

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 400-28, Child Care Assistance Program. This manual letter also incorporates changes made with:

Par. 2. **Effective Date** – Changes included in the manual letter are effective October 1, 2022, unless otherwise indicated.

The following sections have been repealed:

- 400-28-80-25 Absent Days
- 400-28-100-40 State Maximum Monthly Share
- 400-28-100-15 Child Care Assistance Program (CCAP) Payment
- 400-28-100-20 Family Share
- 400-28-135-10 Computing the Bill
- 400-28-135-30 Returned Checks
- 400-28-165-45 SFN 616, Child Care Request for Payment
- 400-28-165-65 SFN 848, Provider Request to Pay Parent Directly

1. 400-28-20-10 Date of Application and Benefit Start Date. The reference to SFN 616 is being removed from this section.

Date of Application and Benefit Start Date 400-28-20-10

Households can apply for the Child Care Assistance Program in person, by mail, fax or electronically using one of the following:

- SFN 405 Application for Assistance
- SPACES self-service portal (SSP)

~~An SFN 616 Child Care Request for Payment form or provider payment request from the SSP is not required at time of application.~~

Applications may be received, filed and maintained at any county office within the state, based on what is most convenient for the applicant or recipient.

CCAP does not require an interview ~~in order~~ to determine eligibility. Households are not required to identify a provider at the time of application.

Date of Application and Benefit Start Date

The date of the application is the date the signed application is received in the county office.

The county office must document on the application the date the application was received in the county office.

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

The application is considered signed as long as the signature is found anywhere on the application, other than in answer to a question.

If an unsigned application is received, the unsigned application must be returned to the applicant for signature. The county must document the date the signed application is received in the office. This date will become the application date.

Benefits will begin on the first day of the month in which the **signed** application is considered received in the county office.

Prior Month

Applicants may request assistance for the month prior to the application month (prior month). Households may request the prior month up to the last day of the month following the month of application. Requests for prior months made after the time of application must be submitted in writing to the county office.

Example:

A household applies for CCAP on April 3rd and is approved on April 15th. The household's benefit start date is April 1st. The household has until May 31st to request the prior month.

If eligible, the system will determine eligibility and make payment for the prior month based on actuals.

If eligibility already exists for the requested prior month, a new eligibility determination is not made and payment for that month is based on the previous determination.

2. 400-28-80-25 Absent Days. This section is being repealed as CCAP will now pay based on enrollment and not attendance.

~~Absent Days 400-28-80-25~~

~~Up to 40 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 total number of hours that the child was absent must be listed on the Child Care Request for Payment form.~~

~~More than 40 hours per month can be allowed in situations that result in closures or absences due to inclement weather, state and national emergencies, or other emergencies as determined by the department. The department will provide case processing guidance in these situations.~~

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~~The reason for allowing payment for additional absent days must be documented in the system case narrative.~~

3. 400-28-100 This book and section have been renamed to include the information about payments and family share previously in their own section.

~~State Rates, Payment, and Family Share~~ CCAP Payments 400-28-100

State Rates, Payment, and Family Share 400-28-100-05

State Rate is the maximum amount the state allows per child based on the Child Care Sliding Fee Schedule.

The State Rate is determined using the Child Care Sliding Fee Schedule and is based on:

- The age of the child
- The type of provider
- The Level of Care

The State Maximum Monthly Share is the maximum amount the state will pay for child care costs of a child eligible for the Child Care Assistance Program (CCAP) in a specific month. The State Maximum Monthly Share is the State Rate or the actual billed amount less the Family Monthly Co-pay, if Co-pay applies.

The caretaker is responsible to pay their Family Monthly Co-pay (if the caretaker is subject to Co-pay). In addition, the caretaker is responsible to pay any amount that exceeds the State Maximum Monthly Share as well as any other costs deemed as non-allowable under the Child Care Assistance Program.

4. 400-28-100-10 State Maximum Monthly Share. This section is being repealed as all policy has been incorporated with 400-28-100-05.

~~State Maximum Monthly Share 400-28-100-10~~

~~The State Maximum Monthly Share is the maximum amount the state will pay for child care costs of a child eligible for the Child Care Assistance Program (CCAP) in a specific month. The State Maximum Monthly Share is the State Rate less the Family Monthly Co-pay, if Co-pay applies.~~

5. 400-28-100-15 Child Care Assistance Program (CCAP) Payment. This section is being repealed as similar policy is found in 400-28-100-05.

~~Child Care Assistance Program (CCAP) Payment 400-28-100-15~~

~~The amount paid by the Child Care Assistance Program is the **lesser** of the State Rate or the actual amount billed for that month minus the [Family Monthly Co-pay](#).~~

6. 400-28-100-20 Family Share. This section is being repealed as all policy has been incorporated with 400-28-100-05.

