

Area Administrator Policies

THINK SMALL PAYMENT POLICY

FY23 and FY24 EARLY LEARNING SCHOLARSHIPS Effective July 2023

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 without MDE Approval.
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
06/26/2023-07/23/2023	08/23/2023
07/24/2023-08/20/2023	09/2/2023
08/21/2023-09/17/2023	10/17/2023
09/18/2023-10/15/2023	11/15/2023
10/16/2023-11/12/2023	12/12/2023
11/13/2023-12/10/2023	01/10/2024
12/11/2023-01/07/2024	02/07/2024
01/08/2024-02/04/2024	03/05/2024
02/05/2024-03/03/2024	04/03/2024
03/04/2024-03/31/2024	04/30/2024
04/01/2024-04/28/2024	05/28/2024
04/29/2024-05/26/2024	06/26/2024
05/27/2024-06/23/2024	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 2023 through June 2024
- 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

Program Signature

Name of Authorized Individual: _____

Title: _____

Signature: _____

Date Signed (MM/DD/YYYY): _____

Form Return Instructions

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