

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 400-28 Child Care Assistance program (CCAP). This Manual Letter incorporates new policy and current policy clarifications. Deletions are identified by strikethroughs.

Par. 2. **Effective Date** – Changes **and clarification** in policy identified in this Manual Letter are effective August 1, 2013.

400-28-05

Added definition of Business (Work) Day

#### **400-28-05 Definitions**

Business (Work) Day – An official work day of the week which is between and includes Monday to Friday, but does not include weekends and public holidays during which the North Dakota Department of Human Services is closed.

400-28-15-05

Policy has been changed to if an individual is known to a TANF, SNAP or Health Care Coverage program, information available through SSA and IRS interfaces can be used to determine eligibility for CCAP. Policy has been changed to information received through Job Service interfaces can be used to determine eligibility for CCAP. Policy addressing information from these sources cannot be released to the client or any other agency has been removed as the Administrative Procedures Manual, 448-01, address what cannot be released to the client or any other agency.

#### **400-28-15-05 Confidentiality**

Information concerning households receiving assistance through the Child Care Assistance Program (CCAP) may be released only for the purposes directly connected with the administration of Economic Assistance Programs, Medicaid and Healthy Steps.

If a caretaker wishes the provider to be able to obtain information, the caretaker must sign an authorization of disclosure using the SFN 1059 'Authorization to Disclose Information'.

Without a signed Authorization to Disclose Information, the only information that can be disclosed to a provider is whether the caretaker has applied or is receiving CCAP and if a payment has been issued to the provider on behalf of the family.

If a provider inquires as to why payment has not been made, no information can be disclosed without a current Authorization to Disclose Information.

Information **cannot** be disclosed on a CCAP certificate displaying the type(s) of program(s) that the caretaker may be on (TANF, JOBS, etc.).

Federal and state law recognizes the privacy rights of individuals who receive services and assistance under programs administered by the county social service office. Confidentiality safeguards go into effect from the initial contact between the client and the county social service office. Initial contact may be as early as an inquiry about the application process or availability of services, depending on what personally identifying information was obtained. The safeguards apply to any personally identifying information, whether written or oral, and whether or not it is incorporated into the client's records. Safeguards continue to be in effect as long as services or assistance are provided and continue afterwards indefinitely. They are not terminated by the cessation of services or assistance, or by the client's death. Safeguards continue to be in effect indefinitely even for applicants who do not become recipients.

Information concerning households receiving CCAP can be released for purposes directly connected with the administration of the program. Agencies and individuals other than those specified below, who are requesting information concerning households receiving CCAP must obtain and provide a signed Authorization to Disclose Information from the caretaker/individual, legal guardian or an agency who has care, custody and control of a child prior to the information being disclosed.

This includes:

1. Information regarding an individual who received assistance in one case and is now being added to another case or applying on their own behalf, cannot be transferred from the old case file to the new case file without a signed Authorization to Disclose Information from the caretaker of the old case with the following exceptions:

**Exception #1:** The individual added to the new case or applying on their own behalf is now an adult (18 years of age) eligible in their own right and was a child in the previous case. If the individual indicates they received assistance in another case that individual's information can be added to the new case without a signed Authorization to Disclose Information.

**Exception #2:** Both parents of a child were part of the old case and the caretaker of the new case is one of the parents from the old case and no legal action has been filed (separation, divorce, etc.).

**Note:** Once legal action has been initiated, information from the old case cannot be added to the new case without a signed Authorization to Disclose Information.

2. Information being requested by other individuals within the county social service office or a partner agency (county social workers, housing assistance program staff, Treatment Homes (PATH), Division of Juvenile Services (DJS), Tribal Social Services staff, etc.), provided the information is not for the purpose of determining eligibility for CCAP, cannot be released without a signed release of information from the caretaker, with the following exceptions:

**Exception #1:** Verification of a child's Social Security Number and birth verification may be shared with a social worker or eligibility worker within the county social service office in order to determine eligibility for Foster Care Program.

**Exception #2:** When an eligibility case worker of a social service agency in another State or within North Dakota requests information regarding an individual applying for or receiving assistance:

- a. If the individual was the caretaker of a case in North Dakota, any information contained in the case file can be released without a signed Authorization to Disclose Information.
- b. If the individual was not the caretaker of a case in North Dakota, only that individual's information can be released.

**Exception #3:** Upon the written request of an elected public official, the name, address, and amount of assistance received by a CCAP household may be released without a signed Authorization to Disclose Information.

**Exception #4:** Upon the request of the state or county child care licensing staff, information may be released when needed for licensure purposes.

