custody will have the same eligibility date. The waiting list date is correct in both cases and the child should be placed on the waiting list with the earlier date and authorized in the order of placement, not removed and put back on until the eligibility date of the second case is reached. The same goes for the foster children moving from one home to another. In these cases, the joint custody/multiple case will be checked on the child care request screen.

Preventive Steps: check with Regional Coordinator for policy clarification

Supplemental References: Online help using search word joint custody

3.10 – Cannot Change Status of Suspended Enrollment

Subsystem: Enrollment

Problem/Error Message Description: An enrollment is currently in suspended status and PELICAN will not allow worker to change the enrollment to a new status. Worker receives error message “214: Provider is ineligible on MM/DD/YYYY.”

The screenshot shows the 'Enrollment Status Information' page in the PELICAN system. At the top, there is a navigation bar with the PELICAN logo and the tagline 'Pennsylvania's Enterprise to Link Information for Children Across Networks'. Below this is a menu with options like Home, R&R, Provider, Case, Payments, Reports, Correspondence, and Administration. The main content area displays enrollment details for County 40, Record 0712068, Office CCIS of Luzerne County, Status Open, and Mode Ongoing. A table lists the enrollment details, including Individual Number 760169786 and Individual Name [REDACTED]. Below the table, the error message '214: Provider is ineligible on 12/14/2009.' is circled in red. Other fields include Provider ID 6112331105-1, LE Name [REDACTED], Location [REDACTED], Effective Date* 12/15/2009, Status Discontinued/Closed, and Reason Voluntary withdrawal. At the bottom, there are buttons for SAVE AND CONTINUE, CANCEL, RETROACTIVE CHANGES, and GENERATE CORRESPONDENCE.

Definition/Background: This problem occurs because the provider currently associated with the suspended enrollment has become subsidy ineligible and had its agreement end-dated.

Steps to Address Issue: In order to get the child re-enrolled, the worker will need to transfer the suspended enrollment to an eligible provider.

1. From the Case Enrollment Summary screen, click on the suspended enrollment and select “change/end enrollment” button. Scroll down to the Provider Information section and click “update.” Make sure that the “transfer effective date” is the same as the effective date for the current suspension.

Client Search | Enrollment Search | Inbox Home | OCDEL Policy

Case Enrollment Summary Select... GO

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
40	0712068	CCIS of Luzerne County	Open	Ongoing	SOKOLAS, SANDRA	0121

Enrollment Summary **Enrollments** Suspended REFRESH [more information...](#)

	Name	Care Level	Provider ID	LE Name	Location	Co-pay	Status	Sleep Hours	Effective	Build From
<input type="checkbox"/>	[REDACTED]	PRE	8111400253-1	[REDACTED]	[REDACTED]	\$15.00	Suspended	No	11/30/2009	<input type="radio"/>
<input checked="" type="checkbox"/>	[REDACTED]	YSA	8111400253-1	[REDACTED]	[REDACTED]	\$0.00	Suspended	No	11/30/2009	<input type="radio"/>

NEW **CHANGE/END ENROLLMENT** **SCHEDULE** **HISTORY**

Date Read **GENERATE ENROLLMENT SUMMARY**

- Click “save and continue.” You should receive a message stating “214: WARNING! – Effective date for provider transfer is not changed. Click save to continue!” Click “save and continue” again.

Enrollment Provider Information Select... GO

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
40	0712068	CCIS of Luzerne County	Open	Ongoing	[REDACTED]	0121

Individual Number 760169786 **Individual Name** [REDACTED]

Current Provider Information	New Provider Information
Provider ID: 6112331105-1	Transfer Effective Date*: <input type="text" value="11/30/2009"/>
Legal Entity Name: [REDACTED]	Provider ID*: <input type="text" value="6111824666"/> - <input type="text" value="1"/> SEARCH
Location Description: [REDACTED]	Provider's Relation To Child: <input type="text" value="None"/>
Provider Type: R/N	
Provider's Relation To Child: <input type="text" value="None"/>	
Provider's Last Paid Date: <input type="text"/> (transfer only)	

SAVE AND CONTINUE **CANCEL**

- The original suspension will now be in discontinued/closed status and a new suspended enrollment will be created with an eligible provider. The worker should now be able to work with the enrollment as needed.

Note: This process can also be used when the books close for the fiscal year. Once the suspended enrollment is transferred it will need to have an effective date of 7/1/YYYY or later.

Preventive Steps:

Supplemental References: On-line Help.

3.11 – Old TANF Grant Remains in Former TANF or Low Income Case

Subsystem: Case

Problem/Error Message Description: Old TANF grant amounts are included in the income calculation for former TANF or low income cases. Also, workers receive alerts for former TANF or low income cases that state TANF is open in CIS; however, checking CIS shows the TANF case is closed.

Definition/Background: If a PELICAN TANF case closes without receiving an “effective end date” from CIS, the system will continue to think that TANF is open, even if the case is re-opened as a former TANF or low income case. This causes the system to continue to include the TANF grant amount and add it to the client’s income.

Steps to Address Issue: If the TANF case has been closed fewer than 90 days you should be able to reopen the case and refresh it to pull the end date from CIS. If it has been closed for more than 90 days (or you are unable to refresh), you will need to create a new case to use as former TANF or low income.

To check for the close date, go to the CAO Program Eligibility screen in the PELICAN case and look under the CIS Budget Eligibility section for the effective end date.

CAO Program Eligibility							Select. . .	GO
County	Record	Office		Status	Mode	Parent/Caretaker	Caseload ID	
22	0202173	CCIS of Dauphin County		Open	Ongoing	[REDACTED]	0201	
CIS Mapping Information								
CCW CaseID			CIS CaseID			LINK TO CIS		
220202173			220202173			Yes		
CIS Budget Eligibility								
Category	Grant Group	PSC	CC Program	Effective Begin Date	Effective End Date	Budget Status	TCA Elig?	
C		00	TANF	1/11/2008	2/19/2008	Open	No	
				9/22/2009			No	

Preventive Steps: Workers should check the Eligibility Detail screen in PELICAN before confirming eligibility.

Supplemental References: Online Help

3.12 – Parent/Caretaker Appears as a Child

Subsystem: Case

Problem/Error Message Description: Parent/caretaker appears as an eligible/ineligible child on the Individual Eligibility Results page.

Definition/Background: This only occurs when the relationship between the primary parent/caretaker and the second adult is common-law husband or wife. This is a known issue in PELICAN.

Steps to Address Issue: Never choose the relationship of common-law husband or common-law wife when entering a new person into the case. If the parent shows up on the individual eligibility screen as a child, navigate to the relationship page and look at what relationship is listed for the person. If it is common-law, change the relationship to live-in companion, save and run eligibility again. The person should now show up as an adult. If the case is a TANF/Food Stamp/TCA case that is locked, call your CAO designee and ask if they will change the relationship to live-in companion or some other option. There are times that they cannot change it and you will have to override eligibility as needed in these rare cases.

Preventive Steps: Never select common-law as a relationship and correct it to live-in companion whenever possible.

Supplemental References: See Online Help – Adding a Case Member and Online Help – Case Management Eligibility Process Flow.

3.13 – Old Employment is Causing a TANF Case to Have a Co-pay

Subsystem: Case

Problem/Error Message Description: A TANF record has an incorrect co-pay amount.

Definition/Background: On some occasions a new TANF case will have old employment listed in PELICAN. The worker does not realize this and confirms eligibility. This will cause an incorrect co-pay amount to be applied to the case. This can happen when CIS sends old employment that was never end dated. It can also happen when a former TANF case changes to TANF and employment entered by the CCIS was never end dated.

