

Service Chapter: Child Care Assistance Program 400-28

Effective Date: April 1, 2024

Overview

Effective with April applications/reviews, eligibility will now be determined for 18 months. This will be for all applications received on or after April 1st and reviews received in March for April.

Description of Changes

1. Application Processing Timeline Standards 400-28-20-15 - Change

Applications can no longer be denied prior to the 30th day for failure to provide requested verifications.

2. Establishing Need 400-28-20-35 - Change

Eligibility will now be determined for 18 months. At the time a new child is added to the case, the eligibility will be extended for the entire case for an additional 18 months so the new child will also get 18 months of eligibility.

3. Timeliness Standards for Processing Reviews 400-28-25-05 - Change

Updated from 12 months to 18 months.

4. Certificates 400-28-120-10 - Change

Updated from 12 months to 18 months.

Policy Section Updates

1. Application Processing Timeliness Standards 400-28-20-15

A decision to either approve or deny an application must be made no later than 30 days following the day the signed and dated application is received in the Human Service Zone (HSZ) office. The first calendar day following receipt of the signed application is day 1 of the 30 day processing timeframe.

Additional time may be allowed due to an extenuating circumstance. An extenuating circumstance may be determined by the eligibility worker, but reason for the extenuating circumstance must be documented in the system case narrative. If it has been determined that an extenuating circumstance exists, 15 extra days are allowed to process the application. Action must be taken no later than 45 days following the date of 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.

~~An application can be denied prior to the 30th day when the household fails to provide required verification(s) within 10 days of the date of the request for verifications.~~

~~Before denying prior to the 30th day, a 'Request for Verification' notice must be sent when any information required to determine eligibility is not received with the application. The applicant has~~ **must have a minimum of** 10 days from the mail date of the Request for Verification notice to provide the required information and verifications. The 'Request for Verification' notice must include:

- The information and verifications that are needed including the months for which information is needed.
- The time frame for submitting the information and verifications ~~(10 days from the mail date of notice).~~
- Information regarding application denial if the information and verifications are not provided. ~~within 10 days~~

Information and verifications received after business hours, on weekends or holidays are considered received on the next business day and are considered to be timely.

Example:

An application is received on October 11. A Request for Verification is sent on October 20 informing the household they have until October 30 to provide the verifications. The notice will continue to display a minimum of 10-days, however if the verifications are not received the application cannot be denied until the 30th day. The 30-day count starts October 12.

If verifications have been requested and received and it is determined the applicant is not eligible; the application can be denied at any time prior to the 30th day.

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 system case narrative.
- If the application has been approved, CCAP can be closed for loss of contact and documented in the system case narrative.

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 is not eligible for child care for the prior month but 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 is eligible for the prior month but not for the month of application, the prior month is approved effective the first day of that month and CCAP is closed as of the last day of the month. The same application would be processed for the application month and denied.

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.

Application for Other Programs at time of CCAP Application

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. 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. In both situations, Co-pay or Waived Co-pay, CCAP 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 CCAP has been determined to be Co-pay for May.~~

~~The prior month of May is processed applying a co-pay. The CCAP must then be closed the end of May. The CCAP application for June is pended until TANF eligibility is determined.~~

2. Establishing Need 400-28-20-35

For a new application or review, in order for a child to be eligible, the child must have a child care need for the application or review month or the month following the application or review month. A child is considered to have a need when 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 includes hours needed for days off from school, weekends, after school, etc.). At application or review, if a child does not have a child care need for the application or review month or the month following the application or review month, the child is not considered eligible. If there is only one child in the household and that child does not have a child care need, then the application or review is denied.

At time of application, if need has been determined for a child for the prior month only, the child can be eligible for the prior month, but would not be eligible for the 12 ~~18~~-month eligibility period.

If assistance 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 determined eligible, the child will remain eligible as long as all other eligibility criteria is met.

If a new child is added after being determined eligible, at any point in the previously determined eligibility period, a new 18-month eligibility period will begin for the entire household beginning the month the new child was added.

Example 1:

Application submitted April 15th for a two-parent household with 1 child. Household is determined eligible for an 18-month eligibility period. Household reports a new child November 23rd. The new child is determined eligible, and the 18-month eligibility starts over effective November 1.

Example 2:

Application submitted April 15th for a one parent household with 2 children, however only one child is requesting assistance. Household is determined eligible for an 18-month eligibility period. In June, the household reports the second child needs child care. The new child is determined eligible, and the 18-month eligibility starts over effective June 1.

3. Timeliness Standards for Processing Reviews 400-28-25-05

A review must be completed every ~~12~~ 18 months. The 12~~8~~ month review is due in the last month of the eligibility period. A review can be submitted to the Human Service Zone (HSZ) office in person, by mail, by fax or electronically.

A review form is automatically sent to the household on the 5th to last working day in the month prior to the last month of eligibility. The caretaker must submit the completed and signed review form, either electronically or hard copy by the last day of the month in which the review is due, in order for eligibility to be continued.

The review notice informs the household of when the review is due and of case closure if no review is received.

The review is considered received as of the date a signed review is received in the HSZ office. The HSZ 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, the unsigned review must be returned to the caretaker for signature. The HSZ 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 CCAP must be made no later than 30 days following the day the signed and dated review is received in the HSZ office. 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 request for verification notice. Unless extenuating circumstances exist, all verifications must be received and CCAP 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 system case narrative.

If CCAP is closed because a review has not been submitted and completed by the end of the month the review was due, CCAP 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 request for verification notice must be sent. This notice must advise:

- The required verifications and information needed allowing the caretaker a **minimum of** 10 days to provide the information

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

- If all the required verifications **are** provided by May 3 and the household remains eligible, a new eligibility period is authorized.
- If all the required verifications **are not** provided by May 3 or all required verifications are provided and the household **does not** remain eligible, CCAP will be closed as of April 30 and the review must be denied.

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

When a household is sent a request for verification 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 office by close of business the first business day following the weekend or holiday.

When a household is sent a request for verification 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 household does provide the required information, CCAP must be processed to determine eligibility. If eligible, a new eligibility period will be determined and a notice of eligibility for the approval will be sent. If the household is ineligible, the case must be closed as of the last day of the month in which the review was due and the review must be denied.

- If the household **does not provide** the required information within the 10 days, CCAP remains closed and a new application is needed.

Example: A completed and signed review form is received on July 3 at the HSZ office. Additional verifications are required. A request for verification notice is sent on July 6 asking for the requested verifications, allowing the caretaker 10 days to provide the requested information, and advising CCAP 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 request for verification notice is again sent to the caretaker requesting additional information, allowing the caretaker 10 days (August 7) to provide the requested information advising CCAP will close July 31 if the verification are not provided.

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, mail the review form to the new address.

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

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

4. Certificates 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 can be issued for a maximum of an 42 18 month period, based on the households eligibility period, and can be issued at any point in the eligibility period. The certificate is created when the authorization between the provider and child begin.

A certificate is issued by the Department of Health and 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 period covered by the certificate
- The right to appeal

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.