Information from the following interfaces can be used to determine eligibility for CCAP when the individual is also in receipt of assistance through known in a TANF, SNAP or Health Care Coverage program case. However, the confidentiality rules for TANF, SNAP and Health Care Coverage applies to information received through these interfaces:

- Social Security Administration (SSA)
- Internal Revenue Service (IRS)
- ~~Unemployment Insurance Benefits (UIB) information~~
- ~~Quarterly Wage Match from Job Service~~

~~Information from these sources cannot be released to the client or any other agency.~~

For individuals who are not receiving assistance through known in a TANF, SNAP or Health Care Coverage program case, the interface information from SSA or IRS ~~or~~ ~~UIB~~ cannot be used to determine eligibility for CCAP.

Information through Job Service interfaces may be used to determine eligibility.

~~When TANF, SNAP or Health Care Coverage programs close and CCAP remains open, at the time the other program(s) close, the interface information from SSA or IRS cannot be used to determine eligibility for CCAP.~~

**Note:** ~~The information that is currently being used for CCAP at the time the other program(s) closes continues to be used until the next time that income is redetermined. At the time the income is redetermined, if the TANF, SNAP or Health Care Coverage programs remain closed the SSA or IRS interface cannot be used.~~

In accordance with the agreement with Vital Statistics, the Vital Statistic information is owned by Vital Statistics at the State Health Department. Information received through the Vital Statistics Interface is to be used by eligibility workers to verify birth and association information for applicants and recipients. This information cannot be released to the applicant or recipient or any other agency and can only be used for the purpose of determining eligibility.

For additional considerations, including guidelines to county personnel who are subpoenaed to testify in court, see:

1. Service Chapter 110-01, Confidentiality
2. Service Chapter 449-05-30, Confidentiality and Safeguarding Information
3. North Dakota Administrative Code (N.D.A.C.) Section 75-01-02

400-28-20-15

Processing timeframe for an application is being changed from 15 days to 30 days. This change is effective August 1, 2013 and applies to all applications with a start date of August 1, 2013 or later.

As a result of change in processing time frame, at the time of application, if a family is allowed extenuating circumstances, the time frame will now be 45 days (30 day time frame for processing an application plus an additional 15 for extenuating circumstance).

#### **400-28-20-15 Timeliness Standards for Processing Applications**

The processing timeframe for an application starts from the date the signed application is received in the county social service office. If the application month is denied or withdrawn and benefits for the following month are requested, the processing timeframe starts effective the first of the following month.

The Child Care Assistance Program (CCAP) does not require a face-to-face interview in order to determine eligibility.

A Child Care Billing Report form is not required to process an application.

A decision to either approve or deny an application must be made no later than ~~15~~ **30** days following the day the signed and dated application is received in the county social service office unless extenuating circumstances exist. The first calendar day following receipt of the signed application is day 1 of the ~~15~~ **30** day processing timeframe.

If additional time is allowed due to an extenuating circumstance, the action must be taken no later than ~~30~~ **45** days following the date of application.

Formal action (either approval or denial) must be taken on each month assistance is requested. If an application is not acted upon within the ~~15~~**30**-day time frame due to extenuating circumstances, the case file must contain documentation identifying the extenuating circumstances that caused the delay.

If all the information needed to determine eligibility is not provided with the application, the application must be pended and a notice sent informing the applicant of the documents required. The 'pend' notice must clearly identify the information needed for the application month as well as any prior month(s) being requested.

The applicant has 10 days from the print date of the pending notice to provide the required information/verifications. When the 10th day falls on a weekend or holiday, the information is deemed to have been provided timely if received by the county social service office by close of business the first business day following the weekend or holiday.

An application that is pending for additional information cannot be denied prior to the ~~15~~**30th** day following the date of filing or the end of the 10th day from the print date of the pending notice, whichever is later. However, if it is determined the applicant is not eligible, the application can be denied at any time prior to the ~~15~~**30th** day.

If the applicant does not provide the information requested in the pending notice for **any** of the months requested, each month that was requested must be denied.

If the applicant provides information for one month but not the other month(s), the month that the information was provided for can be processed and the other month(s) must be denied.

- If the applicant who requested but is not eligible for child care for the prior month is eligible for the month of application, the prior month is denied and the application is approved, effective the first of the application month.
- If the applicant who requested child care for the prior month is eligible for the prior month but not for the month of application, the prior month is approved, effective the first day of the prior month and the case is closed as of the last day of the prior month. The same application would be processed for the application month and denied.
- If the applicant who requested child care for the final two months of TANF is not eligible for the first month but is eligible for the second month, the application is denied for the first month and approved for the second month.
- If the applicant who requested child care for the final two months of TANF is eligible for the first month but not the second month, the application is approved for the first month and closed at the end of the first month. The same application would be used to process the denial for the second month.

Depending on the month of application, additional months may need to be processed using the same application.

If an application is filed with no address, the eligibility worker should review the contact information found on the mailing envelope, in a phone book, on a Motor Vehicle query, or using any other available resources for address information.

The application must be pended and if no mailing/residence address can be located, 'General Delivery' must be used for the mailing address and applicable notice(s) sent.