Steps to Address Issue:

Old employment coming over from CIS

1. Check the Eligibility Detail screen and the Employment and Wage Summary screen in PELICAN.
2. Check the CQWAGE screen and case comments in CIS.
3. Contact the CAO if there is old employment that needs end dated.
4. If they are unable to end date the old employment, ask that they contact the CIS hotline to have the issue resolved. If the CIS hotline cannot end date the old employment, the CCIS worker should confirm eligibility and then override the co-pay in PELICAN on the Case Co-pay Summary Screen.
5. Each time eligibility is assessed in the future, the co-pay will need to be overridden.

Old employment from a former TANF case entered by the CCIS

1. Check the Eligibility Detail screen and Employment and Wage Summary screen in PELICAN.
2. If there is old employment listed, the worker should end date it at least 31 days in the past.
3. The worker will now be able to confirm eligibility in PELICAN.

Preventive Steps: To prevent this from happening, workers should get in the habit of checking the Eligibility Detail screen in PELICAN for old employment before confirming eligibility on a TANF case. It is also helpful to check the CQWAGE screen and case comments in CIS.

Supplemental References: Online Help

PAYMENTS

4.1 – Child Fails to Appear on Invoice or Encumbered Cost is Incorrect

Subsystem: Invoicing

Problem: A child fails to appear on a provider invoice, or the encumbered cost for a child is incorrect.

Definition/Background: If a child fails to appear on an invoice, the first item that should be checked is the schedule for the calendar month. It is possible that no scheduled days exist. Workers should also check for non-standard zeroed out schedules and delete them. If neither of the above is applicable, workers should try “jiggling” the standard schedule in order to force PELICAN CCW to recalculate the encumbrance. At this time it is not known exactly what can cause these two errors to occur, but jiggling will often resolve the issue. If it does not, it is likely that a PCR is needed and the Help Desk should be contacted.

Steps to Address Issue:

Jiggling the standard schedule can be accomplished by following the below steps.

1. Navigate to the child’s enrollment schedule. This can be accomplished by clicking on the “schedule” button found on the Case Enrollment Summary screen.
2. From the Enrollment Schedule screen, click the “standard schedule” button.
3. Change and save the hours for one of the days. You need only change them by a small amount (such as one hour – you do not want to affect encumbrance by changing FT to PT or vice versa). If the current effective date is more than 365 days in the past you should change it to 07/01 of the current fiscal year.

Standard Enrollment Schedule Select. . .

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
22	0248988	CCIS of Dauphin County	Open	Ongoing	[REDACTED]	0107

Individual Number 190228532 **Individual Name** [REDACTED]

Provider ID 2111212725-1

LE Name [REDACTED]

Location [REDACTED]

Standard Enrollment Schedule

Effective Date* 07/01/2010

Summer Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours	8.5	9.5	9.5	9.5	9.5	[]	[]
Non-Traditional	<input type="checkbox"/>	Yes	Yes				

School Year Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours	3	3	3	3	3	[]	[]
Non-Traditional	<input type="checkbox"/>	Yes	Yes				

4. You should receive a message stating “207: Enrollment schedule updated successfully.”
5. Go back to the standard schedule, change the hour back and save again.

Preventive Steps:

While diagnosis of why a child’s encumbrance is incorrect when all data appears correct has been unsuccessful, a preventative action can improve performance and help to eliminate the need to jiggle schedules.

CCISs should consider editing the effective date of the standard schedule for any child who was re-enrolled by the FYRO process as early in the fiscal year as practical. This need not be done for any child enrolled manually after July 1 of the fiscal year. (Children re-enrolled by FYRO can easily be identified since their standard schedule effective date will precede July 1 of the current fiscal year.)

While it is not recommended that this be done by reviewing each and every schedule early in the fiscal year it can be done by establishing a practice of reviewing the standard schedule when other enrollment related tasks occur. For example, when a user is required to change the co-pay or to complete an eligibility re-determination; these are routine actions where it might be a good time to establish the practice of changing the effective date of the standard schedule.

6. From the enrollment screen, click the radio button to the left of the child’s name, and then click on the schedule button.
7. On the Enrollment Schedule screen, scroll down and then click on the “standard schedule” button. On the Standard Schedule Enrollment screen, change the effective date to the first day of the current fiscal year, i.e. 07/01/20XX. Then save the modified standard schedule, and click “continue” on the Enrollment Schedule screen.
8. You have completed updating the standard schedule.

This child’s encumbrance has now been recalculated and should be correct.

Supplemental References: Online Help – Updating a Standard Schedule

4.2 – Return Payments for Current and Prior Fiscal Years

Subsystem: Payment

Problem/Error Message Description: Return Payment for Current FY and Prior FY

Definition/Background: Return Payments occur when an attendance invoice has already been processed for the provider and is in the Payment Requested or Paid status; and CCIS staff member discovers something about client/provider that results in a change being made to the child’s enrollment/schedule thus causing an invoice adjustment. (Usually that care was not provided as billed so the enrollment was discontinued after a payment was issued.) Return payment is used when it will not be possible to recoup the overpayment from future invoices because the provider does not have children enrolled from your CCIS.

Steps to Address Issue: *PELICAN screen shots of process following the step by step instructions*

1. Process the Paid Pending Adjustment using the “Recoup from future Payments” as adjustment settlement method.
 2. Enter the Payment ID # on the Payments home page in the Process Return Payment box. (Payment ID # can be found on each page of the Provider Payment Summary.)
 3. On the Payment Detail screen, select Return Payment Processing from the drop down box.
 4. On the Payment Returned screen, select the appropriate reason for the return. Return date can be modified to days in the past from the default entry of the current date. A maximum of 200 characters can be added to the Return Payment Adjustment Reason text box.
 5. Enter the returned payment amount in the Current Return Amount column next to the child’s name for the child payment is being returned. The amount of the return cannot be greater than the total payment amount.
 6. Authorize return. In the overnight batch process, PELICAN CCW automatically applies the “Satisfied negative adjustments and authorize payment of extra” settlement method. (If return is authorized but the nightly batch not run and a change is made to an enrollment for that invoice, PELICAN cancels the authorization of the return payment. Fiscal alert is generated to indicate that an adjustment was made.)
- Paid Pending adjustment needs to be processed with settlement method “Recoup From Future Payments” selected.

Enrollment Sub Total:							\$530.00
Enrollment Total:							\$530.00
Invoice Total:							\$530.00
Invoice Calculation - After Adjustment							
Individual Number	CO/Record #	Child Name	Care Level	Unit	Qty	Amount	Total
			PRE	FT	10	\$30.00	\$300.00
					Copay	1	\$(30.00)
					Copay	1	\$(40.00)
Enrollment SubTotal:							\$230.00
Enrollment Total:							\$230.00
Invoice Total:							\$230.00
Adjustment Difference							
Description						Totals	
Original Invoice						\$530.00	
New Invoice						\$230.00	
Invoice Difference:						\$(300.00)	
This adjustment has resulted in an Overpayment							
<div style="border: 1px solid black; padding: 2px;"> Select Select Recoup from future payments Record Overpayment Satisfy Positive Adjustments and Record Satisfy Positive Adjustments and Authorize Recoup of Extra </div>							

- Returned payment page can be accessed by a number of ways: (a) Enter payment ID # in block on the payment home page screen. (Payment ID# found on the each page of the Payment Summary).

