

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 also incorporates changes made with:

- IM 5281 SFN 616 Child Care Billing Report and Policy on Billing Forms

Par. 2. **Effective Date** – Changes included in this manual letter are effective October 1, 2016 for new applications and reviews unless otherwise indicated. For ongoing cases the changes are effective at next review.

Definitions 400-28

1. 400-28-05 – Definitions. Definition of 'homeless' has been added as required by the Child Care and Development Block Grant Act of 2014. Application and case processing for homeless families has been addressed at 'Homeless Households 400-28-38'. Terminology of 'job search' has been changed to 'activity search'.

Definitions 400-28-05

Activity ~~Job Search~~ – The time an individual spends looking for ~~work~~ employment, education or training activities and housing in situations of homelessness. ~~Job~~ Activity search is only considered to be an allowable activity in ongoing cases.

Exception:

If the household is also Diversion, TANF or Transition at the time of application or review, ~~job~~ activity search hours can be allowed. TANF and Transition cases must have ~~job~~ activity search listed on the employment plan in order to be considered an allowable activity at time of application or review.

Homeless households are allowed activity search at the time of application and review and during their 30 day grace period to provide verifications.

Allowable Activities – Allowable activities include work, job activity search, (only in ongoing cases unless the household is also Diversion, TANF or Transition at the time of application or review. TANF and Transition cases must have job activity search listed on the employment plan in order to be considered an allowable activity at time of application or review.), attending education or training, and approved activities under the State Job Opportunities and Basic Skills (JOBS) or Tribal Native Employment Works (NEW). Child care for participation in these allowable activities are reimbursable under the Child Care Assistance Program.

Homeless – An individual who lacks a fixed, regular, and adequate nighttime residence; and includes individuals who;

- Share the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals or awaiting foster care placement;
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as regular sleeping accommodations for human beings (bus station, lobby) ;
- Live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Are migratory and live in any of the circumstances as described above.

Application 400-28-20

2. 400-28-20-35 – Establishing Need. Policy has been changed to require a review every 12 months as required by the Child Care and Development

Block Grant Act of 2014.

Establishing Need 400-28-20-35

For a new application or in an ongoing case, in order for a child to be included on a certificate, the child must have a child care need for the current month or the month following the current month while the caretaker(s) is participating in an allowable activity. All hours the child needs child care in the month need is being established must be taken into consideration (which hours needed for days off from school, weekends, after school, etc.). If a child does not have a child care need for the current month or the month following the current month, the child cannot be included on the certificate.

~~**Note:** Refer to policy sections 400-28-85-10-05, Child Not in School and 400-28-85-10-10, School Age Child for policy addressing how to determine average weekly hours and adding of additional hours for a school age child.~~

At time of application, if need has been determined for a child for the prior month only, the child can be added to the 1 month certificate, but would not be included in the ~~12~~ 6-month certificate.

If child care is requested for the prior month, actual hours the child needed child care while their caretaker(s) was in an allowable activity in the prior month must be used.

Once need is established for a child and the child is included on the ~~6~~ month certificate, the child will remain on the certificate for the remainder of the certificate period as long as all other eligibility criteria is met.

Six (6) Month Review 400-28-25

3. 400-28-25– Six (6) Month Review. The title of this section has been changed to 'Review' as reviews for CCAP are now due every 12 months as

required by the Child Care and Development Block Grant Act of 2014. Policy has been changed to allowing the receipt of a completed and signed review from the 15th day of the review month, to the 10th day of the review month. If the review is not received by the 10th day of the review month, a closing notice must be sent informing the caretaker that failure to submit the review form by the last day of the review month will result in case closure.

4. 400-28-25-05 – Six (6) Month Review. The title of this section has been changed to 'Timeliness Standards for Processing Reviews'. Policy has been changed to require a review every 12 months as required by the Child Care and Development Block Grant Act of 2014.

Six (6) Month Timeliness Standards for Processing Reviews 400-28-25-05

A review must be completed every ~~6~~ 12 months. The ~~6~~ 12 month review is due in the last month of the certificate period. A review can be submitted to the county social service office in person, by mail, by fax or electronically.

An SFN 841, "Child Care Assistance Program Review" form is automatically sent to the caretaker in the month prior to the last month the certificate is valid. The caretaker must submit the completed and signed review form in order for eligibility to be continued.

A completed and signed review is due in the county social service office by the 10th day of the review month. If a completed and signed review form is not received by the ~~15~~10th day of the review month, a closing notice must be sent informing the caretaker that failure to submit a review form by the last day of the review month will result in case closure.

~~CCAP does not require a face to face interview in order to determine eligibility.~~

The review is considered received as of the date a signed review is received in the county social service office. The county social service

office must document the date a review is filed by recording the date received on the review form.

Note: Reviews received after business hours, on weekends or holidays are considered received on the next business day.

The review is considered signed if the signature is found anywhere on the review form, other than in answer to a question.

If an unsigned review is received, ~~and has been date stamped by the county social service office,~~ the unsigned review must be returned to the caretaker for signature. ~~If the same review, now signed by the caretaker, is returned to the county social service office, that office shall date stamp the review with the date the signed review is received. Document in the case file the correct review received date.~~ The county must document the date the signed review is received in the office. This date will become the review date.

A decision to approve a review or to close the case must be ~~completed~~ made no later than within 30 days following the date ~~day~~ the signed and dated review is received in the county social service office. ~~unless extenuating circumstances exist.~~ The first calendar day following receipt of the signed review is day 1 of the 30 day processing timeframe.

A review cannot be denied prior to the 30th day following the date the review was received, if the household has been sent a closing notice requesting verifications. Unless extenuating circumstances exist, all verifications must be received and case processed within the 30 days from the date of receipt of review.

If additional time is allowed beyond the 30 day period due to extenuating circumstances, an additional 15 days can be allowed. When extenuating circumstances are allowed, action must be taken no later than 45 days following the date the review form was received. The extenuating circumstances must be clearly documented in the case file.

If a CCAP case is closed because a review has not been submitted and completed by the end of the month the review was due, the case

remains closed as of the last day of the month in which the review is due, if:

- The 30th day from receipt of the review extends into a future month and the family fails to provide the required information by the 30th day or 45th day if extenuating circumstances have been allowed; or
- The family is determined ineligible at any time during the month the review is due and through the 30th day or 45th day if extenuating circumstances have been allowed.

If a review is received by the last day of the month the review was due and additional information is needed, a closing notice must be sent. This notice must advise:

- The required verifications and information needed allowing the caretaker 10 days to provide the information
- The date by which the review process must be completed (this date is the 30th day from receipt of the signed review)
- The date the case will be closed if the review process is not completed (this is the last day of month the review was due in)

Example: A review form is received on April 3 and additional information is needed. On April 7, a closing notice is sent asking for required verifications, allowing the caretaker 10 days to provide the required information.