If the notices are returned for insufficient address:

- If the application has not been approved, it should be denied due to loss of contact and documented in the case file.
- If the application has been approved, the case can be closed for loss of contact and documented in the case file.

If an individual applies for CCAP and TANF, Diversion, or Crossroads at the same time, the application for CCAP must be pended until TANF, Diversion, or Crossroads eligibility is known.

If an individual applies for CCAP and TANF, Diversion, or Crossroads at the same time, requests CCAP for the prior month, all information needed to process the prior month has been submitted and the application month is pending, the prior month can be processed. In these situations if the prior month is processed as Co-pay use actual income and allowable expense deductions and a one month certificate is issued. If the prior month is processed as Waived Co-pay (TANF, Diversion, or Crossroads) the prior month is processed without regard to income or allowable expense deductions, and a one-month certificate is issued. In both situation, Co-pay or Waived Co-pay, the case must be closed as of the last day of the prior month. The application month would then be pended until TANF, Diversion, or Crossroads eligibility is known.

**Example:** An individual applies for TANF and CCAP in June. The individual requests child care for the prior month of May. The information needed to determine May's eligibility has been provided and the case has been determined to be Co-pay for May.

The prior month of May is processed as Co-pay issuing a one month certificate. The case must then be closed the end of May. The CCAP application for June is pended until TANF eligibility is determined.

An application may be withdrawn at any time prior to a decision being rendered. The request to withdraw the application can be made in writing or verbally by the applicant.

An application must be denied when:

- The Co-pay exceeds the lower of the State Rate or amount billed for all child(ren) whom assistance is being requested.
- The only child or all children for whom child care is being requested, are determined not to have a need.

400-28-35-05

Policy has been added at the end of the section that defines policy when determining if a marriage is valid for CCAP purposes.

#### **400-28-35-05 – Child Care Assistance Unit**

The household must include the child(ren) for whom assistance is being requested and the following individuals residing in the home:

- The natural, adoptive or stepparent(s)
- All siblings, (including half and step-siblings) who are under age 19
- All natural or adoptive children of the caretaker and caretaker's spouse who are under the age 19.

**Note:** The Child Care Assistance Program (CCAP), considers a child under the age of 19 through the month of the child's 19th birthday.

- Child under the Subsidized Guardianship Program

When two unmarried adults reside together, in order for a child to be considered a child in common, paternity of the child in common must be verbally acknowledged or legally adjudicated, or the parents must have signed a voluntary acknowledgement of paternity:

- If child care is being requested for a child in common of unmarried parents', both parents and the children of both parents must be included in the unit.
- If child care is NOT being requested for a child in common of unmarried parents', the child in common must be included in the unit(s) of siblings who child care is being requested.

**Example #1:** Unmarried non-TANF household includes mom, her child, Dad, his child and a child in common. Mom is requesting child care for her child and Dad is requesting child care for his child. Child care is not being requested for the child in common. Since assistance is not being requested for the child in common, Mom and Dad must each complete an application for CCAP. The child in common would be included as a household member in both Mom and Dad's household. Both Mom and Dad would have a 3 person household.

**Example #2:** Unmarried non-TANF household that includes Mom, her child, Dad, and Mom and Dad's child in common. Mom is requesting child care for her child. Child care is not being requested for the child in common. Mom must complete an application for CCAP. Mom would have a have a 3 person household which includes herself, her child and the child in common.

See Section 400-28-45-25, Unmarried TANF Households – Child in Common for an exception for TANF Households.

If the child(ren) for whom assistance is being requested resides with a loco parentis, the household must include the following individuals residing in the home:

- The sibling(s) (including half and step-siblings) of the child for whom assistance is being requested
- The loco parentis and spouse of the loco parentis
- The loco parentis' and spouse's children under age 19

A minor parent who needs child care for their child(ren) and who is residing in his/her parents' home is considered a separate household and must apply on their own behalf.

- If the minor parent is in receipt of TANF, the case is considered TANF for CCAP.
- If the minor parent is in receipt of Crossroads, the case is considered Crossroads for CCAP.
- If the minor parent is in receipt of Diversion, the case is considered Diversion for CCAP.
- All other minor parents are subject to Co-pay.

If a minor parent is residing with their parent(s) and the parent(s) have a child(ren) for whom child care is requested, the minor parent and the minor parent's child(ren) are not considered members of their parents' case.

The following individuals are excluded from the household count:

- Children 19 years of age or older (a child is considered under the age of 19 through the month of the child's 19th birthday))
- Any child for whom the household receives Foster Care payments
- An individual in the household who is not the caretaker or sibling of the child and not acting as loco parentis
- Parent(s) and other family members of a minor parent when the minor parent is requesting CCAP
- Minor parents and their child(ren) if the parent(s) of the minor child are requesting CCAP
- A child under 19 years of age who resides away from home may come home on weekends or vacations breaks. The child is not counted as part of the household if their visit is less than a full calendar month.