Payment Home				
Description	Invoice ID	Payment ID	Provider ID	
Enter Invoice Received	<input type="text"/>			GO
Enter Attendance	<input type="text"/>			GO
Calculate Invoice	<input type="text"/>			GO
Authorize Invoice	<input type="text"/>			GO
View Invoice Detail	<input type="text"/>			GO
View Invoice Status History	<input type="text"/>			GO
Print Attendance Invoice	<input type="text"/>			GO
View Payment Details / Enter Paid Dates		<input type="text"/>		GO
Process Return Payment		<input type="text"/>		GO
Print Payment Summary		<input type="text"/>		GO

- (b) If payment ID # is not known, enter provider id# and FY on the Invoice Search page and click on the month of adjustment for provider, navigate to Invoice Detail screen. Click on the “Provider Payment Line Item” hyperlink.

Invoice Status Date	02/12/2009
Received Date	8/4/2008
Late Invoice Penalty	No

[PREVIOUS](#) [REFRESH](#)

Invoice Calculation

Total Child Expenditures	\$690.00
Total Child Support	\$0.00
Total Anticipated Co-Pay	\$(160.00)
Enrollment Total	\$530.00
Invoice Total	\$530.00
Provider Payment Line Item	\$530.00

Invoice Adjustment History

Date	Payee Type	Payee ID	Amount	Balance	Settlement Method	Type	Status
02/12/2009	Provider	██████████	\$(300.00)	\$(300.00)	Recoup from future Payments	Enrollment Adjustment	Approved

Note: A & B will take you to Payment Detail screen.

- On the Payment Detail screen select “Return Payment Processing” from the drop down box:

[Invoices](#) | [Payments](#) | [Providers](#) | [Case](#) | [CCIS Invoices](#) | [YTD Payments](#) | [CAMIS Invoices](#)

Payment Detail Select... [GO](#)

Payment ID	Payee Name	Pmt Status	Status Date	Am
██████████	██████████	Payment Requested	08/06/2008	\$53

Select...
 Select...
 Payment Details
 Return Payment Processing
 Print Payment Summary

[Check](#)

Payment Details

Paid Date Check Number

[SAVE](#) [CANCEL](#)

Issuance Information

Date/Invoice	Return reason	Adjustment Status	Issuance Status	Amount
NO DATA FOUND				

Payee Information

Payee Line 1	██████████	Address Line 1	██████████
Payee Line 2		Address Line 2	
Phone Number	██████████	City, State, Zip	HARRISBURG, PA 17111

Payment Returned Select. . .

Payment ID	Payee Name	Pmt Status	Status Date	Amount	Reporting Period	Pmt Method
██████████	████████████████████ ████████████████████	Payment Requested	08/06/2008	██████████	August 2008	Paper Check

Return Payment Reason*

Return Date*

Outstanding Overpayments for Payee: \$300.00

Return Payment Adjustment Reason:
NOTE: 200 Characters Max.

Child Return Adjustments

Invoice	Individual Number	Child Name	Care Level	Expenditure Totals	Previously Returned Amount(s)	Current Return Amount(s)
Approved Adjustment(s) Balance: \$300.00				Pending Adjustment(s) Balance: \$0.00		
██████████	██████████	████████████████████	PRE	██████████	\$0.00	<input type="text" value="0"/>
Totals:				██████████	\$0.00	

NOTE: Cannot return more than the total Payment Amount.

- On this screen, worker will be able to enter return payment reason, return date and up to 200 characters in the return payment adjustment reason. Note that the worker can only enter amount returned up to the amount of the Total payment amount. The amount returned will decrease the “Approved Adjustment Amount (balance). If entire amount returned, balance will be \$0.00. If a balance is still outstanding, CCIS can generate an Outstanding Balance Letter to send to provider. If amount returned is greater than the approved adjustment then another payment period has an adjustment that needs satisfied.

Preventive Steps:

Supplemental References: On line Help: Processing a return payment

4.3 – Books Closing

Subsystem: BOOKS CLOSING DATES

Problem/Error Message Description:

- CCIS worker tried to process invoice from previous FY: Can not enter date received or process invoice since PELICAN does not give the worker the option to Save and continue process.

Invoice Detail Select...

Invoice ID	Provider Name	Provider ID	Status	Service Period	Funding	Funding Fiscal Year
██████████	████████████████████	██████████	Need Invoice	June 2008	State	2007-08

Office ██████████
 Invoice Status Date 08/27/2008
 Received Date

[PREVIOUS](#)

Invoice Calculation

Total Child Expenditures	\$0.00
Total Child Support	\$0.00
Total Anticipated Co-Pay	\$(35.00)
Enrollment Total	\$(35.00)
Invoice Total	\$(35.00)

- CCIS worker tries to process Paid Pending Adjustment for invoice associated with prior FY: When worker navigates to bottom of the Invoice Adjustment page PELICAN does not give worker the option to process the adjustment. Even though the adjustment amount is showing \$0.00, the funding program changed and needed to be processed using the correct funds to pay for the care.

██████████	██████████	██████████	PRE	FTKS4	21	\$26.27	\$551.67
				Copay	5	\$(20.00)	\$(100.00)
							Enrollment SubTotal: \$451.67
██████████	██████████	██████████	PRE	FTKS4	17	\$26.27	\$446.59
							Enrollment SubTotal: \$446.59
██████████	██████████	██████████	PRE	FTKS4	17	\$26.27	\$446.59
							Enrollment SubTotal: \$446.59
██████████	██████████	██████████	PRE	FTKS4	21	\$26.27	\$551.67
							Enrollment SubTotal: \$551.67
Enrollment Total:							\$36,124.47
Invoice Total:							\$36,124.47

Adjustment Difference

Description	Totals
Original Invoice	\$36,124.47
New Invoice	\$36,124.47
Invoice Difference:	\$0.00

This adjustment has resulted in an Overpayment
[PREVIOUS](#)

- CCIS worker tries to create an enrollment segment prior to 7/1/.... And gets message: 250: Effective Date cannot be prior to 07/01/....

Enrollment Detail Select. . . GO

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
█	█	█	Open	Ongoing	█	0106

Individual Number █ Individual Name █

250: Effective Date cannot be prior to 07/01/2008

Provider ID █

LE Name █

Location █

General Enrollment Information

Effective Date*

Care Level

Payee Type

Attending School

- CCIS worker has an enrollment that is authorized for care and has encumbered funds from the FY that just ended. When worker tries to change the enrollment from Authorized to Enrolled with a date prior to 7/1/.... system generates warning : 250: Effective Date cannot be prior to 07/01/2008

Enrollment Status Information Select. . . GO

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
█	█	█	Open	Ongoing	█	0108

Individual Number █ Individual Name █

250: Effective Date cannot be prior to 07/01/2008

Provider ID █

LE Name

Location

Effective Date*

Status

Reason

SAVE AND CONTINUE CANCEL RETROACTIVE CHANGES GENERATE CORRESPONDENCE

Definition/Background: Date is placed in PELICAN for the last day that enrollments can be created and invoices processed for the previous FY that ended 6/30/.... . If all enrollments and invoices associated with the previous FY is not processed by 8/31/.... PELICAN will give worker a Hard Warning and system will not let worker complete the task.

Steps to Address Issue:

- Processing Invoices already created and attached to the previous FY funding: All invoices need to be processed before staff leaves the office on August 31st. If eligibility processes a schedule change, makes a care level change, or anything that

will cause a provider adjustment or create a new invoice and adjustments/invoices are not processed before staff leaves office, CCIS worker will be unable to process them when they next return to work. Remember that some of the changes placed in the case will not cause invoice adjustments until the night batch process runs.

- On Sept. 1st CCIS will be able to create new enrollments prior to July 1st by using the reason “Cross Fiscal Year” when creating the enrollment segments. These enrollments will be attached to the current FY funding encumbrances. These new enrollments will generate new invoices for service periods prior to 7/1/... to current service period.