- If all the required verifications **are** provided by May 3 and the household remains eligible, a new certificate is issued.
- If all the required verifications **are not** provided by May 3 or all required verifications are provided and the household **does not** remain eligible, the case remains closed as of April 30.

NOTE: April 4th is day 1 of the 30 day period.

When a caretaker is sent a closing notice that includes a request for additional information, the caretaker must be allowed at least 10 days from the date of the notice to provide the additional information, even if the 10 days takes them past the 30th day from when the review was submitted or past the 45th day when extenuating circumstances have been allowed.

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.

Example:

A closing notice for non-receipt of review was sent on June 15. A review form is received on June 26. On June 28 a closing notice is sent asking for required verifications, allowing the caretaker 10 days to provide the required information. The case closes June 30 as eligibility for July cannot be determined.

- If all the required verifications **are** provided by July 26 and the household remains eligible, a new certificate is issued.
- If all the required verifications **are** or all required verifications are provided and the household **does not** remain eligible, the case remains closed as of June 30.**not** provided by July 26

NOTE: June 27 is day 1 of the 30 day period.

When a caretaker is sent a closing notice which allows the household 10 days to provide required verifications and this takes the household past the 30th day from date of receipt of the review form and into the following month:

- If the caretaker **does provide** the required information within the 10 days, if the case remains eligible, the case must be reverted to open and the review processed. If the case is ineligible, the case remains closed.
- If the caretaker **does not provide** the required information within the 10 days, the case remains closed and a new application is needed.

Example:

A completed and signed review form is received on July 3 at the county office. Additional verifications are required. A closing notice is sent on July 6 asking for the requested verifications, allowing the caretaker 10 days to provide the requested information, and advising the case will close July 31st if verifications are not provided by August 2nd. On July 28th, the caretaker provides the requested information, but also provides additional information, requiring further clarification. On July 28th, a closing notice is again sent to the caretaker requesting additional information, allowing the caretaker 10 days (August 7) to provide the requested information advising the case will close July 31 if the verifications are not provided.

- If the caretaker does provide the requested verification within the 10 days, if the case remains eligible, the case is reverted to open and the review processed. If the case is ineligible, the case remains closed as of July 31st.
- If the caretaker does not provide the required information within the 10 days, the case remains closed and a new application is required.

If the review form is returned, the eligibility worker should review the returned mail to determine if there is a forwarding address.

- If there is a forwarding address, remail the review form to the new address.
- If there is no forwarding address, send a closing notice to the household using the last known address informing them that their case will be closed due to loss of contact.

Regardless of the action, the eligibility worker must document the actions taken in the case file narrative.

Adequate or advance notice is not required for any action taken on a review. However, a notice must be sent.

Household Composition 400-28-35

5. 400-28-35-25 – Parents Not Residing Together. Policy reference in this section has been updated to the correct number, based on changes made to those policy sections in ML 3472 that was effective July 1, 2016.

Parents Not Residing Together 400-28-35-25

Parents who share custody of their children may apply for child care on their own behalf and the child(ren) would be included in each separate household.

The level of care is determined separately for each household based on the caretaker's schedule and the child's schedule. Refer to ~~400-28-85-10, Determining the Level of Care.~~ [400-28-80, Allowable Child Care Hours and Level of Care.](#)

Payment will be made based on the costs incurred during the time the caretaker had the children in their care.

Example: Mom has custody of the child for two weeks each month. Mom works full time and is determined to have a full-

time level of care. The level of care is determined the same as it would be for households that do not have a shared custody situation. The certificate is approved for full-time care. Payment is issued based on the time the child was in mom's care even if the provider fills out the billing form for the entire month. Only the two weeks the child was in mom's care are paid.

If both parents are using the same provider for the child, the provider must submit two separate billing forms, one for each parent.

The Child Care Assistance Program (CCAP) is neither a party of nor subject to any arrangements or any terms between parents. See section 400-28-115-10, Caretaker and Provider Contract for Services for information regarding contracts between parents and providers.

Homeless Households 400-28-38

6. A new book has been added to the policy manual to cover application and case processing of homeless families. The Child Care and Development Block Grant Act of 2014 requires that homeless families be given priority for services by allowing them to qualify for CCAP after an initial eligibility determination but before providing required documentation.
7. 400-28-38-05. Application Processing for Homeless Families. A new policy section has been created.

Application and Review Processing for Homeless Families 400-28-38-05

Households who indicate on the application or review that they are homeless must be approved eligible for CCAP after an initial eligibility determination, but before mandatory verifications are received per policy at 'Non-Financial Eligibility Requirements 400-28-50'. The household must be allowed a 30 day grace period from the date of application to

supply all necessary verifications. The application or review must be approved for a one month certificate effective the month the application or review was submitted.

Example:

Household submits an application on September 5th. The household indicates on the application that they are homeless. Because the household indicates that they are homeless the household is issued a one month certificate for September and the household is sent a notice requesting all necessary verifications that are due October 5th.

If it is determined that eligibility did not exist in the initial 30 day grace period, overpayments **WILL NOT** be established for that timeframe, unless:

- The household intentionally withheld information that affected eligibility.

8. 400-28-38-10. Allowable Activities for Homeless Households. A new policy section has been created for allowable activities for homeless households.

Allowable Activities for Homeless Households 400-28-38-10

Households may be participating in an allowable activity; however, they may self-certify their allowable activity and the number of hours they are participating in their allowable activity, if they are unable to provide income and hours verification during the grace period to provide verifications.

Self-certified income is used to determine the household's co-pay for the one month certificate. Self-certified income is budgeted the same as other CCAP cases. Refer to Converting Income 400-28-70 and Budgeting for the Child Care Assistance Program 400-28-75.

Homeless households are subject to all allowable activity requirements per policy at Allowable Activities 400-28-55-05, with the following

exceptions:

- Homeless households can be approved for CCAP for activity search at time of application and review. Activity search may also include activities required to find housing. When a homeless household applies and only has activity search as an allowable activity, up to 15 hours per week (part time level of care) can be approved for the caretaker. Travel and break time hours are not allowed.

In households with two caretakers, if one caretaker is in an allowable activity and the other is not, the case can be approved for the one month certificate and the caretaker without an allowable activity will be allowed 15 hours of allowable activity per week.

If neither caretaker has an allowable activity, both can be allowed up to 15 hours of allowable activity per week.

The schedule of the caretaker(s) must be compared to the schedule of the child as per policy at 'Determining the Level of Care 400-28-80-50'. The lesser of the hours when all schedules are compared will be approved. The household may self-certify all schedules of all household members during the grace period.

9. 400-28-38-15. Verifications for Homeless Households. A new policy section has been created to address the receipt of verifications during or after the initial grace period.

Verifications for Homeless Households 400-28-38-15

Verifications Provided Timely

If verifications are provided within the 30 day grace period, and the household remains eligible for CCAP based on all other eligibility criteria, the household is then issued a 12 month certificate.