**Note:** A child under age 19 who has a child care need can be included in the household of the caretaker with whom the child care costs were incurred (refer to 400-28-35-25, Parents Not Residing Together).

- An individual disqualified because of a Child Care Assistance Program Intentional Program Violation

**Note:** The income and expenses of an individual who has an Intentional Program Violation continues to be considered.

#### Persons Entering the Home

- New Applications:
  - Individuals required to be included in the child care assistance unit who enter the home in the month prior to the application month must be included in the prior month determination.
  - Individuals required to be included in the child care assistance unit who enter the home prior to an application being approved must be included in the application month determination.

- Ongoing Cases:
  - When an individual enters the home and child care is not needed for the individual for the month of entry, the individual is not included in the child care assistance unit if their addition results in a decreased benefit or ineligibility for the month of entry. If required, the individual must be included in the child care assistance unit the month following the month of entry.
  - When an individual enters the home and child care is needed for the individual, the individual must be added to the case for the month of entry regardless of the effect on the benefit, based on whether or not the information was timely reported and verified.

#### Persons Leaving the Home

- New Applications:
  - Individuals who are required to be included in the child care assistance unit leave the household in the month prior to the application month are included in the prior month determination but are not included in the application month determination.
  - Individuals who are required to be included in the child care assistance unit leave the home in the month of application prior to the application being approved or denied are not included in the child care assistance unit, unless the individual who left is a child and the child had a need for child care.
- Ongoing Cases:
  - Once a case is approved, individuals who leave the home are included in the child care assistance unit through the month in which they left. Effective the month following the month the individual left, the individual must be removed from the unit.

In order for a marriage performed in North Dakota to be recognized or considered valid in North Dakota, couples are required to obtain a marriage license through the County Recorder's Office. North Dakota law specifically states that marriages are considered recognized and valid if they are between one man and one woman as husband and wife.

Therefore, North Dakota does not recognize same sex marriages regardless of where the marriage occurred.

Marriages that occur outside of North Dakota are considered valid in North Dakota if:

1. The marriage was legally performed in another state;
2. The marriage is a common law marriage that occurred in another state and was considered a valid marriage in that state (the couple would be required to provide documentation verifying that the common-law marriage was considered valid by the state in which it took place); or
3. The marriage occurred in another country and the marriage was considered valid according to the law of the country where the marriage was contracted, unless the marriage violates the strong public policy of North Dakota.

**Note:** Polygamous marriages violate the strong public policy of North Dakota.

400-28-65-10-55

Policy has been changed to if an individual is known to a TANF, SNAP or Health Care Coverage program, the primary verification for SSA benefits will be established through the State Data Exchange (SDX) or Third Party Query (TPQY) interfaces. Policy has been changed to information received through Job Service (Unemployment Insurance Benefits (UIB) and Quarterly Wage Matches) can be used to determine eligibility.

#### **400-28-65-10-55 Documentation/Verification of Unearned Income**

Actual unearned income must be verified. If the individual ~~has an active~~ is known to a TANF, SNAP or ~~Medicaid~~ Health Care Coverage program case, the primary verification for Social Security Administration (SSA) benefits will be the established through the State Data Exchange (SDX) or Third Party Query (TPQY) interfaces. When circumstances warrant, contact with the Social Security District Office to obtain benefit information may be necessary.

~~If there is not an active If the individual is not known to a TANF, SNAP or Health Care Coverage program Medicaid case, the verification cannot be obtained through SSA the (TPQY or ~~the~~ SDX) interfaces or IRS (UFO or BENDEX) interfaces. For individuals who are not receiving assistance through TANF, SNAP, or Health Care Coverage programs, the interface information from SSA, Internal Revenue Service (IRS), or Unemployment Insurance Benefits (UIB) cannot be used to determine eligibility for CCAP.~~

~~When TANF, SNAP, or Health Care Programs close and CCAP remains open, at the time the other program(s) close, the interface information from SSA, IRS, or UIB cannot be used to determine eligibility for CCAP.~~

~~**Note:** The information that is currently being used for CCAP at the time the other program(s) closes continues to be used until the next time that income is redetermined. At the time the income is redetermined, if the TANF, SNAP, or Health Care Programs remain closed, the SSA, IRS, or UIB interface cannot be used.~~

Documents or records available to verify unearned income include but are not limited to the following:

- SSA benefit letter or interface
- Unemployment Compensation benefit letter or interface
- Pension benefit letter
- VA benefit letter
- Railroad benefit letter

#### Verification of Child/Spousal Support received

Documents or records available to verify child/spousal support include but are not limited to the following:

- Divorce or separation papers
- Court order
- Support agreement

- Correspondence on support payments
- Receipts for contribution
- Employer Records of garnished wages
- Child Support Enforcement's FACSES ledger or Electronic Payment Card
- Print out from agency disbursing the child support

400-28-70-05

Policy clarification made to when tips, commission, bonuses or incentives are or are not converted.