LE Name	
Location	
General Enrollment Information	
Effective Date*	6/1/2008
Care Level	Infant (0-12 mos.)
Payee Type	Provider
Attending School	<input type="checkbox"/>
Care Provided In-home	<input type="checkbox"/>
Apply Blended Rate	<input type="checkbox"/>
Sleep Hours	<input type="checkbox"/>
Client Advanced Payment	<input type="checkbox"/>
Provider's Relation to Child	Select...
Funding Information	
Funding Program*	TANF Training - Regular
Override Reason	Cross Fiscal Year

- If enrollment segment was in the “Authorized” status prior to 7/1/...when the Books Closed with provider identified CCIS worker will only be able to enter date 7/1/... forward. If you find that you need to backdate enrollment, worker will need to create another enrollment segment using the reason “Cross Fiscal Year” and click Sleep Time for date prior to 7/1/....

General Enrollment Information

Effective Date*

Care Level

Payee Type

Attending School

Care Provided In-home

Apply Blended Rate

Sleep Hours

Client Advanced Payment

Provider's Relation to Child

Funding Information

Funding Program*

Override Reason

Provider Information

Provider ID .

- Once this new enrollment segment is “Authorized” and “Enrolled” with provider prior to 7/1/..., the Sleep Time enrollment needs to be discontinued. (Sleep Time needs to be used in this case due to provider id already being entered when first created. PELICAN will give you an alert that enrollment with this provider already exists if Sleep Time is not selected and not let you proceed). Sleep time will also need to be selected because a future enrollment already exists with this provider. Example: Worker created an enrollment segment with this provider effective 7/1/.... then realizes that the enrollment needed to start prior to 7/1/....

Case Enrollment Summary

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
XX	XXXXXX	XXXXXXXXXX	Open	Ongoing	XXXXXXXXXX	0110

Enrollment Summary [more information...](#)

	Name	Care Level	Provider ID	LE Name	Location	Co-pay	Status	Sleep Hours	Effective	Build From
<input type="checkbox"/>	XXXXXXXXXX	PRE	XXXXXXXXXX	XXXXXXXXXX	KIDS WORLD EARLY LEARNING CTR	\$65.00	Enrolled State	No	07/14/2008	<input type="radio"/>
<input type="checkbox"/>	XXXXXXXXXX		XXXXXXXXXX	XXXXXXXXXX	KIDS WORLD EARLY LEARNING CTR	\$0.00	Discontinued/Closed	Yes	07/14/2008	<input type="radio"/>
<input type="checkbox"/>	XXXXXXXXXX	PRE	XXXXXXXXXX	XXXXXXXXXX	KIDS WORLD EARLY	\$0.00	Enrolled State	No	07/14/2008	<input type="radio"/>

Preventive Steps: Outstanding provider invoices & paid pending adjustments need to be monitored and processed monthly. Each CCIS needs to set up their own business practice on when the last day Staff will be able to create new enrollments, make changes to schedules, etc for the current fiscal year prior to Books Closing date.

Supplemental References: On line Help: Creating Cross Fiscal Year Enrollments

4.4 – Co-pay Exceeds Cost of Care

Subsystem: Co-pay

Problem: Co-pay exceeds cost of care

Definition/Background: Issue occurs sometimes when co-pay is not distributed among family members

Steps to Address Issue:

Go to Co-pay detail page and review co-pay amount. Split co-pay among family members assigning largest co-pay segment to youngest child in regulated care. Review MCCA rates to insure segment assigned is less than MCCA rate.

Preventive Steps: Try to spread co-pay out amongst family members. Remember that regulated providers are more likely to charge more therefore higher assessed co-pays should be given to children in regulated care.

Release and view all enrollment summaries to assure co-pay does not exceed the cost of care.

Supplemental References:

4.5 – Entering/Resolving a Co-pay Delinquency

Subsystem: Enrollment

Problem/Error Message Description: Procedural Clarification

Definition/Background: Entering a Co-pay delinquency

Steps to address issue

1. Click Case on the Main Navigation bar, enter the record number in the Co-payment field and click Go.
2. Click New.
3. Click the radial button for the enrollment with the co-pay delinquency.
4. Enter the Delinquency Date.
5. Click Save.
6. Click the Select drop-down box, select Child Care Request from the list, and click Go.
7. Clear the CC Request checkbox for all children in the family.
8. Click the Reason Ending Care drop-down box and select Delinquent Co-payment from the list.
9. Click Save. (Click Save a second time to save through the warning).
10. Reassess and Confirm Eligibility.
11. Return to the Case Summary Page.
12. Select Case Comment from the drop-down box.
13. Enter a case comment, which should include the notice id number.
14. Set a tracking date for the date that the AA is due as a reminder to either resolve the co-pay delinquency, or terminate the case.

Resolving a Co-pay Delinquency

1. Click Case on the Main Navigation bar, enter the record number in the Co-payment field and click Go.
2. Click the Effective Date hyperlink.
3. Enter the Resolution Date.
4. Click Save.
5. Click the Select drop-down box, select Child Care Request from the list and click “Go.”
6. Select the CC Request checkbox for all children receiving care.
7. Click the Reason Ending Care drop-down box and reset it by selecting “Select” from the list.
8. Click Save.
9. Reassess and Confirm eligibility.
10. Return to Case Summary Page.
11. Select Case Comment from the drop-down box.
12. Enter a case comment as to the outcome of the delinquency.

Preventive Steps

Supplemental References: on line help

4.6 – Overriding an Enrollment Funding Program

Subsystem: Enrollment

Problem/Error Message Description: A user reports that a funding program will not automatically update.

Definition/Background: The system will not automatically update a funding program for a TANF parent when there is an override reason chosen in the funding program field. If an override reason exists in a current funding program, please follow the steps provided to remove the override reason.

Steps to address issue:

1. From the Case Home Page, enter the Record # in the enrollment field. Click Go.
2. Check the child that you would like to update. If more than one child needs to be updated, click on all that apply.
3. Scroll down to find Funding Program Information. Click Update.
4. Enter the effective date for the funding program change. If the date is currently entered correctly, go to the next step
5. Choose any funding program (except the correct one) from the dropdown box.
6. Enter the override reason from the drop down box. Click save & continue. (if you receive a warning, save through it)
7. Go back into funding program information. Click update.
8. The date should not need to be changed.
9. Enter the correct funding program.
10. Choose “select” in the override dropdown box to remove the override reason.
11. Click Save and continue.

Repeat the above steps if there is more than one child that needs to be changed.

Preventive Steps: Don't enter an override reason in the funding program field.

Supplemental References

4.7 – End-dating a Disability or Change the Verification Status Causes an Invoice Adjustment

Subsystem: Case

Problem/Error Message Description: End-dating a disability or changing the verification status to not available causes invoice adjustments.

Definition/Background: There is a problem with PELICAN that when entering an end-date for a physical or behavioral disability, the care level entered to allow the child to remain in care past the age of 13 is deleted and causes invoice adjustments. Additionally, an issue has been identified that changing the verification status to not available in order to generate an Adverse Action also causes invoice adjustments.

Steps to Address Issue: If a disability is already in place and needs to be ended, there is a sanctioned work-around to use until it is fixed:

1. Do not end date the disability or add a second disability to try and work-around the first one. Never enter more than one type of disability per child, even though PELICAN will allow you to do so.
2. Run eligibility.
3. Click on “individual results.”
4. Change child’s results to ineligible then use failure reason “002: The information you submitted to the CCIS indicates that _____ is 13 years of age or older and does not have a disability or delay and is not incapable of caring for himself; therefore your family or a member of your family is ineligible for subsidized child care.”
5. Enter the needed override details and save the individual results.
6. Confirm eligibility (you will receive a soft warning but you will be able to confirm).
7. An AA will be issued indicating that the child will be ineligible in 13 days.