The household may remain eligible for CCAP based activity search if no

other allowable activity exists. In these situations, the household will be allowed up to three full consecutive months of activity search starting the first month of the 12 month certificate period.

Example:

Household submitted an application on September 5th and was approved eligible based on homelessness for a one month certificate for the month of September. The household was approved for activity search for the one month certificate. The household timely provided all necessary verifications and remains eligible based on all other required eligibility requirements. However, the household's only allowable activity remains activity search. The household is issued a certificate for 12 months starting October and is approved for a maximum of 15 hours per week. The household remains eligible for CCAP at the part time level of care with activity search as the allowable activity for the months of October, November and December.

Refer to policy at 'Allowable Activities 400-28-55-05' for processing of activity search as an allowable activity in ongoing cases.

Verifications Not Provided Timely

If verifications are not provided within the 30 day grace period, the case must be closed at the end of the month grace period ends.

If the family reapplies for CCAP and self-certifies homelessness after the initial denial, the household is now subject to all regular CCAP requirements.

Example:

A household applies for CCAP and self-certifies homelessness on July 10th. The household is issued a one month certificate on July 13th without providing required verifications. The certificate is effective July 1 through July 31. The household has 30 days from the date of application (July 10th) to submit required verifications (August 13). The household does not provide the required verifications. A 12 month certificate is not issued and the case remains closed.

The household reapplies for CCAP on August 25. Since the household did not provide the required verifications during their initial 30 day grace period, the household is now subject to all regular CCAP requirements and will not be issued another one month certificate. On September 10, the household provides all required verifications for eligibility. The household is issued a 12 month certificate.

Non-Financial Eligibility Requirements 400-28-50

10. 400-28-15-15 – Mandatory Verifications. This section has been moved to Non-Financial Eligibility Requirements 400-28-50 and has been renumbered to 400-28-50-02. Policy has been changed to reflect that mandatory verifications are required at review.

Mandatory Verifications 400-28-50-05

Eligibility for the Child Care Assistance Program (CCAP) is determined primarily by information supplied by the applicant/caretaker. Certain conditions of eligibility must be supported by conclusive, documenting evidence.

At time of application, ~~6-month~~ review, or when a new member is added to the household, the household is required to provide the following verifications:

- Identity of Applicant/Caretaker;
- Citizenship for children for whom CCAP benefits are being requested;
- Age for children for whom CCAP benefits are being requested;
- Caretaker's association to the child(ren) for whom CCAP benefits are being requested;

- Verification of education or training;
- Court ordered child support or court ordered spousal support deduction;
- All income received by the family, to include all earned, unearned and self-employment income.

Should the applicant/caretaker be unable to obtain the required verifications, the eligibility worker may assist with obtaining the information.

Allowable Activities 400-28-55

11. The following section has been repealed:

- 400-28-55-25 – Allowable Activities for Co-pay Families.

12. 400-28-55-05- Allowable Activities. Policy has been changed to allow for up to three full months of continued assistance after the loss of an allowable activity as required by the Child Care and Development Block Grant Act of 2014. This period of continued assistance will now be referred to as 'activity search'. The three months of continued assistance will begin the month following the month of the reported change, when the change is reported timely. If the change is not reported timely, the three months of continued assistance will begin in the month the change was reported. Continued assistance for parental leave has been extended to a minimum of three full consecutive months. More than three full consecutive months can be allowed when the household can verify a longer period of parental leave.

Allowable Activities 400-28-55-05

Caretakers must be participating in an allowable activity to be eligible for assistance under the Child Care Assistance Program (CCAP).

The following are allowable CCAP activities **at application and review**:

1. Work – Work is an activity in which an individual is engaged through employment or self-employment. Work must entail personal involvement and effort on the part of the applicant or recipient.

The following are allowable work activities:

- Paid employment
- Paid work studies, internships or assistantships (this includes when an individual is in a non-allowable postsecondary education program).
- Self-employment

Note: Child care providers must be licensed, self-declared or registered by a tribe in order to be considered an allowable activity. Approved relative providers are not considered to be in an allowable activity.

2. Education or Training - Child care relating to an allowable education or training activity.

Allowable postsecondary education includes:

- Certificate
- Associate's degree
- Bachelor's degree

CCAP may pay eligible child care costs for individuals pursuing a certificate, Associate's degree or Bachelor's degree provided the individual has not already earned a Bachelor's degree.

NOTE: Payment of postsecondary educational related child care costs incurred by an individual who already has

earned a Bachelor's degree is prohibited. See policy in 400-28-60, Non-Allowable Activities.

Required activities related to the pursuit of a post-secondary degree (student teaching, internships, etc.) may be considered allowable activities.

If an individual has already earned a certificate or Associate's degree, eligible child care costs are allowed if the individual is continuing to pursue another allowable education activity and has not earned a Bachelor's degree.

Attending high school or alternative high school or pursuing a GED is an allowable activity even if the individual is not participating in Crossroads.

Traditional high school "attendance" is defined by the Department of Public Instruction (DPI) as:

- Full-time - 4 or more classes
- Part-time - less than 4 classes
- Attendance in an alternative high school setting for full-time/part-time as identified by the school

GED may be full time/part-time.

If a high school diploma or GED is not required to receive a certificate, it is considered training and is not considered postsecondary education.

Example: A Certified Nurse Assistant (CNA) certificate is NOT considered postsecondary education as a high school diploma is not required to receive a CNA certificate.

Allowable Training includes but is not limited to:

- Basic remedial education
- Training designed to assist an individual to achieve basic literacy
- Training needed to secure or retain employment which includes skills and technology training
- Vocational Training (trade school or career school)
- Individuals who are participating in classes for English as a second language.
- Internet Classes – Child care related to completing on-line computer classes that meets the allowable education or training requirements is an allowable activity.
- Vocational Rehabilitation education plans must follow CCAP education requirements.

The following are allowable CCAP activities **after initial eligibility** has been established:

1. ~~Job~~ Activity Search – ~~Job~~ Activity search is not an allowable activity at the time of application or review. ~~Job~~ Activity search hours can only be allowed in ongoing cases after a case has been approved for work, education or training.

In households with two caretakers, if one caretaker is in an allowable activity (work, education or training) and the other caretaker only has ~~job~~ activity search as an activity, the application or review must be denied.

Exception:

~~Job~~ Activity search hours are allowable at the time of application or review for households that are also in receipt of Diversion, TANF or Transition. ~~Job~~ Activity

search hours must be listed on the most recent JOBS employability plan.

Example 1:

Mom applies for CCAP on May 5th listing her only allowable activity as job activity search. The application must be denied as job activity search is not an allowable activity at time of application.

Example 2:

Mom applies for CCAP on June 16th and had a job at the time of application. The case is approved based on mom's work schedule. Mom reports on September 13th that she lost her job and is now job searching. Child care can be allowed for the time mom searches for a job.