#### **400-28-70-05 Converting Income**

Income for the Child Care Assistance Program (CCAP) is converted to a monthly income.

Conversion applies to all cases when income (both earned and unearned) is received either weekly or biweekly. ~~Income conversion applies when tips, commissions, bonuses or incentives are included on paystubs received weekly or biweekly.~~ Conversion applies to the tips, commissions, bonuses or incentives that are listed on paystubs received weekly or bi-weekly.

Income conversion does not apply to the following:

- Income for individuals who have a Waived Co-pay as income is not counted
- Self-employment income
- Child support income
- When eligibility is being determined for the month prior to the application month
- Individuals paid monthly, semi-monthly, or irregularly
- Tips, commissions, bonuses or incentive pay which is **not listed as income** included on paystubs is counted separately as earned income

To convert weekly earnings, total the weekly checks and divide by the number of checks to arrive at the weekly average. The weekly average is then multiplied by 4.3.

To convert biweekly earnings, total the biweekly checks and divide by the number of checks to arrive at the biweekly average. The biweekly average is then multiplied by 2.15.

Regular income received by those individuals who normally are paid on a weekly or bi-weekly basis must be converted even when the individual did not receive a check for each pay period in the month. To arrive at the weekly or bi-weekly amount to be converted, the gross amount of each check is totaled, then divided by the number of checks actually received.

When an individual begins a new job, or has a change in the number of hours employed and the employer verifies a range of work hours, the greater number of work hours verified must be used to determine the income for the caretaker.

400-28-75-45

[Clarified household's countable income is tested against the Sliding Fee Schedule.](#)

#### **400-28-75-45 Income Levels**

The income level does not apply to TANF, Crossroads, or Diversion cases as income for these cases is not counted. The income level applies to Co-pay cases.

Gross income is the income before any deductions. The gross income, earned and unearned, of all household members will be used for the Child Care Assistance Program (CCAP) including the members in a loco parentis household, stepparent, and unmarried couples where paternity of at least one child in common is acknowledged or adjudicated.

Countable income is determined by taking the gross countable income and deducting court ordered child and/or spousal support.

The countable income and household size of the family is matched against the Child Care Sliding Fee Schedule to determine if a family meets the income level for CCAP.

The household's countable income must be tested against the income level and applied to the Child Care Sliding Fee Schedule at initial application, 6 month review, when adding and removing household members and when a case changes from Waived Co-pay to Co-pay.

If countable income exceeds the income limit on the Child Care Sliding Fee Schedule based on the household size, the household is not eligible and the following action must be taken:

- At application, the application will be denied
- At 6 month review, the case will be closed
- When adding person(s) or removing person(s), the case would be closed.

400-28-75-50

Policy added for ongoing cases whose countable income exceeds the highest income limit for its household size are not eligible for CCAP.

#### **400-28-75-50 - When Income and Allowable Income Deductions are Verified and Changed**

Verification of gross income and allowable income deductions for all household members is required at application, 6 month review, or when a case changes from Waived Co-pay to Co-pay.

In an ongoing case, changes in gross income or allowable income deductions for existing household members are not acted upon, unless the household's monthly gross income less the monthly amount the household is paying for court ordered child support or spousal support exceeds the highest income level for its household size (Refer to 400-28-75-45, Income Levels and 400-28-125-05, Mandatory Changes).

In an ongoing case if the household's countable income exceeds the highest income limit for its household size and the increase in income is anticipated

to continue, a closing notice for excess income must be sent to close the case at the end of the month the closing notice is sent.

If in an ongoing case if the household's countable income exceeds the highest income limit for its household size and the household does not anticipate the income will continue to exceed the highest income limit, the household must provide verification of all of the future month income and allowable expenses, the total amount of which must be less than the appropriate income limit in order for future month eligibility to be established.

When adding a household member, only the household member who is being added must verify their gross income and allowable income deductions. No change in income or deductions are made to the income and deductions of the already existing household members, unless the addition of a household member causes the household to exceed the highest income limit for its household size. (Refer to policy at 400-28-75-45, Income Levels and 400-28-125-05, Mandatory Changes.)

When removing a person, the gross income and allowable income deductions of the person being removed are deleted for the same month the individual is being removed from the case. No change in income or deductions are made to the income and deductions of the already existing household members unless removing a household member causes the household to exceed the highest income limit for its household size. (Refer to policy at 400-28-75-45, Income Levels and 400-28-125-05, Mandatory Changes.) When a case goes from Co-pay to Waived Co-pay, the gross income and allowable income deductions of all household members are not counted and must be removed from the Child Care Assistance Program payment system. (Refer to 400-28-75-35, Determining Prospective Income When Changing from Co-pay to Waived Co-pay.)