~~Family Share 400-28-100-20~~

~~The [caretaker](#) is responsible to pay their [Family Monthly Co-pay](#) (if the caretaker is subject to [Co-pay](#)). In addition, the caretaker is responsible to pay any amount that exceeds the [State Maximum Monthly Share](#) as well as any other costs deemed as non allowable under the Child Care Assistance Program.~~

7. 400-28-95 Child Care Sliding Fee Schedule. There are no changes to the policy in this section, it is being moved under the CCAP Payments book as 400-28-100-07.

Child Care Sliding Fee Schedule 400-28-95 400-28-100-07

The DN 241 Child Care Sliding Fee Schedule was developed to determine cost sharing by a family and Child Care Assistance Program based

on income, size of the family, the age of the child, type of provider and Level of Care.

The Child Care Sliding Fee Schedule includes the Level of Care (categories) based on the number of hours needed for care of the child. Child care hours used will fall into one of two Levels of Care (categories) for each child. Each Level of Care (category) has a maximum allowable weekly and monthly cap by provider type and age of child.

8. 400-28-135-05 Basis for Allowable Child Care Rate of Payments. There are no changes to the policy in this section, it is being moved under the CCAP Payments book as 400-28-100-30.

Basis for Allowable Child Care Rate of Payments 400-28-100-30 ~~135-05~~

The allowable amount of child care is based on:

- Type of provider
- Household income
- Household size
- Level of Care
- Child's Age
 - Infant care - birth through the month they turn 18 months
 - Toddler – 18 months to 2 years through the month of their third birthday
 - Preschool – 3 to 5 years through the month of their sixth birthday
 - School Age - 6 to 13 years through the month of their thirteenth birthday
 - Youth ages 13 – 19 years of age who are special needs children or courted order child care
- A child who meets the definition of disability and who is attending a Quality Rating Improvement System (QRIS) provider will be eligible to receive an additional 10% of the state max rate.

- Written verification is required and should state the nature of the special needs and if for a child age thirteen (13) under age
 1. A qualified health professional, a physician, physician's assistant, advanced registered nurse practitioner, qualified mental health professional as defined by KRS 600.020 (48) or registered nurse defined by KRS 314.011(5).
 2. A court order or similar documentation indicating the child is under court supervision.
 3. An Individual Education Program (IEP) provided by the school.

NOTE: A child that is receiving SSI would still need the written verification explained above

- Verification is not mandatory and is only required to receive the additional 10% of the state max rate

9. 400-28-135-05 Basis for Allowable Child Care Rate of Payments. This section is being updated to the new payment policies and provider responsibilities within the Provider SSP. This section is also being moved under the CCAP Payments book as 400-28-100-35. **This is a change in policy.**

Payment to the Provider ~~400-28-135-15~~ 100-35

Unless the provider requests the payment to be issued to the family, all Child Care Assistance Program payments ~~are to~~ **will** be issued to the provider.

~~If the provider chooses to have the payment go to the caretaker, the provider must complete in its entirety, sign and date a SFN 848, Provider's Request to Pay Parent Directly form. The form must be submitted to the county social service office and must be filed in the caretaker's file. The provider must still complete a 'W-9, Request for Taxpayer Identification Number and Certification'.~~

~~The SFN 848 remains in effect until a written statement revoking the SFN 848 is received from the provider or when a caretaker's case closes. If the~~

~~caretaker reapplies and is eligible using the same provider as before, a new SFN 848 is required from the provider even if a previous SFN 848 is on file for that provider.~~

If the provider chooses to have the payment go to the caretaker, the provider must select this option in the Provider Self-Service Portal (SSP) and it will be applied to all CCAP payments until unselected.

~~Payments are processed daily with the exception of the end of the State Fiscal Year. At the end of the State Fiscal Year, there is usually a 3 day period when payments are not processed.~~

Payments are determined prospectively and can be made available by the first working day of the month. Providers are required to certify in the Provider SSP that the child(ren) are still enrolled in their care before payment will be issued. Providers must enter an amount charged in the SSP before payment can be issued.

Payments are issued through deposit, or by check in specific cases. Direct deposit information must be entered into the Provider SSP by the provider before a payment can be issued to the provider.

Note: Checks are mailed two working days after the process date. With exception of weekends and holidays, normal delivery **should** be within five business days after the processing date.