For the second issue, do not change the verification status to “not available” if an Adverse Action needs to be generated for a parent’s failure to submit required documentation for the disability. Instead, override the eligibility for the family to ineligible and choose failure reason “040: Verification-Child’s Disability” to generate the Adverse Action.

Preventive Steps: Please refrain from entering new behavioral disabilities for children until it is working correctly in the system. Use developmental disability and enter developmental age instead and make sure to enter case comments as to why it was entered as such. Do not change the verification status to “not available” to generate the Adverse Action for verifications. Use eligibility override instead.

Supplemental References: Online Help – Processing Child Disability Information and Online Help – Overriding Eligibility.

4.8 – Deleting a CareCheck Fee

Subsystem: Payments

Problem: A relative/neighbor (RN) provider has a CareCheck fee that needs to be deleted.

Background: A CareCheck processing fee automatically generates when a face-to-face date is entered on the Location CareCheck Summary screen. The entry of the face-to-face date sends the CareCheck segment to ChildLine for processing, and records the \$20 CareCheck fee in payments.

There are few circumstances when a CareCheck processing fee would be deleted. All providers should have the \$20 fee deducted regardless of whether they had a previous fingerprint clearance completed elsewhere within the past year. However, if you are in a situation where a fee does need to be deleted you can follow the steps below.

Steps to Address Issue: Go to the Provider Processing Fee Summary screen. You will find this by first clicking on “payments” on the main navigation bar, and then selecting “providers” in the sub-navigation bar. From there you have the option to search for the provider either by provider name or provider ID. After searching, select the provider and click on the button “view/add provider processing fee.”

Provider Search

Search Criteria
 Provider ID 1111217656

Your search found potential matches...

	Provider ID	Provider Name	Office
<input type="radio"/>	1111217656-1	██████████	CCIS of Cumberland/Perry County

Page 1 of 1

[VIEW/ADD INTERCEPTS](#) [VIEW/ADD PROVIDER ADVANCED PAYMENTS](#) [VIEW/ADD PROVIDER PROCESSING FEE](#)

Next, check the box under “delete” and select “worker error” under “override reason” and then click on “save.”

Provider ID	Provider Name	Office
1111217656-1	██████████	CCIS of Cumberland/Perry County

Processing Fee Detail

Fee Description *

Amount

[ADD](#) [CANCEL](#)

Processing Fee Summary

Effective Date	Description	Fee Amount	Fee Balance	Delete	Override Reason	Invoice Amount	Invoice ID
12/10/2009	CareCheck Processing Fee	(\$20.00)	\$0.00	<input checked="" type="checkbox"/>	Worker Error	(\$20.00)	2111242

[SAVE](#) [CANCEL](#) [HISTORY](#)

Notes:

- *This change/adjustment will not be reflected on the provider's invoice until after the nightly batch runs.*
- *The CareCheck initiated date is day the CCIS receives the necessary information from the parent/caretaker to either register the RN in PELICAN Child Care Works (CCW) or confirm the provider already exists in PELICAN CCW. This will become the provider's subsidy eligibility date and the earliest date available for enrollments.*

Below is an example of why a CareCheck processing fee would be deleted.

The incorrect R/N provider was selected for an enrollment and the invoice was processed and the \$20 CareCheck processing fee was assessed to the payment summary.

1. The CareCheck processing fee has to be deleted before the adjustment is processed. Otherwise, the \$20 will remain on the reports in PELICAN and the CCIS's accounting books will not balance at the end of the year.
2. The CCIS will need to enter the complete amount invoiced, including the CareCheck processing fee, as the return payment in PELICAN.
3. Once the invoice has been corrected, the CareCheck processing fee for the provider should be re-entered in PELICAN.

Supplemental References: Announcement S-09 #06, Online Help – Adding CareCheck (For Relative Neighbor (R/N) Providers), and Online Help – Provider Management Process Order for Relative Neighbor (R/N) Providers

[4.9 – Updating the Care Level for School Districts not Matching PELICAN’s Kindergarten Start Dates](#)

Problem/Error Message Description: Provider is being paid a school age rate for a preschool child.

Definition/Background: PELICAN uses a batch process to change the care level of children changing from preschool to kindergarten (now a school age payment type.) The batch process assumes that all school districts use the same age eligibility criteria for entrance to kindergarten (child who turns age 5 by September 1). While this premise holds true for the majority of school districts across the commonwealth, there are some districts that use different criteria, causing the care level change to be inappropriately applied. In these cases, the CCIS must override the care level of the child to assure that the provider is paid the preschool rate rather than a school age rate.

Steps to Address Issue

1. From the Case Home screen enter the case number in the care level section and click “go.” (or if already in case use the dropdown and choose care level).
2. Click on the hyperlink for the child the user wishes to override, and then click on “override” on the child’s Current Care Level page.
3. Click on “new” to progress to the Care Level Override page.
4. In the “date entering first grade” field enter the actual date the child will enter first grade (usually two years in the future). For example, if you are overriding for a child who missed the entrance age for kindergarten in 2009, the child’s entrance into first grade would be 9/1/2011. **Be careful to enter the correct date.**

The screenshot shows the 'Care Level Override Detail' page in the PELICAN system. At the top, there is a navigation bar with 'Home | R&R | Provider | Case | Payments | Reports | Correspondence | Administration'. Below this is a search bar with 'Client Search | Enrollment Search | Inbox Home | OCDEL Policy'. The main content area has a title 'Care Level Override Detail' and a dropdown menu with 'Select...' and a 'GO' button. Below the title is a table with the following data:

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
40	0699679	CCIS of Luzerne County	Open	Ongoing	[REDACTED]	0122

Below the table, there are several fields:

- Individual Number:** 880132386
- Individual Name:** [REDACTED]
- Current Care Level:** Adult
- Date Entering First Grade:** [REDACTED]

At the bottom of the form, there are two buttons: 'SAVE' and 'CANCEL'.

5. Click “save.”

6. This will return you to the Current Care Level screen. You can verify that the care level is correct by checking the “current care level,” which should know be preschool. The child should stay as preschool until the future date you entered, at which time he should show as young school age.

Preventive Steps: None

Supplemental References: Online Help – Updating a Care Level

GENERAL SYSTEM ISSUES

5.1 – SSN Problems While Creating an Online Application

Subsystem: Case Self-Service

Problem/Error Message Description: MCI clearance when creating an on-line application shows a mismatch on social security number

Definition/Background: When a parent enters the social security incorrectly on a COMPASS application, the MCI may match it 100% to the wrong person as it does when entering a new family member manually into PELICAN.

Steps to Address Issue: On the individual clearance page, should a mismatch occur (social security number and name do not match name entered in COMPASS), hit cancel at the bottom of the screen and it will return you to the Individual Selection page. Under case members, remove the check mark by the person who is in conflict and print out the screen to use when manually entering the individual back into the case. If the mismatch is the primary caretaker, remove the radio button for primary caretaker and put it on another family member as you can not take off the include button for the primary caretaker. Once the box to include is no longer grayed out, uncheck include for that person and print out the screen for later use and hit save. You will see the person is no longer listed under the case member screen. If the mismatch is for anyone other than the primary caretaker, just uncheck the include box, hit save and print out the screen. Hit continue and create the case. After creating the case and getting the record number, go the Individual Information Detail screen and enter the person manually, but **DO NOT** enter a social security number, correct primary caretaker if necessary, and proceed with the clearance as you normally would in order to assign or select the correct individual number. Lastly, be sure to check the relationships screen, making any changes necessary.

Preventive Steps:

Supplemental References: Online help for adding a case member

5.2 – Error 028 While Assessing Eligibility

Subsystem: CASE

Problem/Error Message Description: FAILURE CODE 028 when assessing case eligibility. (No 028 failure reason code on list.)