When a case goes from Waived Co-pay to Co-pay, refer to 400-28-75-30, Determining Prospective Income When Changing from Waived Co-pay to Co-pay.

400-28-125-05

Bachelor's degree has been added as an activity whose start and end must be reported. When the household's monthly gross income less the monthly amount the household pays for court ordered child support or spousal support exceeds the highest income level for its household size has been added as a Mandatory Change.

### **400-28-125-05 Mandatory Changes**

Mandatory changes must be reported to the county social service office within 10 days from the date the event occurs. The first calendar day following the date the event occurs is day 1 of the 10 day reporting timeframe. Mandatory reportable changes are:

- Change in household size
  - Someone moves into the household
  - Someone moves out of the household
- Change in allowable activity
  - Start or end of job search
  - Start of work activity (not previously in any work activity)
  - End of work activity (no longer in any work activity)
  - Start or end of school which includes
    - A postsecondary student completes an bachelor's degree, associate degree, postsecondary diploma, certificate of completion or any other vocational training course or if the caretaker(s) changes to another course of study.
  - Start or end of TANF, Diversion or Crossroads
- Increase in monthly child care hours for a child
- Changes in provider(s) or addition of provider(s)

- State residency
- When the household's monthly gross income less the monthly amount the household pays for court ordered child support or spousal support exceeds the highest income level for its household size
  - To determine gross income, the CCAP household must total its household's gross monthly income. If new individuals are present in the home, their income and allowable expenses must be included. If individuals have left the home, their income and allowable expenses are not included.

Actions required to be taken following the report of a mandatory change may include:

- Requesting additional information from the caretaker
- Updating information in the case file
- Updating information in the Child Care Assistance Program system
- Updating the certificate(s), if required
- Closing the case if the case must be closed
- Document actions taken

If the mandatory changes results in no changes in eligibility and/or the certificate(s), the case file must be documented to reflect the change reported and the reason no action was taken.

400-28-125-30

Last paragraph in this section has been made the first paragraph in this section.

### **Required Action on Mandatory Changes 400-28-125-30**

For policy regarding the impact of a change when an individual who enters or leaves the child care assistance unit, refer to Section 400-28-35-05 Child Care Assistance Unit.

When a change is reported, the eligibility worker must determine if a change in eligibility is needed:

- If the mandatory changes results in no changes in eligibility and/or the certificate(s), the case file must be documented to reflect the change reported and the reason no action was taken.
- If the certificate needs to be updated as a result of the mandatory change, the start date of the updated certificate is based on the effective date of the change which affects the month the change needs to be implemented and thus determines the start date.
  - If the payments made since the change occurred were correct payments:
    - If correct payments were made, document the information regarding the change and the change resulted in no change;
    - If incorrect payments were made, determine the amount of the correct payment and create overpayments if one exists.

**Note:** In certain situations, an underpayment may occur.

- If payments were not yet made, how the change will affect future payments not yet processed.
1. If a change is timely reported and verified timely
    - If the change **benefits** the caretaker:
      - The change is implemented the month the change occurred.
      - The certificate must be updated the month the change occurred.
      - Payments not yet made for the month the change occurred through the months when the certificate was actually updated will need to be reviewed to see if any payment can or cannot be made.
      - If a payment has been made for the month the change occurred, since the change was reported timely, an underpayment may need to be issued.

**Example #1:** A change occurred that benefited the household on August 25th and was reported and timely verified on September 3rd. August benefits were paid on September 1. The change is implemented and the certificate must be updated for August. September's payment will be made based on the updated certificate. Since the change was reported and verified timely, August benefits need to be re-determined and an underpayment issued.

**Example #2:** A change occurred that benefited the household on August 25th and was reported and timely verified on September 3rd. August benefits have not yet been paid. The change is implemented and the certificate must be updated for August. August and September payments will be made based on the updated certificate, since the change was reported and verified timely.

- If the change **does not benefit** or has a negative impact to the child care assistance unit:
  - The change is implemented the month following the month the change occurred.
  - The certificate must be updated the month following the month the change occurred.
  - Payments made for the month following the month the change occurred will be made based on the new certificate.

**Example:** A change occurred that does not benefit the household on August 25th and was reported on September 3rd. The change is implemented and the certificate must be updated for September. August payments will be made based on the old certificate. Payments beginning September will be made based on the updated certificate, since the change was reported and verified timely.

- If the change causes ineligibility the case must be closed at the end of the month the closing notice is sent.

2. If a change was reported timely but **NOT** verified timely:
- If the change **benefits** the child care assistance unit,
    - The change is implemented the month the change was verified.
    - The certificate must be updated the month the change was verified.
    - Payments made for the month the change was verified will need to be made based on the new certificate.
    - Since the change benefits the Child Care Assistance unit, any underpayments that may have resulted for the month the change occurred through the month the certificate was updated are not issued since the change was not reported timely.