Example 3:

Dad applies for CCAP on October 2nd listing his allowable activities as education and job search. The application can be approved for education hours only, as job search is not an allowable activity at time of application.

Child care for job activity search is must be allowed for eight weeks in a calendar year three full consecutive months within a certificate period. When a household includes two caretakers, each caretaker is eligible for three consecutive months of activity search within a certificate period. ~~eight weeks of job search per calendar year. Job Search hours are limited to 20 hours per week. No additional hours are allowed for travel and breaks.~~ The level of care that was effective before the loss of activity cannot be reduced and must continue through the three allowable months of activity search.

A household may be allowed more than one period of three full consecutive months of activity search within a certificate period.

Exception:

TANF recipients must follow the JOBS program guidelines, therefore, the three full consecutive month limitation does not apply to TANF recipients who are participating in the JOBS program when their JOBS employment plan includes any type of activity search.

Example 1:

Household was approved for CCAP starting August 1st through July 31st at the full time level of care with employment as an allowable activity. On October 12th, the household reports that they lost their employment as of October 5th. Since the household timely reported the loss of activity, the household's three full months of continued assistance will begin in the month of November. The household remains eligible for the full time level for the months of October, November, December and January.

On December 20th, the household reports that they have found new employment. Since the household found a new allowable activity before the end of the three full consecutive month period, the household remains eligible. The full time level of care continues through the remainder of the certificate period, even if the household reports a decrease in allowable activity hours based on the new employment, based on policy at 'Determining the Level of Care 400-28-80-50.'

The co-pay may be decreased if the household reports that there is a reduction in income based on the new employment based on policy at 'When Income and Allowable Income Deductions are Verified and Changed 400-28-75-50.'

Example 2:

Household was approved for CCAP starting August 1st through July 31st at the part time level of care with education as an allowable activity. On October 12th, the household reports that they are no longer in an education activity as of September 15th. Since the household did not timely report the loss of activity, the household's three full months of continued assistance will begin in the month of October. The household remains eligible for the part time level for the months of September, October, November and December.

On November 3rd the household timely reports that they now have employment as an allowable activity. Since the household found a new allowable activity before the end of the three full consecutive month period, the household remains eligible. The household reports an increased need in the level of care based on allowable activity hours. The level of care can be increased to the full time level of care based on policy at 'Determining the Level of Care 400-28-80-50.'

The co-pay may be decreased if the household reports that there is a reduction in income based on the new employment as per policy at 'When Income and Allowable Income Deductions are Verified and Changed 400-28-75-50.'

On March 18th, the household timely reported that they lost their employment as of March 11th and no longer has any allowable activity. Since the household timely reported the loss of activity, the household's is allowed another three full months of continued assistance that will begin the month of April. The household remains eligible for the full time level for the months of March, April, May and June.

The household does not report by June 10th that they now have an allowable activity. Verification of an allowable activity must be requested and the case may be set to close at the end of June. If no verifications are received by June 30th, the case is closed and the household must reapply.

Exception:

~~TANF recipients must follow the JOBS program guidelines, therefore, the 20 hours per week limitation and 8 weeks within a calendar year limitation does not apply to TANF recipients who are participating in the JOBS program and their JOBS employment plan includes 'Job Search'.~~

The caretaker(s) must provide a written and signed statement with the dates, time and the job search activity they were participating in (example: submitting the date and time they were submitting applications, interviews). If this is not provided with the Child Care Billing Report form, the hours are not considered allowable.

2. Parental Leave – Parental Leave includes maternity, paternity and adoption leave. Parental leave is not an allowable activity at the time of application or review. Leave hours can only be allowed in ongoing cases after a case has been approved for work, education or training. The caretaker must intend to return to their employment, education or training.

In households with two caretakers, if one caretaker is in an allowable activity (work, education or training) and the other caretaker only has paternity leave as an activity, the application or review must be denied.

Example 1:

Mom applies for CCAP on May 5th listing her only allowable activity as parental leave. The application must be denied as parental leave is not an allowable activity at time of application.

Example 2:

Mom applies for CCAP on June 16th and had a job at the time of application. The case is approved based on mom's work schedule. Mom reports on September 13th that she is now on parental leave. Child care can be allowed for the time mom takes for parental leave.

When an ongoing household includes two caretakers, each caretaker is eligible for eight weeks of parental leave.

Child care for parental leave is allowed for a minimum of three full consecutive months within a certificate period. The household may be eligible for more than the three full consecutive months when the parental leave timeframe is verified by an employer. ~~eight weeks in a calendar year.~~ The level of care must continue at the same level that was established before the caretaker went onto parental leave. No additional hours are allowed for travel and breaks.

Example 1:

Household applies for CCAP on June 16th and had employment at the time of application. Household reports on September 13th that the caretaker is now on parental leave as of September 5th. Household also reports that the caretaker expects to return to employment December 1st. Since the household timely reported the parental leave, the household's three full months of continued assistance will begin in the month of October. The household remains eligible at the already determined level

of care through the three full consecutive month period, even though the household reports an expected return to employment prior to the end of the three month period.

Example 1:

Household applies for CCAP on June 16th and had employment at the time of application. Household reports on September 13th that the caretaker is now on parental leave as of September 5th. Household also reports that the caretaker expects to return to employment February 1st. The household provides verification that they will return to employment as of February 1st. Since the household timely reported and verified the parental leave, the household continued assistance will begin in the month of October and continue until February 1st.

Financial Eligibility Requirements 400-28-65

13. 400-28-65-25 – Terminated Source of Income. Policy has been changed to remove '6' when referring to reviews.

Terminated Source of Income 400-28-65-25

Income is considered a terminated source of income when the final payment of income is received in the month prior to, the month of, or the month following the month:

- The application is received;
- The 6 month the review is due;
- The case changes from Waived Co-pay to Co-pay

If at application, ~~6-month~~ review, or when a case changes from Waived Co-pay to Co-pay and the caretaker indicates income has ended from any source, the caretaker must provide verification of the terminated source and the last date it was received. Since income eligibility is determined prospectively, this income would not be used as it is not an ongoing source of income and will not be received during that certification period.

Note: If verification of the terminated source income and the last date it was received is not provided, the application must be denied or the case closed.

If a caretaker is requesting child care for the month prior to the month of application and the caretaker indicates income has ended from any source, the caretaker must provide verification of the terminated source and the last date it was received. All actual gross income received in the prior month is used to determine eligibility for the prior month including terminated sources of income.

When adding a person to an ongoing case and the caretaker indicates the added individual's income ended from any source, the caretaker must provide verification of that individual's terminated source of income and the last date it was received. That income would not be used as it is not an ongoing source of income and will not be received during the remainder of the certification period.

Note: Gross income of existing individuals in the case continues to be counted until the next review whether or not the existing individual's income terminates.

If a caretaker in an ongoing case reports that income from a specific source is terminated, no changes in income are made as changes in income do not affect eligibility during a certification period.