The following will receive payment by check:

- Payments made to the family. ~~instead of provider. The eligibility worker selects this option when entering payments into the Child Care Assistance Program payment system.~~
- Garnishment of child care payments due to child support obligation of a provider. Child care payments to individuals with a child support obligation are intercepted by Fiscal Administration, Department of Human Services. Fiscal Administration deducts the required amount

and issues the remaining amount to the child care provider. Because of this process, these payments will continue to be issued by check.

- **Providers that request an exemption from direct deposit and are approved by the CCAP state office.**

Payments are processed daily with the exception of the end of the State Fiscal Year. At the end of the State Fiscal Year, there is usually a 3 day period when payments are not processed.

10. 400-28-135-20 Payments of Less Than \$10. There are no changes to the policy in this section, it is being moved under the CCAP Payments book as 400-28-100-40.

Payments of Less Than \$10 400-28-~~100-40~~135-20

In order for the [Co-pay](#) to be applied correctly in the CCAP payment system, all payments must be processed even if the amount of the payment is less than \$10.00. This applies to all cases including cases that are [Waived Co-pay](#).

Example: A billed amount is \$33.00, the [Family Monthly Co-pay](#) is \$25.00, the payment must be processed and issued in order for the co-pay to be applied correctly. \$25.00 will be applied to Co-pay and an \$8.00 payment will be made by the Child Care Assistance Program.

11. 400-28-135-25 Lost Checks. This section is being renamed and moved under the CCAP Payments book as 400-28-100-45. The section of 400-28-135 -30 Returned Checks is being combined with this section.

Lost and Returned Checks 400-28-~~100-45~~135-25

If a provider/[caretaker](#) reports that a check has not been received, the eligibility worker should verify when the payment was processed.

If it has been over seven working days since the check has been processed, contact the State Child Care Assistance office with the following information: Case number and name of caretaker; **provider license number or SPACES ID** ~~Social Security number/Employer Identification Number (EIN) and name of provider~~; the processed date, and the amount of the payment.

If the stop payment process is necessary, it will be initiated by the State Child Care Assistance office. If the stop payment process has been started, and the client/provider finds the lost check, the check cannot be cashed.

If a check has been issued in error to a provider, the check should be returned to the State Child Care Assistance office indicating why it should be cancelled.

The check will be adjusted in the Child Care Assistance Program payment system, the check will be canceled and the file for the 1099 will be adjusted.

NOTE: A payment can be issued to the correct provider as soon as it is discovered that an error was made.

If the provider issues a check from their account, the form [SFN 827, "Credit Form"](#), should be completed and sent with the check to the State Finance office. The SFN 827, "Credit Form", is available on eforms.

The provider's personal check and SFN 827, "Credit Form", should be sent to:

Department of Human Services/Fiscal Administration
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250

12. 400-28-135-30 Returned Checks. There are no changes to the policy in this section, it is being moved under the CCAP Payments book as 400-28-100-45.

~~Returned Checks 400-28-135-30 (Moved to 400-28-100-45)~~

~~If a check has been issued in error to a provider, the check should be returned to the State Child Care Assistance office indicating why it should be cancelled.~~

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~~The check will be adjusted in the Child Care Assistance Program payment system, the check will be canceled and the file for the 1099 will be adjusted.~~

~~**NOTE:** A payment can be issued to the correct provider as soon as it is discovered that an error was made.~~

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~~If the provider issues a check from their account, the form SFN 827, "Credit Form", should be completed and sent with the check to the State Finance office. The SFN 827, "Credit Form", is available on eforms.~~

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~~The provider's personal check and SFN 827, "Credit Form", should be sent to:~~

~~Department of Human Services/Fiscal Administration
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250~~

13. 400-28-105-05 Overview. This section has been updated to include new provider SSP requirements.

Provider Requirements and Information 400-28-105

Overview 400-28-105-05

The following items must be met in order to be an eligible child care provider for CCAP:

- Be 18 years of age or older.
- Be licensed, ~~Air force Base~~ **Military** Licensed, self-declaration, approved relative or tribal registered.
- **Complete the provider agreement within the Provider SSP.**
- ~~Out of state (border state) and tribal providers must sign and submit an SFN 617 Out of State/Tribal Child Care Assistance Provider Agreement.~~
- Out of state (border state), **Tribal and Military** providers must submit a current copy of their license.
- Complete a W-9.
- ~~Be enrolled in the Child Care Assistance Program Provider System at the time a certificate is issued or updated and at the time payment is made.~~

A self-declared provider may be approved to provide care at an address other than their own residence. If the address at which the self-declared provider is approved to provide care is the same address as the child's residence, payment can be made if the child meets the definitions per policy as 'In Home Care Due to Illness/Disability 400-28-35-30'.