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
█	█	█	Reopen	Redetermination	█	0107

FC Eligibility Result : Low income
 Run Date 2/12/2009 1:54:45 PM
 Status Reopen
 Mode Redetermination

Eligibility Status	Eligibility Begin Date	Eligibility End Date
Ineligible ▾	08/08/2008	

Failure Reasons

Failure Reason Code
Rollup - Inelig - M
028

UPDATE [X]

Eligibility Override Details
 Override Code: Select... ▾
 Override Comments:

Definition/Background: Case was previously closed due to redetermination not being returned & case was closed. Client reapplies & CCIS worker reopens case. Case is in the Re-open/Redetermination mode.

Steps to Address Issue: Navigate to the “Full Redetermination” page. Change the “No” to “No Unscheduled”.

Full Redetermination Select... ▾ GO [X]

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
█	█	█	Reopen	Redetermination	█	0107

Date Redetermination packet sent: 2/15/2008
 Has the Redetermination packet been returned? *
 Date Redetermination packet returned:

SAVE [X] CANCEL [X]

No
 Select...
 Yes
 No
 No, Unscheduled

Save. Worker can now assess eligibility without receiving the failure code 028.

Preventive Steps: When re-opening case, change “No” to “No Unscheduled”.

Supplemental References: On line HELP: Case Close Reopen Job Aid

5.3 – [Error 354 While Assessing Eligibility](#)

Subsystem: CASE

Problem/Error Message Description: Error message when attempting to assess eligibility. 354: This case has to be closed as AA period complete

Definition/Background: Unknown...seems to happen in the normal course of case maintenance

Steps to Address Issue:

- 1) Go to the Eligibility Override Summary Page
- 2) Select most recent eligibility segment checkbox and click “Update”

Eligibility Override Summary Select...

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
████	████	████████████████████	Open	Ongoing	████████████████████	0146

380: Data has changed. Please reassess and confirm eligibility

	Run Date	Program
<input checked="" type="checkbox"/>	3/18/2008 9:02:36 AM	TANF
<input type="checkbox"/>	5/7/2007 3:07:10 PM	Former TANF

- 3) Select "Family Composition Detail" radio button

County	Record	Office	Status	Mode	Parent/Caretaker	Caseload ID
████	████	████████████████████	Open	Ongoing	████████████████████	0146

380: Data has changed. Please reassess and confirm eligibility

Family Composition Detail

Child Care Program	Eligibility Status	Eligibility Begin Date	Eligibility End Date
TANF	Eligible	5/3/2007 12:00:00 AM	7/17/2007
TANF	Ineligible	7/18/2007 12:00:00 AM	3/17/2008
TANF	Eligible	3/18/2008 9:02:00 AM	

Failure Reasons

Failure Reasons

Individual Detail

Child Care Program: TANF

Individual Number	Individual Name	Participation Begin Date	Participation End Date	Eligibility Status	Eligibility Begin Date	Eligibility End Date
████████	████████	5/3/2007 12:00:00 AM		Ineligible Adult	7/18/2007 12:00:00 AM	3/17/2008
				Eligible Adult	3/18/2008 9:02:00 AM	

4) Select "Eligible" for "FC Eligibility Status"

Individual	Failure Reasons	
[REDACTED]		UPDATE
[REDACTED]		UPDATE
[REDACTED]		UPDATE

Individual Detail Family Composition Detail Child Care Program

Child Care Program

FC Eligibility Status

Individual

Individual Eligibility Status

Begin Date

Begin Time

End Date

Override Reason*

Comment*

[ADD](#)

5) Set Begin Date to match the earliest eligibility begin date shown at the top of the screen

6) Set begin Time as 12:00 AM

7) DO NOT GIVE AN END DATE

8) Select an override reason

9) Add a comment

10) Click Add

11) Click Confirm

Preventive Steps: Unknown

Supplemental References: Unknown

5.4 – End Dating vs. Deleting

Subsystem: Case Management

Problem: Users uses "end dates" instead of "deletion" which causes information to be erased from PELICAN history screen. By deleting information found under pages such as disability, employment/wage, training users PERMANENTLY DELETE this information from PELICAN's history screens. Deletions to areas such as disability can cause paid pending adjustments because the disability segment no longer exists in PELICAN. This creates issues especially during audits and other times individuals need to look back on parents historical data.

Definition/Background: Issue occurs when users deletes information instead of using an end date.

Steps to Address Issue:

- If a user inadvertently deletes information instead of end dating, the original information must be re-entered and saved.
- Once entered, user can end date the segment.
- If a user does not know the last day of employment, enter the day prior to the parent/caretakers 1st day at the new job.
- When updating employment wage, users should always use the clear button and not overwrite pay information. This will preserve in PELICANs history parents prior wage information and allow system to calculate copay based on new wage entered.

Preventive Steps: When updating employment wage, users should always use the clear button and not overwrite pay information. This will preserve in PELICANs history parents prior wage information and allow system to calculate copay based on new wage entered.

Supplemental References:

5.5 – Provider Agreement Not Found

Subsystem: Provider Management

Problem/Error Message Description: Error message received “Provider agreement not found on (date) for provider with Agreement”.

Definition/Background: On an on-going enrollment, there are times that the error message that the provider agreement was not found on the effective date of the enrollment pops up when a worker is attempted to modify an enrollment. This occurs when a worker has changed the effective date of the Provider Agreement on the Location Agreement Detail page. Workers have updated the effective date for example, when the 2 year CareCheck is completed, or Headquarters issues a new provider Agreement to use for providers, etc. The provider agreement date is point in time and needs to be kept constant. If a worker changes it, it takes a call to help Desk to get it put back to where it should have been. You will not be able to work with the affected enrollments until the date is fixed.

Steps to Address Issue: Never update the effective date of an ongoing, eligible provider agreement for any reason

Preventive Steps:

Supplemental References: Online Help

5.6 – Clearing Tracking Date Alerts in Error

Supplemental References:

Subsystem: Case Management

Problem/Error Message Description: Tracking Date Alerts being cleared in error

Definition/Background: When processing an existing tracking date alert, the user modifies the alert with a future date. The system does not update the alert unless the “refresh” button is clicked while on the alerts page. If the user clears the current alert, the modified alert is actually being cleared.

Steps to address issue

1. From the PELICAN child care Home Page click on workload under alerts located in the blue box along the left side of the screen.
2. Click on the tracking date alert hyperlink
3. If an additional tracking date is needed, modify the existing tracking date.
4. Exit out of case to return to the alerts page
5. Do not clear the tracking date alert. Instead, click on the “refresh button” and the alert will be removed and will appear in the alerts on the new date the worker entered into the tracking date alert

Preventive Steps It is recommended that a new tracking date be entered. There is little chance of the alert being cleared in error.

Supplemental References: On line help Adding or Deleting Tracking Dates and/or Using tracking Dates.

5.7 – How to Regenerate a Redetermination Letter

Subsystem: Case

Problem/Error Message Description: Redetermination due date has passed and a redetermination packet must be created

Definition/Background: When a case is closed before the redetermination due date and reopened with continuous eligibility after the due date has passed, no redetermination packet is generated. There may also be occasions when a worker fails to act on a missed redetermination due date and issue an Adverse Action. The parent/caretaker must be given adequate time to complete the redetermination and a new redetermination due date must be set to give them this time.

Steps to Address Issue: A new redetermination due date must be set so the nightly batch picks up the need to create a packet. Eligibility must be run on the case. The redetermination due date must be overridden to a date 44 days in the future from that day's date. After entering a reason, eligibility can then be confirmed. The nightly batch will run and the redetermination packet with the reset date will be available the next morning. If a redetermination date is overridden, case comments must always be entered explaining why.