14. 400-28-65-30-05 – Overview. Policy has been changed to remove '6' when referring to reviews.

Overview 400-28-65-30-05

Allowable deductions are deducted from gross countable income. Allowable deductions must be verified. If the allowable deductions are not verified, they cannot be allowed.

The only allowable deduction from gross countable income is court ordered child/spousal support paid, including arrearages.

If eligibility is being determined for a prior month, policy that applies to allowable income deductions is found in Section 400-28-70-10, Converting Allowable Income Deductions.

If eligibility is being determined prospectively for allowable income deductions, policy that is applied to income is applied to allowable deductions and is found in the Child Care Assistance Program manual section 400-28-75, Budgeting for the Child Care Assistance Program.

A household must be given the opportunity to verify allowable deductions. If a household has been given that opportunity and does not provide the verifications, the case is processed without consideration of the claimed deductions.

If deductions are not provided when requested, but provided after the case has been processed, the deductions cannot be used. The household will be given the opportunity to claim those expenses at the next application, 6-month review and when a case changes from Waived Co-pay to Co-pay to provide current information.

If a household member was being allowed deductions and leaves the household, the allowable deduction is removed when the household member is removed.

Budgeting for the Child Care Assistance Program 400-28-75

15. 400-28-75-50 – When Income and Allowable Income Deductions are

Verified and Changed. Policy has been clarified due to changes made with ML 3472 that was effective July 1, 2016. Households may now report a decrease in income that may result in a decreased co-payment. This is not a mandatory reportable change. When a household reports a decrease in income, the change must be verified. Additionally, the household must verify that the reduction in income will be ongoing. Also the reduced income cannot be due to a voluntary reduction in hours. The change in income is effective the month the household reports and verifies the reduction in income.

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

Verification of gross income and allowable income deductions for all household members is required at application, review, or when a case changes from Waived Co-pay (Crossroads, Diversion, TANF or Transition) to Co-pay.

In an ongoing case, changes in gross income or allowable income deductions for existing household members are not acted upon, except in the following situations:

- There is a reduction in income that results in a decreased co-payment; or. Decreases in income are only acted on when the household verifies that the reduced income will continue. Reduced income will not be allowed when the household voluntarily reduces their activity hours for an allowable activity. Decreased income can be acted on when the household loses a job and then has a new job, when the employer reduces work hours without consent of the household, or when a household was working and then ends employment to attend an education activity.
- The household's monthly gross income, minus allowable deductions, exceeds the highest income level for the household size. In these situations, the case must be closed due to excess income.

Note: If the household does not anticipate that the income will continue to exceed the income limit for the household size, the household must provide verification of anticipated income and deductions.

When adding a household member, only the new household member must verify their gross income and allowable deductions. No changes in income or deductions are made for existing household members, unless one of the situations listed above applies.

Allowable Child care Hours and Level of Care 400-28-80

16. 400-28-80-25 – Absent Days. Policy was changed to incorporate IM 5281.

Absent Days 400-28-80-25

Up to 16 hours per calendar month can be allowed for a child who is absent from their child care setting for any reason when the provider requires payment of the absence.

The ~~days and~~ **total** number of hours ~~per day~~ that the child was absent must be listed on the Child Care Billing Report form. ~~The hours a caretaker was absent from their allowable activity are not listed on the form by the caretaker.~~

More than 16 hours per month can be allowed in situations that result in closures or absences due to inclement weather. These situations must be reviewed on a case by case basis, using prudent person judgment. The reason for allowing payment for additional absent days must be documented in the case file.

Provider Requirements and Information 400-28-105

17. 400-28-105-20 - Approved Relative. Clarification has been added to policy for situations when an approved relative and a child live in the same home, the approved relative application is denied as care is not allowed in the child's own home. The approved relative can apply to become a self-declared provider.

Approved Relative 400-28-105-20

Approved relatives must be approved to provide care for specific children. [Child Care Assistance Program \(CCAP\)](#) will only make payment for children who are identified on the approved relative's approval letter.

An Approved Relative is a provider, whose relationship to the child by marriage, blood, or court decree, is a:

- Grandparent (including step-grandparents)
- Great-grand parent (including great step-grandparents)
- Aunt or uncle (including step-aunt or uncle)
- Sibling (including step-siblings) when the sibling lives at a separate residence form the child(ren).

NOTE: Siblings cannot be an 'approved relative' provider if the sibling resides with the child(ren).

Approved relatives must apply to become eligible. The following items are required as part of the application process:

- SFN 23, Application for Approval for Relative Child Care Provider
- W-9, Request for Taxpayer Identification Number and Certificate
- SFN 433, Child Abuse and Neglect Background Inquiry for each household member age 18 and over
- Verification of SSN or Employer Identification Number (EIN)
- Verification of relationship to the children that care will be provided for. Acceptable verification includes but is not limited to:
 - Birth certificates
 - Adoption papers

- Court records

To assure the health and safety of children, the approved relative and all adult household members (18 and over) will be subject to the following background checks:

- North Dakota Supreme Court website
- North Dakota State's Attorney's Sex Offender website
- Children and Family Services criminal back ground check

An Approved Relative's request to be a provider will be denied or will be terminated in an ongoing case when the applicant or household members have been found guilty of, pled guilty to, or pled no contest to any offense described in section 75-02-01.3.05 of North Dakota Administrative Code (N.D.A.C.).

Approved relatives can only provide care in the provider's own home. Approved relative providers cannot be approved to provide care in the child's home unless the child is subject to policy at 400-28-35-30, In Home Care Due to Illness/Disability. If an approved relative provider applicant is living in the same home as the child(ren) they are applying to care for, the approved relative application is denied. The approved relative provider applicant must apply to become licensed or self-declared in order to receive payment from CCAP.

An approval or denial letter will be sent to the applicant upon determination. An applicant may appeal the decision by submitting a signed written request to the agency within 30 days from the date of the notice of the letter. During an appeal process, payments will not be made by ~~the Child Care Assistance Program (CCAP).~~

- A pending notice will be sent in situations when more information is needed. The applicant or approved provider has 10 days to respond to the notice. If the applicant does not respond to the notice within 10 days, the application will be denied. In ongoing approvals, the approval must end at the end of the month after the 10 days have passed.

Once approved, a provider number will be assigned by the state CCAP office.

Approved relative providers must renew the approval every year in order to continue to receive CCAP. The provider must also submit a W-9 yearly with their renewal application.

If the approved relative provider moves, the approval becomes invalid and the provider must reapply.

Approved relative providers are required to maintain attendance records for each child in their care. Records should include the child's name, the date, and check-in/check-out times. All attendance records must be made available at the request of the state or county social services office. The attendance records must be handled in a manner that protects the identity of CCAP families.

