

## Area Administrator Policies

### THINK SMALL PAYMENT POLICY

#### FY21 and FY22 EARLY LEARNING SCHOLARSHIPS Effective July 2021

1. Invoice Forms will be provided at the end of every 4-week service period
2. Invoice Forms will be sent to you securely through LeapFile, a secure transfer website
3. Payments to providers will be made within 30 calendar days from the date the **completed** invoice is received by Think Small.
4. Invoice Forms will not be accepted after 90 days.
5. The payment policy and schedule are subject to change.
6. If you are interested in billing monthly, please contact your Billing Specialist

Service Period	Invoice Form due to Think Small no later than 30 days of Service Period End Date
06/28/2021-07/25/2021	08/25/2021
07/26/2021-08/22/2021	09/22/2021
08/23/2021-09/19/2021	10/19/2021
09/20/2021-10/17/2021	11/17/2021
10/18/2021-11/14/2021	12/14/2021
11/15/2021-12/12/2021	01/13/2022
12/13/2021-01/09/2022	02/10/2022
01/10/2022-02/06/2022	03/08/2022
02/07/2022-03/06/2022	04/06/2022
03/07/2022-04/03/2022	05/03/2022
04/04/2022-05/01/2022	06/01/2022
05/02/2022-05/29/2022	06/29/2022
05/30/2022-06/26/2022	TBD

- **Please contact your program's Billing Specialist if you have questions**

### Data Privacy

- Area Administrators and Early Learning Programs must adhere to the state's data privacy practices
- When sharing private data via email, AA's and Programs must use a secure system of sending information
  - Example: if you are sending a claim form back to your AA via email, you must send them in a secure manner

- The following link is free and very user friendly: <https://wetransfer.com/>
  - You can use this link or any other site that will send files securely.
- When exchanging emails in regards to a child, you cannot use a child's full name. You must abbreviate. For example, you can either use a child's first name and last initial or vice versa. Or, you can use the first three letters of each of their first and last name.

### **Absent Day and Balance Tracking**

- The program must track the child's absent days. The scholarship will not pay for more than 10 consecutive absences or more than 25 days total in the scholarship year.
- The program must track spending to determine when the child is out of funds.
- The program should contact their Billing Specialist when new children enroll with scholarships to find out child's starting balance and the number of their number of absent days used.
- The program must notify the Billing Specialist when a child has left the program, including the last day that will be billed to the child's scholarship.

### **Program Schedule**

- Please indicate the maximum number of days your program is open for each month beginning with July 2021 through June 2022
- Please indicate the number of days your program will be closed for Holidays
- Please indicate the number of scheduled provider vacation days
- **The policy manual states:** While not counted against absent days, payment for privately funded programs are limited to 11 holidays, and up to 10 provider vacation/closing days during the scholarship fiscal year. Publicly funded programs must establish an operating cycle including all scheduled closings for holidays, professional development days and seasonal closings, incorporating those into their program costs. Costs included in publicly funded programs that are charged to scholarships must be consistent to with those reflected in other funding sources. Publicly funded programs operating extended day childcare services are subject to the same limits as privately funded programs for paid holidays or program closing days. MDE will be monitoring holidays and program closings via invoice/claims forms to analyze early care and education programs business practices to determine if modifications are needed to this policy.

Per Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
# of days closed for Holidays												
# of days closed for Provider Vacation												
Maximum # of days open												

- If your program closes for summer, please indicate the last day the program will be open in the space below

\_\_\_\_\_

Name of Authorized Individual: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed (MM/DD/YYYY): \_\_\_\_\_

## Program Signature

Name of Authorized Individual: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed (MM/DD/YYYY): \_\_\_\_\_

## Form Return Instructions

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