Preventive Steps: Run the RE501 Redetermination Report on a monthly basis, using from date a year in the past and to date through the end of the month you want to see. This will pick up any redeterminations that may have been missed. When reopening a case with continuous eligibility, **always** check the redetermination due date prior to confirming eligibility to make sure it is not in the past and may require a packet being forced to generate.

Supplemental References: online help using search word redetermination and looking at determining eligibility and caseload management reports.

5.8 – Inter/Intra-county Transfers

Subsystem: Case

Problem: Inter and Intra County Transfers

Definition/Background:

Steps to Address Issue: Inter County transfers

Be aware that Former TANF cases which have the CIS record number can not be transferred to another county. The only exception to this rule is Allegheny and Philadelphia counties which allows the transfer of pending intake and open ongoing cases regardless of case origin, as long as the office resides in the same county.

A former TANF case reapplying as a low income case will not transfer because it will still have a mapping to the original CIS record number. In this case a new record will need to be created by the receiving county.

Never manually end date the enrollments. This is done through the over night batch to prevent the child being placed on the waitlist.

1. Go to the Inter County transfer page
2. Enter the effective date of the transfer. A future date can not be used in the effective date field. Set a tracking date alert for the future date required for transfer.
3. Enter in the receiving county name and the county office name.
4. Enter reason for transfer
5. Enter provider id number and name if known
6. Click transfer and verify information and then click transfer again.

For inter county transfers only, be sure that you have transferred all open budget cases associated with the client.

Steps to Address Issue: Intra County transfers: (Philadelphia & Allegheny Counties only)

These CCIS's will need to refer to the CCIS mapping spread sheet.

1. Check the CIS update box to ensure that all updates have been completed for those families that will need to be transferred.
2. Once you are in the record # Go to the Inter County transfer page
3. Enter the effective date of transfer. A future date can not be used in the effective date field. You will need to set a tracking date alert for the future date required for transfer.
4. Click the receiving CCIS. (There are 2 drop down areas that you must complete) Be sure that you have chosen the correct CCIS to receive it. Allegheny and Philly sites refer to the mapping spread sheet.
5. Pick the reason code
6. Enter Provider name and ID if known.
7. Click on transfer case. Verify information again and click transfer to confirm.

*Please be aware that you do not end date the enrollment the system will end date it in the over night batch process.

Receiving an Intra County Transfer Philly and Allegheny counties only:

1. Search for the 0002 Inter County transfer case load
2. click on the case id for the case
3. verify the information, assess and confirm
4. add schedule and create enrollments
5. assign to correct worker

Preventive Steps:

Supplemental References:

5.9 – Problems with Opening Multiple Windows in PELICAN

Subsystem: Pertains to all of PELICAN

Problem/Error Message Description: Opening multiple sessions of PELICAN can result in duplicate comments and errors in processing changes.

Definition/Background: Workers will open multiple PELICAN windows to view various aspects of a case.

Steps to Address Issue: when working on a case and having multiple windows open, it is always a good rule of thumb to close the extra window that you opened after you have finished using it. For example someone who is invoicing may open a new window to change a child's schedule. After the worker has changed the schedule close the child's enrollment window after you have made the change. Another example is an Eligibility worker opens another window from the enrollment page to view the Provider information. Be sure that you close the second window when you are finished with it.

By closing these extra windows errors such as concurrent update and multiple entries of case comments will be avoided.

Preventive Steps:

Supplemental References:

5.10 – Searching for a Client with Multiple Enrollments

Subsystem: Case (How to search a case with multiple enrollments).

Problem/Error Message Description: When searching a client with multiple enrollments the worker is selecting the incorrect record to use or is not realizing that the child is affiliated with other open cases. The user also may be creating duplicate cases.

Definition/Background: This occurs because the user is not realizing that the child is affiliated with multiple opened or closed cases. They are creating new cases or using the incorrect case when processing.

Steps to Address Issue: For example, the worker should go to the Client Search Screen and type in the case number. Then they should click on the hyperlink of that child. It will bring up all the cases that the child is associated with. If more than one case appears, the worker will need to research to see what case should be selected. The worker will be able to tell what funding source was used for each case or if the child currently is active in multiple cases.

Preventive Steps: From the Client Search Screen type in the case number and click on the child's hyperlink. Take the time to look at all the cases the child is affiliated with. Choose the correct case to use.

Supplemental References: On-line Help

5.11 – Conducting an Enrollment Search for Confidential Cases

Subsystem: Provider- Location Demographics- Enrollment Search

Problem/Error Message Description: When a case has been marked confidential, enrollments related to that case will not be displayed when an enrollment search is requested for the provider from the Location Demographics- Enrollment Search.

Definition/Background: Since release of R7.0, enrollments from confidential cases are not displayed when an enrollment search is conducted from the Provider Demographics Page, Enrollment Search. This issue becomes especially problematic when a provider specialist is reviewing provider enrollment before renewing a Relative/ Neighbor provider Carecheck.

Steps to Address Issue: When reviewing information returned by the enrollment search that indicates no active enrollments at a particular provider, the user may want to do an invoice search for the current period to assure that enrollments do not actually exist. To conduct this search, navigate to Payments-Invoices and enter the provider # and current service period. If no invoice is returned, the user can feel assured that no enrollments exist. If an invoice is displayed, the user can use the hyperlink to navigate to the invoice detail page and then using the dropdown, view the invoice calculation to display any current enrollments. **ENROLLMENTS FOR CONFIDENTIAL CASE WILL BE DISPLAYED ON THE INVOICE CALCULATION PAGE.**

Preventive Steps: The scenario would be that the provider specialist had received an alert indicating that an R/N provider's Carecheck is to expire. The user would then navigate to the Provider Location Demographics page and click on Enrollment Search. If the only child/children who are enrolled at this provider is part of a case that has been marked confidential; the system will show no enrollments. Consequently the provider specialist could decide to not renew the provider Carecheck.

Supplemental References: None

5.12 – Mailing Labels Do Not Print Properly

Subsystem: Reports

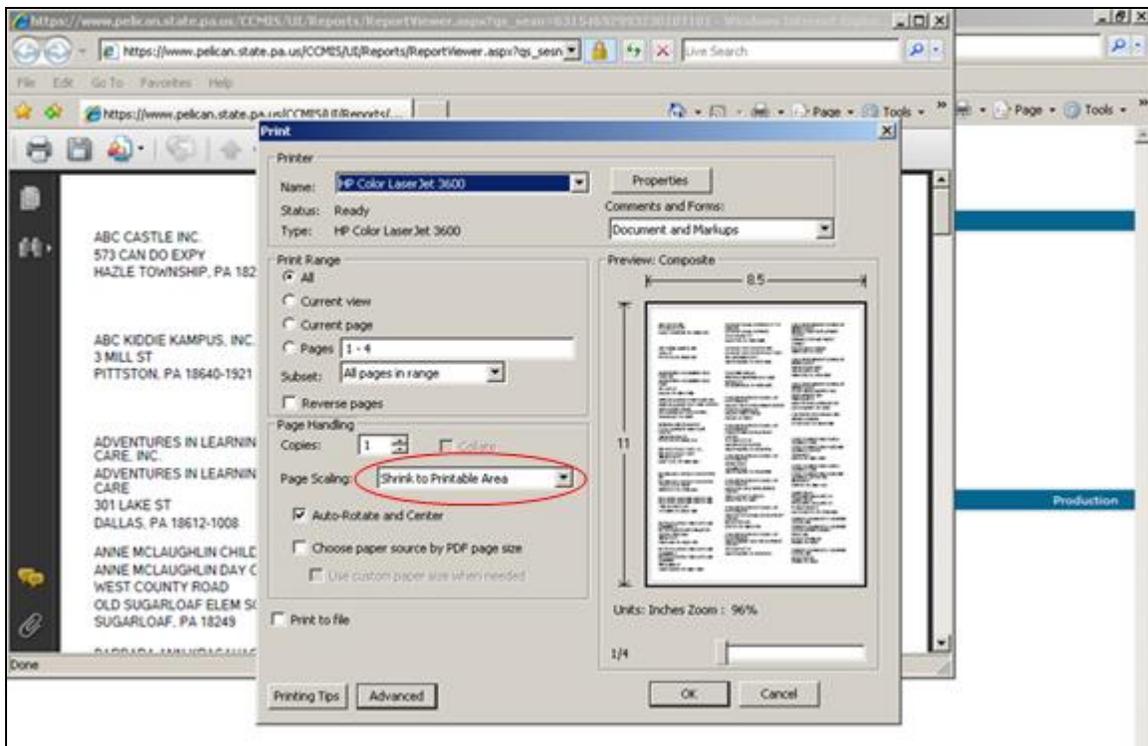
Problem/Error Message Description: When trying to print client labels (RE315) or provider labels (RE801), user cannot get the text to print on the appropriate label space on their blank label sheets. Text runs into different label sections and does not align properly to the labels.