Child Care Assistance Program Certificate 400-28-120

18. The following sections have been repealed:

- 400-28-120-05 – Overview
- 400-28-120-15 – Certificate Time Frames
- 400-28-120-20 – Certificate Start Dates
- 400-28-120-25 – Certificate End Dates
- 400-28-120-30 – Issuing a Certificate

19. 400-28-120-10 – Certificate Requirements. Policy from repealed sections Overview 400-28-120-05, Certificate Time Frames 400-28-120-15, Certificate Start Dates 400-28-120-20 and Certificate End Dates 400-28-120-25 were incorporated.

Certificate Requirements 400-28-120-10

Federal regulations require states to issue a 'certificate' to the eligible household and to each provider the household has chosen for the children for whom they are providing care.

Certificates are issued for a maximum of a 12 month period and are issued at application or review. The certificate start date begins the first day of the month for which the application or review was approved.

Exception:

When assistance is requested for the month prior to application, a one month certificate is created to cover the prior month.

The following information is required to issue a certificate:

- Household Composition
- Household Income
- Child/Spousal support paid out
- The child care provider(s) for each child requesting assistance
- The provider's license number
- Provider type
- Approved Allowable Activities
- Level of care for each child

Child Care Request for Payment forms are not required to issue a certificate.

A certificate is issued by the Department of Human Services to the caretaker who is eligible and to each provider the caretaker has chosen. The certificate contains:

- The name and address of the caretaker
- The names of children who will be receiving Child Care Assistance Program benefits
- The name of each provider(s) for each child
- The Level of Care
- The Family's Monthly Co-pay

- The State Rate
- The caretaker's allowable activities (work, job search, education, training)

Note: The names of specific assistance programs are not to be entered or shown on the certificate. For TANF recipients, list "Job Activities" for the allowable activities.

- The period covered by the certificate
- The caretaker's right to appeal

~~Each provider the family has chosen will receive a certificate that includes the information for the child(ren) for whom they are providing care.~~

20. 400-28-12-30 – Issuing a Certificate. Policy has been changed to remove

Issuing a Certificate 400-28-120-30

The following information is required to issue a certificate:

- Household composition
- Household income
- Child/spousal support paid out
- The child care provider(s) for each child requesting assistance
- The provider(s)'s license number
- Provider type
- Level of Care required

- Caretaker(s) allowable activity/schedule
- Child(ren)'s schedule (school age)

Upon receipt of this information, the Excel spreadsheet may be used to determine the Co-pay and State Rate. When the Excel spreadsheet is used, a copy must be included in the case file.

The issuance of a certificate does not require submittal of a Child Care Billing Report form.

A certificate is issued:

- At application
- At ~~6-month~~ review
- When a certificate must be updated

When a certificate is issued, the caretaker is sent a copy of the certificate and the provider(s) is sent a copy of the certificate with the information that applies to the child(ren) for whom the provider(s) has been approved to provide care.

21. 400-28-120-35 – Updating a Certificate. Policy from repealed sections Overview 400-28-420-05, Certificate Time Frames 400-28-120-15, Certificate Start Dates 400-28-120-20 and Certificate End Dates 400-28-120-25 were incorporated.

Updating Certificates 400-28-120-35

When a certificate is issued, the certificate is not changed unless an eligibility criteria to change a certificate is met.

The start date of an updated certificate is the first day of the month the

change is determined to be effective based on the timeliness of the reported change. An update to a certificate does not extend the maximum 12 month certificate period.

Example:

An application was approved and a certificate was created effective April 1 through March 31. On June 14 the household timely reported and verified that a child entered the home and needs child care. Because the change was reported and verified timely, the change is implemented and a certificate update is created effective June 1. The updated certificate is now effective June 1 through March 31.

A certificate must be updated for the following reasons; ~~however, there may be additional reasons not included that may require the certificate to be updated:~~

- When there is a change in the Child Care Assistance unit household size.
 - Someone moves into the household
 - Someone moves out of the household
- Change in allowable activity
 - Start or end of job activity search
 - Start of work allowable activity (not previously in any work allowable activity)
 - End of work allowable activity (no longer in any work allowable activity)
 - Start or end of school which includes:
- A postsecondary student completes an 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 if the increase in hours increased the Level of Care. ~~the child needs.~~

Note: Decreases in the Level of Care are not made during the certificate period.

- Changes in provider(s) or addition of provider(s)
- When a provider is no longer being used by the family or the provider is no longer a qualified provider.
- When a child is no longer eligible for the Child Care Assistance Program including but not limited to:
 - if age 13 and under 19 and verified care no longer exists
 - enters Foster Care
 - no longer needs care
 - State residency
- When a case changes from Waived Co-pay to Co-pay, the certificate must be updated for the month following the month the TANF, Diversion or Crossroads case closes.
- When a case changes from Co-pay to Waived Co-pay, the certificate must be updated effective the month the case is approved for TANF, Diversion or Crossroads.
- When an Intentional Program Violation disqualification penalty is imposed the certificate must be closed effective the month the individual is disqualified.

Exception:

Individuals who apply for or are receiving assistance through a federal or state funded program and require child care in order to participate in that federal or state funded program are eligible to receive child care through CCAP in a month they are subject to an IPV disqualification. Individuals that apply for or are receiving TANF, Transition, Diversion, or Crossroads are eligible to receive child care during an IPV disqualification period providing all other factors of eligibility are met.

There may be additional reasons not included in the list above that may require a certificate to be updated.

If a certificate must be closed, the caretaker is sent a copy of the updated certificate and the provider(s) is sent a copy of the certificate with the information that applies to the child(ren) for whom the provider(s) has been approved to provide care.

If a certificate is updated and there are multiple providers for the family, an updated certificate is only sent to the provider whose certificate has been updated. A certificate is not mailed to a provider if there is no change to their certificate.

Mandatory and Known Information Changes 400-28-125

22. 400-28-125-05 – Mandatory Changes. Policy has been changed to reflect the change of terminology of 'job search' to 'activity search'.

Mandatory Changes 400-28-125-05

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

Note: Changes reported after business hours, on weekends or holidays will be considered received on the next business day.

Changes may be reported in writing, in person, by telephone, by fax or electronically.

Mandatory reportable changes are:

- Change in household size
- Change in allowable activity
 - Start or end of allowable activities and activity search ~~work, education, training job search activities~~
 - Start or end of TANF, Diversion, Transition or Crossroads
- Increase in monthly child care hours
- Changes in provider(s) or addition of provider(s)
- State residency
- When the household's monthly gross income, minus allowable expenses, exceeds the highest income level for its household size

When mandatory changes are reported, and additional information is needed, a closing notice must be sent. The closing notice must include:

- The information and verifications that are needed.
- The timeframe for submitting the information and verifications (10 days from print date of notice).
- Information regarding case closure if the information and verifications are not provided within 10 days. (Cases must close at

the end of the month in which the 10 day reporting period ends, even when the 10th day extends into a future month.)