**Example #1:** A change occurred that benefited the household on August 25th and was reported on September 3rd. The eligibility worker sent a closing notice to the caretaker on September 6th. The caretaker did not provide verification of the change until September 23rd. The change is implemented and the certificate must be updated for September. September's payment will be made based on the updated certificate. Since the change was reported timely but not verified timely, the caretaker is not eligible for additional benefits for August.

**Example #2:** A change occurred that benefited the household on September 1st and was reported on September 9th. The eligibility worker sent a closing notice to the caretaker on September 12th. The caretaker did not provide the verification of the change until September 28th. The change is implemented and the certificate must be updated for September. September payments will be made based on the updated certificate.

**Example #3:** A change occurred that benefits the household on March 3 and is reported on March 6 (reported timely). Additional information is needed and the eligibility worker sends a closing notice requesting additional information on March 7. On March 25 the caretaker provides the requested information (information requested is not verified timely). Since the change was not verified

timely, the change is implemented the month the change was verified, March. The certificate must be updated the month the change was verified, March. Payments made for March will need to be made based on the new certificate.

- If the change **does not benefit** or has a negative impact to the child care assistance unit and the case remains eligible:
  - The change is implemented the month the change occurred.
  - The certificate must be updated the month the change occurred.
  - Any payments made for the month the change occurred will need to be made based on the new certificate.
  - Any payments made based on the old certificate for months prior to the certificate being updated are subject to overpayments.

**Example #1:** A change occurred that does not benefit the household on August 25th and was reported on September 3rd. On September 3rd, the eligibility worker sends a closing notice to the caretaker requesting additional information. The requested information was not verified until September 15th. The change is implemented and the certificate must be updated for August. Since the change was not verified timely, August benefits need to be re-determined and an overpayment established. Payments issued beginning September will be based on the updated certificate.

**Example #2:** A change occurred that does not benefit the household on November 2 and is reported on November 10 (reported timely). Additional information is needed and the eligibility worker sends a closing notice requesting additional information on November 12. On November 26 the caretaker provides the requested information (information requested is not timely verified). Since the change was not verified timely, the change is implemented the month the change occurred, November. The certificate must be updated the month the change occurred, November. Payments made for November will need to be made based on the new certificate.

- If the change causes ineligibility a closing notice must be sent to close the case at the end of the month the closing notice is sent.

3. If a change was **NOT** reported timely:

- If the change **benefits** the child care assistance unit:
  - The change is implemented the month the change was verified.
  - The certificate must be updated the month the change was verified.
  - Payments made for the month the change was verified will need to be made based on the new certificate.
  - Since the change benefits the child care assistance unit, any underpayments that may have resulted for the month the change occurred to the date the certificate was updated are not issued since the change was not reported timely.

**Example #1:** A change occurred that benefited the household on June 7th and was reported and verification of the change was provided on September 3rd. The change is implemented and the certificate must be updated for September. September's payment will be made based on the updated certificate. Since the change was not reported timely, the caretaker is not eligible for additional benefits for June through August.

**Example #2:** A change occurred that benefited the household on June 7th and was reported on September 23th. The eligibility worker sent a closing notice to the caretaker on September 25th. The caretaker did not provide the verification until October 2nd. The change is implemented and the certificate must be updated for October. October payments will be made based on the updated certificate. Since the change was not reported timely, the caretaker is not eligible for additional benefits for June through September.

**Example #3:** A change occurred that benefited the household on May 1 is reported on May 15 (not reported timely). The eligibility worker sends a closing notice requesting additional information on May 16. On May 23 the caretaker provides the requested

information (information requested is verified timely). Since the change was not timely reported, the change is implemented the month the change was verified, May. The certificate must be updated the month the change was verified, May. Payments made for May will need to be made based on the new certificate.

- If the change **does not benefit** or has a negative impact to the child care assistance unit and the case remains eligible:
  - The change is implemented the month the change occurred.
  - The certificate must be updated the month the change occurred.
  - Any payments made for the month the change occurred will need to be made based on the new certificate.
  - Any payments made based on the old certificate for months prior to the certificate being updated are subject to overpayments.

**Example #1:** A change occurred that does not benefit the household on June 7th and was reported and verification of the change was received on September 3rd. The change is implemented and the certificate must be updated for June. Since the change was not reported and verified timely, June through August benefits need to be re-determined and overpayments established. Payments issued beginning September will be based on the updated certificate.

**Example #2:** A change occurred that does not benefit the household on January 7 and is reported and verified on January 22 (not timely reported). Since the change was not timely reported, the change is implemented the month the change occurred, January. The certificate must be updated the month the change occurred, January. Any payments made for the month the change occurred will need to be made based on the new certificate.