Steps to Address Issue:

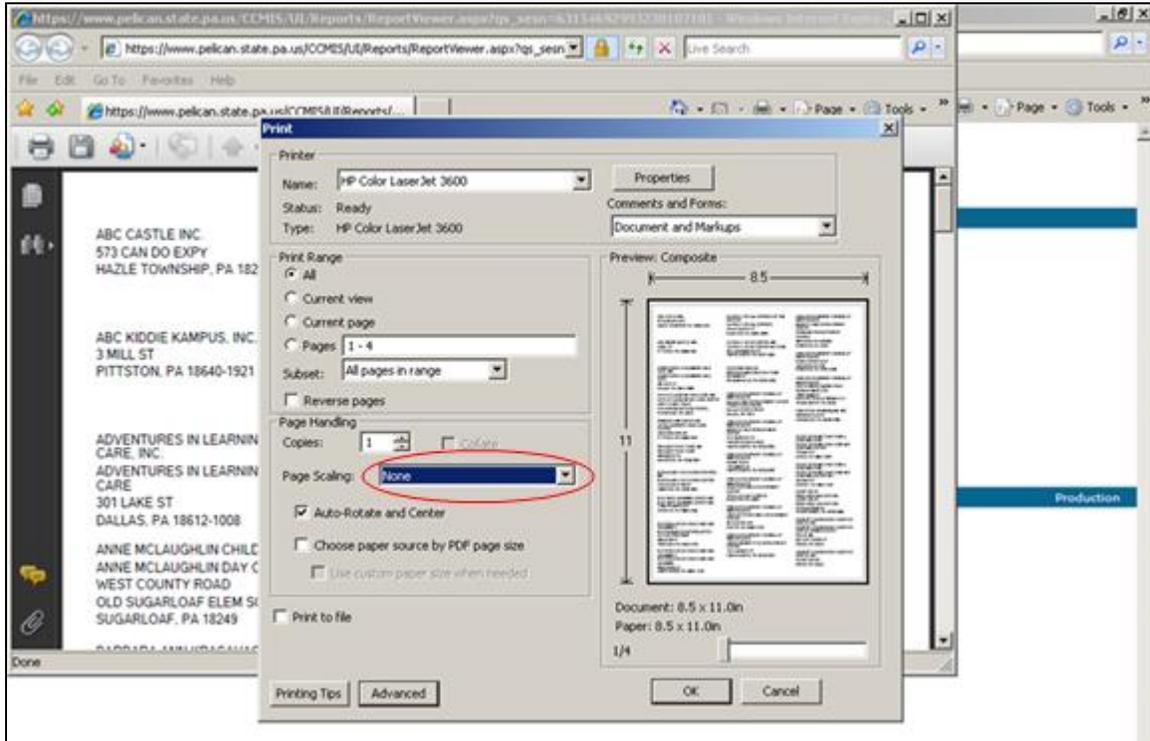
When users request provider or client labels the system generates a report in PDF format that is designed to be printed on Avery Address Labels #5160. Each label is 1" x 2-5/8", and each sheet contains 30 labels.

However in order for the text to be printed and aligned properly the page scaling option in the print menu for must be changed from its default setting.

When Adobe is first opened the page scaling setting is set to “shrink to printable area” (see illustration below).



To print labels properly, you must ensure that the page scaling setting in the print dialog box of Adobe Acrobat Reader is set to “none.”



Once the page scaling setting is changed to “none,” labels will align properly with the individual labels on each page of the blank label sheet.

Preventive Steps: Make sure to check the page scaling before printing the labels.

Supplemental References: Online Help – RE315 Client Mailing Labels

5.13 – Correspondence Prints with “Gibberish” Text

Subsystem: Correspondence

Problem/Error Message Description: Correspondence prints out with “gibberish” text.

Definition/Background: A known issue with Adobe Reader may cause workers to experience issues when printing correspondence. The issue causes some locally printed correspondences to print incorrectly with random text or “gibberish.”

Steps to Address Issue: There are a couple workarounds that can be used to increase the chances a correspondence will print out correctly.

1. In PELICAN, select the correspondence that needs to be printed and click the “print locally” button.
2. The correspondence will be displayed in PDF format. Click the “save” button in the upper left corner of the screen and save the correspondence to a location on your machine, such as the desktop or “my documents.”
3. Navigate to the location where the correspondence was saved, open the document and print.

If the above steps do not resolve the issue, workers may try the following:

1. In PELICAN, select the correspondence that needs to be printed and click the “print locally” button.
2. The correspondence will be displayed in PDF format. Click the “print” button in the upper left corner of the screen.
3. The print window will be displayed. At the bottom of this window, click the “advanced” button.
4. Place a checkmark in the box to the left of “print as image” as click the “OK” button.
5. Click the “OK” button to print.

Preventive Steps: While this does not guarantee CCISs will stop seeing “gibberish” printing, testing has shown that updating your printer drivers may cut down on how often the issue occurs. In addition, you can try leaving the correspondence window open until printing has completely finished.

Supplemental References: PELICAN System Impact Advisory Message dated 11/10/2009. Follow up System Impact Advisory Message dated 3/26/2010.

APPENDIX B – [PELICAN Help Desk Request Form](#)

PELICAN HELP DESK REQUEST

PCR #:
Ticket #:

CCIS Staff/User ID: _____

Date: _____

PELICAN Case Record Number: _____

Client Name: _____

Description of problem (attach screen shots if available):

1. What is the error?

2. What were you doing? (describe steps, list page names)

In addition, please provide the following if applicable:

Does client have other case record numbers in PELICAN?

No _____

Yes _____ # _____ is open _____ /closed _____

_____ is open _____ /closed _____

_____ is open _____ /closed _____

Does client have a CIS record number?

No _____

Yes _____ # _____ is open _____ /closed _____

Is this problem currently addressed under a pending PCR?

Yes _____ # _____

Funding (FS/LI/Etc.): _____

Provider #: _____

Help Desk representative reviewed request: _____ Date: _____

RESPONSE SUMMARY:

Help Desk called:

Date: _____

Ticket #: _____

Spoke with Super User:

Date: _____

Follow-up notes: _____

Informed CCIS staff:

Date: _____

Staff: _____

PCR:

Date submitted: _____

PCR #: _____

Date resolved: _____

Additional comments: _____

APPENDIX C – [Hierarchy Flow Chart](#)