If the household provides the information within 10 days from the date of the notice or if the information is provided after the 10 days, but prior to the case closing, the change must be processed based on section 400-28-125-30, Required Action on Mandatory Changes.

If a case closes for failure to provide additional information and required information is received in the month following the month of case closure, the case must remain closed. The household must reapply.

If the mandatory changes do not affect eligibility or the certificate(s), the case file must be documented to reflect the change reported and the reason no action was taken.

Other changes (non-mandatory) may also be reported. If these changes do not require additional information or verifications and changes do not affect eligibility or the certificate(s), the case file must be documented to reflect the reported change and the reason no action was taken. If the change does affect eligibility, a closing notice must be sent requesting additional information.

Verification of Child Care Costs 400-28-130

23. 400-28-130-05 – Child Care Billing Report. Policy was changed to incorporate IM 5281.

Child Care ~~Billing Report~~ Request for Payment 400-28-130-05

Child care costs incurred for a calendar month must be verified by using and completing the SFN 616, Child Care [Request for Payment](#) 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 [Request for Payment](#) 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.

Either the caretaker or the provider may submit the form to the county social service office.

~~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 or provider 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 or refuses to complete, or date the Child Care Request for Payment 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 the information needed to complete the form can be reasonably established by the provider or caretaker, payment can be made without completion by the missing party. A third part may attest to the accuracy of the billing report form only if the individual who needs to complete the form cannot be located. 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 party's completion, signature or date. If it is reasonable that the billing report form is complete and accurate and the person who need to sign or date the Child Care Billing Report form 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, sign, or date, 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.~~

Payment Issuance 400-28-135

24. The following sections were repealed to incorporate IM 5281:

- 400-28-135-10-05 – Child Care Billing Report Form and Certificate Match.
- 400-28-135-10-10 – Child Care Billing Report Form and Certificate Does Not Match.

25. 400-28-130-10 – Computing the Bill. Policy was changed to incorporate IM 5281.

Computing the Bill 400-28-135-10

Child Care costs must be submitted on the SFN 616, Child Care Request for Payment for the actual calendar month the child care costs were incurred. When a child care billing report form is received, the billing report form must be reviewed to make sure it is complete (signed, dated and completely filled out). If the billing report form is not complete, the billing report form should it must be returned to the caretaker or provider for completion.

~~Child Care costs must be submitted on the SFN 616, Child Care Billing Report Form for the actual calendar month the child care costs were incurred. From the total monthly hours listed on the Child Care Billing Form, the average weekly hours must be determined.~~

Allowable hours are based on the determined level of care. Refer to 'Allowable Child Care Hours and Level of Care 400-28-80' to determine allowable hours.

Computing the Bill from SFN 616 Child Care Request for Payment:

1. Use the amount reported in column 2. Total hours provided when the child was present.
2. Add up to 16 additional hours from column 3. Hours billed when child was absent from care.

Note: More than 16 hours of absent care can be paid in certain situations. Refer to 'Absent Days 400-28-80-25'.

3. Use the amount reported in column 4. Total weeks of child care provided. The number of allowable hours determined in 1 and 2 above are then divided by the number of weeks to arrive at the average weekly hours for the month. This total is used to determine payment based on DN 241 Sliding Fee Scale.

Note: A week is defined as Sunday through Saturday, and the maximum number of weeks that can be used to determine the average weekly hours is 4. If a child needs care for 1 day in a week, the week counts as 1 towards the 4 week maximum provided the day of care is in the calendar month that is being billed. If the child does not need care for at least 1 day in a week, the week is not counted.

4. Use the amount reported in column 5. Amount Billed. The actual amount reported on the billing form must be entered into the system.

The system will use the determined level of care to issue the correct payment amount. Co-payment amounts are then subtracted from the determined payment amount. Actual information reported on the billing report-form must be entered into the system for tracking purposes.

If the provider charges total hours that are over the determined level of care, CCAP will continue to pay up to the state maximum rate based on the determined level of care. It is the responsibility of the household to report when there is an increased need in child care hours.

Example:

A household was approved at part time level of care for the certificate period. For the service month of May, the provider reported that the child was in their care for 110 hours over 4 weeks, which averages to 27.5 hours a week, or full time level of care for the month of May. Payment is issued based on the part time state maximum rate. The certificate remains at part time level of care, unless the household reports and verifies and increased need in child care.

If the provider charges for hours that are less than the determined level of care, CCAP will pay based on the actual hours reported on the child care billing report. This may result in a payment that is less than state maximum rate. The level of care is never decreased during the certificate period. See policy at Determining the Level of Care 400-28-80-50.

Example:

A household was approved at full time level of care for the certificate period. For the service month of May, the provider reported the child was in their care for 80 hours over 4 weeks, which averages to 20 hours a week, or part time level of care for the month of May. Payment is issued based on the part time maximum state rate. The certificate remains at full time level of care.

Child care can continue to be paid for a caretaker who has a break in their allowable activity schedule (holiday breaks, vacation time, etc.) if the provider charges for the time during the break.

~~Allowable hours must be determined. Allowable hours are actual hours the child(ren) needs child care while the caretaker(s) is participating in their allowable activity. When a child is school age, allowable hours must be determined based on the school age child's schedule and the caretaker(s) allowable activity schedule. Allowable hours are the period of time the child is at the child care provider's to allow the caretaker(s) the time it takes for the caretaker(s) to travel from the child care provider's to their place of activity, participate in their activity (which includes any unpaid for lunch or break time which is part of their activity) and when completed with their activity, travel back to the provider's.~~

~~**Note:** In households with two caretakers; child care cannot be paid when one caretaker is available to care for the child(ren) while the other caretaker is participating in their allowable activity.~~

~~When a caretaker uses multiple providers, the time that it takes the caretaker to get from the first provider's to the second provider's is allowable time for the first child and the time it takes the caretaker to get from the second provider's back to the first provider's is allowable time for the first child.~~

~~When a caretaker who is available to provide care returns to the home during the month, child care during the month of return can only be paid to the date the caretaker entered the home.~~

~~-~~

~~When a caretaker who is available to provide care leaves the home during the month, child care during the month the caretaker left can be only be paid from the date the caretaker left the home.~~

~~A child whom enters the home during a month who needs and is eligible for the Child Care Assistance Program (CCAP) will have their child care costs paid from the date they entered the home.~~

~~A child whom left the home during a month who needs and is eligible for CCAP, will have their child care costs paid to the date they left the home. If a provider charges for the period of time that a college student (caretaker) is on break of less than a full calendar month between college terms, the caretaker may have their child care paid at the same level of care during the semester break regardless if the child is in attendance or is not in attendance at child care.~~

~~-~~

~~If the provider lists hours and the family does not list hours for a specific day, no hours are used as the family is indicating they were not in their allowable activity.~~

~~If the provider lists no hours and the parent lists hours for a specific day, no hours are used as the provider is indicating they did not provide care.~~

~~The lower of the provider or parent hours is used after the form has been reviewed for accuracy.~~

~~Once the allowable hours have been established, the average weekly hours must be determined. To determine the average weekly hours, the number of weeks child care is needed must be determined. A week is defined as Sunday through Saturday, and the maximum number of weeks that can be used to determine the average weekly hours is 4. If a child needs care for 1 day in a week, the week counts as 1 towards the 4 week maximum provided the day of care is in the calendar month that is being billed. If the child does not need care for at least 1 day in a week, the week is not counted.~~

Example #1:

A child incurred child care costs while mom is employed as indicated in the calendar below. Since the child incurred costs at least 1 day of each week in August, the child is considered in care for 5 weeks. However, the maximum weeks within a calendar month that can be allowed is 4.