- If the change causes ineligibility a closing notice must be sent to close the case at the end of the month the closing notice is sent.

~~For policy regarding the impact of a change when an individual who enters or leaves the child care assistance unit, refer to Section 400-28-35-05 Child Care Assistance Unit.~~

400-28-130-05

Clarification of policy added in situations when a provider or caretaker is not available or refuses to complete the Child Care Billing Report

### **Child Care Billing Report 400-28-130-05**

Child care costs incurred for a calendar month must be verified by using and completing the SFN 616, Child Care Billing Report form for child care costs incurred in a calendar month. It is the responsibility of the child care provider and the caretaker to complete the Child Care Billing Report form each month.

- The child care provider must list the **ACTUAL** number of hours the child was in their care.
- The caretaker must list the **ACTUAL** number of hours the child needed care while the caretaker participated in their approved allowable activity (including travel time).

Both the caretaker and the provider are required to sign and date the billing report form AFTER the form has been completed.

It is the caretaker's responsibility to make sure the form is complete, to review the form for errors and for providing all the information needed in order for the payment to be made. If the form is not complete, the form should be returned to the caretaker for completion.

The caretaker may choose to let the provider submit the billing report form to the county social service office, however, it is the caretaker's responsibility to make sure a completed billing report form is submitted to the county social service office.

If a provider or a caretaker is not available to complete, for signature or date on the Child Care Billing Report form, the eligibility worker will be expected to explore all avenues of locating the person who needs to complete, sign or date the form. If it reasonable that the information needed to be completed can be established by the other party or a third party will attest to its accuracy, payment can be made without one parties completion, signature or date. If it is reasonable that the Child Care Billing

Report form is complete and accurate and the person whose needs to signature or date the Child Care Billing Report form is ~~needed~~ cannot be located or a third party will attest to its accuracy, payment can be made without the signature or date. All actions taken must be documented.

If a provider or caretaker refuses to complete their portion of the Child Care Billing Report form, sign and date the Child Care Billing Report form or the provider or caretaker refuses to sign and date the Child Care Billing Report form and the other party can provide reasonable proof their information listed on the Child Care Billing Report form is accurate or a third party will attest to its accuracy, payment can be made without their completion, signature, or date. All actions taken must be documented.

400-28-145

**Added household income reaches the highest income level for their household size as a closing reason**

#### **400-28-145 Case Closings**

Cases must be closed when one or more of the following happens:

1. The caretaker(s) is no longer participating in an allowable activity
2. There is no child in the child care unit who meets the eligibility criteria to be included on the certificate or payment
3. The caretaker does not return a completed SFN 841, Child Care Assistance Program Review, form by the end of the month in which the review is due
4. If the review form is received but
  - a. Is not submitted timely
  - b. Is incomplete and further eligibility cannot be determined
  - c. Indicates the family's income exceeds the upper income limit for the family size

- d. The child(ren) for whom child care is being requested is determined not to have a need.
5. If the Co-pay exceeds the lower of the State Rate or the amount billed for all children whom assistance is being requested at the time:
  - When a review is completed
  - An individual is added to the case
  - An individual is removed from the case
  - A case is changed from Waived Co-pay to Co-pay
    - Exception:** In an ongoing case, if the Co-pay exceeds the lower of the State Rate or amount billed for all child(ren) whom assistance is requested, the case remains open unless it is determined/anticipated that through the remainder of the certificate period, the Co-pay will exceed the amount billed
6. The caretaker moves out of state
7. The caretaker requests that the case be closed (request to close a case may be made verbally or in writing)
8. The mail is returned and there is no forwarding address or has a forwarding address of out of state
9. Mail is returned due to insufficient address
10. A valid certificate no longer exists but the case remains open. In this situation, the case must be closed the end of the month the certificate ended (this applies in cases that were not closed and should have been closed at the end of the month the certificate period ended). In these situations, the case must be closed backwards.
11. The caretaker fails to provide information that has been requested

12. There is no qualified provider for any child(ren) on the current certificate
13. Following the imposition of an Intentional Program Violation against a caretaker of the case causes the case to be income ineligible
14. Caretaker whose name the case is in enters a public institution
15. Factual information exists confirming the caretaker whose name the case is in is deceased
16. Loss of contact
17. Household countable income reaches the highest income level for its household size

A closing notice can be sent to close a case at the end of the current month up to the last working day of the month with the exception of:

- If a closing notice includes a time frame to allow a caretaker to provide information, the caretaker must be allowed the time frame given to provide the information. In these cases, the Child Care Assistance Program case closes on the last day of the month the time frame to provide information falls into.

The Eligibility Worker must inform the caretaker on the closing notice the date the case is closing.

If a notice is generated on a working day, the print date on the notice is the same day that the notice was generated. If the notice is generated on a non-working day (holiday or weekend), the print date is the following working day.