August			1 6 hrs	2	3	4
5	6	7	8 6 hrs	9	10	11
12	13	14	15 6 hrs	16	17	18
19	20	21	22 6 hrs	23	24	25
26	27	28	29 6 hrs	30	31	

Total child care hours incurred in the calendar month of August is 30 hours. To determine the average weekly hours, divide 30 hours (6 hours per day times 5 days) by 4 weeks, which equals 7.5 average weekly hours.

Example #2:

A child incurred child care costs while mom is job searching, as indicated in the calendar below. Since the child incurred costs at least 1 day in 2 of the weeks in August, the child is considered in care for 2 weeks.

August			1	2 8 hrs	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18

19	20	21	22	23 12 hrs	24	25
26	27	28	29	30	31	

Total child care hours incurred in the calendar month of August is 20 hours. To determine the average weekly hours, divide 20 hours (8 hours from the 2nd and 12 hours from the 23rd) by 2 weeks, which equals 10 average weekly hours.

Example #3:

A child incurred child care costs with 2 different provides in a calendar month, while mom was employed, as indicated in the calendars below. The average weekly hours must be determined for each Provider.

Provider #1

Since the child incurred costs at Provider #1 at least 1 day of each week in August, the child is considered in care for 5 weeks. However, the maximum weeks within a calendar month that can be allowed is 4.

August			1	2 8 hrs	3	4
5	6	7 8 hrs	8 8 hrs	9 8 hrs	10	11
12	13	14 8 hrs	15 8 hrs	16 8 hrs	17	18
19	20	21 8 hrs	22 8 hrs	23 8 hrs	24	25
26	27	28	29	30	31	

		8 hrs	8 hrs	8 hrs		
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Total child care hours incurred in the calendar month of August for Provider #1 is 104 hours. To determine the average weekly hours, divide 104 hours (8 hours times 13 days) by 4 weeks, which equals 26 average weekly hours.

Provider #2

Since the child incurred costs at Provider #2 at least 1 day in 3 weeks in August, the child is considered in care for 3 weeks.

August			1	2	3 8 hrs	4
5	6 8 hrs	7	8	9	10 8 hrs	11
12	13 8 hrs	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Total child care hours incurred in the calendar month of August for Provider #2 is 32 hours. To determine the average weekly hours, divide 32 hours (8 hours times 4 days) by 3 weeks, which equals 10.66 average weekly hours.

If the average weekly hours of child care provided on the billing form are not within a reasonable amount of the caretaker's average weekly activity hours that were determined at the time the certificate was

issued, the eligibility worker ~~must~~ may contact the caretaker to resolve the difference. This applies even if the State Rate is the same regardless of the difference in hours.

The family is responsible for the costs of child care to the provider that exceeds the Level of Care determination on the certificate for the payment month.

Intentional Program Violation (IPV) 400-28-162

26. 400-28-162-30 – Court Conviction. Due to Administrative Rule changes, CCAP IPV time frames are being changed to 12 months for the 1st offense, 24 months for the second offense and permanently for the third offense.

Court Conviction 400-28-162-30

Counties may refer individuals suspected of committing an Intentional Program Violation (IPV) to their states attorney for prosecution. The county must confer with its legal representative to determine the types of cases that will be accepted for possible prosecution.

Suspected fraud violations occurring on Indian reservations should be referred to the state's attorney. If the state's attorney's office does not have jurisdiction over the matter, the case will be referred to the U.S. Attorney's office that has jurisdiction on that reservation. If the state's attorney does not refer the matter to the U.S. Attorney's office, the county social service office should do so.

The county must not initiate an IPV against an individual for the same or related circumstances that have already been referred for prosecution.

If an individual is convicted through this procedure the county will receive a judgment.

If the judgment includes a disqualification period, impose the disqualification following the CCAP disqualification timeframes.

Example:

If a court conviction is received with a disqualification period included, the disqualification period imposed is:

- ~~6~~ **12** months if it is a first disqualification;
- ~~12~~ **24** months if it is a second disqualification; and
- Permanently if it is a third disqualification.

Example:

If a court conviction is received and does not include a disqualification period, the disqualification period imposed is:

- ~~6~~ **12** months if it is a first disqualification;
- ~~12~~ **24** months if it is a second disqualification; and
- Permanently if it is a third disqualification.
- If the judgment does not include a disqualification period, the county must forward the following information to the Appeals Supervisor to process the judgment under the IPV provisions:
 - Criminal Complaint;
 - Judgment or Order; and
 - A cover letter detailing the violation including the name, address, case number, client ID, and any prior disqualifications.

The Appeals Supervisor must then process the Findings and Order for the disqualification which is sent to the Executive Director for signature. Upon receipt of the signed Findings and Order, the county must impose the specific program disqualification time periods.

27. 400-28-162-35 – Disqualification Time Frames. Due to Administrative Rule changes, CCAP IPV time frames are being changed to 12 months

for the 1st offense, 24 months for the second offense and permanently for the third offense.

Disqualification Time Frames 400-28-162-35

Individuals who have committed an Intentional Program Violation (IPV) will be disqualified from receiving benefits for the following time periods:

- ~~6~~ 12 months for the 1st offense
- ~~12~~ 24 months for the 2nd offense
- Permanently for the 3rd or subsequent offense

Appendix 400-28-165

28. 400-28-165-45 – SFN 616 Child Care Billing Report. Policy was changed to incorporate IM 5281.

SFN 616, Child Care Billing Report ~~Request for Payment~~ 400-28-165-45

SFN 616, Child Care Billing Report ~~Request for Payment~~ Request for Payment is completed by the child care provider identifying the monthly charges and hours for the child(ren) while in their care and by the family identifying the hours the caretaker(s) was participating in their allowable activity while the child was in the provider's care. Once completed, the provider and caretaker must sign and date the form prior to submission

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

29. 400-28-165-55 – SFN 841 Child Care Assistance Program Review. Policy was updated to remove '6 month' when referring to reviews.

SFN 841, Child Care Assistance Program Review 400-28-165-55

SFN 841, Child Care Assistance Program Review is used by caretakers to complete their ~~6-month~~ review.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

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