Federal law dictates that a provider must allow the caretaker unlimited access to their child(ren) while the child is in the provider's care.

Child care providers may not discriminate against children based on race, national origin, ethnicity, sex, religion or disability.

14. 400-28-105-25 Qualified Providers for Certificate and Payment. This section has been updated to include new Provider SSP requirements.

Qualified Providers for Certificate and Payment 400-28-105-25

The household's provider must be licensed (including military, tribal and out-of-state), self-declaration, or an approved relative provider. The license must be current, and have an expiration date later than the date of CCAP application.

If a provider is dual licensed, through the state and the tribe, payment will be issued based on the state license.

CCAP will make payment back to the first of the month in which the provider's license is effective.

Provider's may appeal a license denial. Payment for CCAP cannot be made during the appeal process as the provider is not licensed. If the provider wins the appeal, CCAP will make payment back to the effective date of the provider license.

If a CCAP applicant requests child care for a prior month and the provider was not licensed in that prior month, payment cannot be made to that provider for that month.

Ongoing

In an ongoing case where there is more than one provider and one of the provider(s) is no longer licensed the provider must be removed from the certificate effective the month following the month of expiration.

If the provider license expires during the eligibility period, payment can only be up to the expiration date. Any care provided following expiration date **cannot** be paid. **Providers are expected to enter billed amounts in the Provider SSP to include only days in which they are licensed.**

Verification of attendance can be requested for any service month when payment is requested, and a provider's license expires.

If the provider is reinstated during the month of expiration, payment can be made for the entire month.

If a child care provider's license is suspended during the certificate period, CCAP will not make payment effective the date of suspension.

If a provider is issued an 'Intent to Revoke', CCAP can continue to make payment until the revocation is final.

NOTE: Providers may appeal a revocation or suspension. When a provider files an appeal, CCAP can continue to pay the provider during the course of the appeal.

15. 400-28-105-50 W-9 Request for Taxpayer Identification Number and Certification.

W-9 Request for Taxpayer Identification Number and Certification 400-28-105-50

A "W-9," Request for Taxpayer Identification Number and Certification" is required from a provider upon initial acceptance of a CCAP household. CCAP will not make payment to providers before a W-9 is on file. ~~W-9s must be submitted at each license renewal.~~ A new W-9 is required before license renewal when the following occurs:

- Change in either Social Security Number (SSN) or Employee Identification Number (EIN) when either is being used as the Taxpayer Identification (TIN)
- Change in name **or address associated to EIN or SSN**
- Change in provider type (family to group, group to center, et cetera)
- Change in address
- ~~Change in either Social Security Number (SSN) or Employee Identification Number (EIN) when either is being used as the Taxpayer Identification (TIN)~~

The W-9's should need to be uploaded completed **through the provider self-service portal.** and ~~mailed to:~~

~~Child Care Assistance Program~~

~~ND Department of Human Services—Dept. 325~~

~~600 E Boulevard Ave~~

~~Bismarck, ND 58505-0250~~

~~A W-9 can also be emailed to dhseap@nd.gov or submitted electronically through the provider's self-service portal.~~

16. 400-28-115-10 Caretaker and Provider Contract for Services.
Clarification has been added to details about provider contracts.

Caretaker and Provider Contract for Services 400-28-115-10

When a caretaker chooses a child care provider, there is generally a contract outlining what is expected of the family for situations of absences, holidays, vacations, and termination of services.

A contract detailing the conditions related to payment for unscheduled absences, holidays and vacations, as well as termination of services is often entered into between a caretaker and the child care provider chosen. The Child Care Assistance Program (CCAP) is neither a party of nor subject to any contract or any terms therein included.

NOTE: This contract can also include having the family pay up-front costs. CCAP is not a subject to how these agreements are handled.

~~CCAP will not be paid while the provider is absent for any reason (e.g. medical, holiday, vacation, etc.), unless determined allowable the state office or unless absence is due to an emergency as determined in 400-28-80-25.~~

Providers must **NOT** charge CCAP caretakers more than they are charging their lowest charged private pay families.

17. 400-28-130-05 Child Care Request for Payment. This section has been updated to the new payment process. **This is a change in policy.**

Verification of Child Care Costs 400-28-130

Child Care Request for Payment 400-28-130-05

Child care costs are paid based on enrollment of the child. Enrollment amounts for each child must be reported in the Provider SSP by the provider.

It is the responsibility of the provider to certify in the Provider SSP that the child that they are requesting payment for are still enrolled in their care every month. All children need to be certified by the 25th of the month prior to receive payment by the first of the following month.

The system will use the determined level of care and amounts charged by the provider to issue the correct payment amount. Co-payment amounts are then subtracted from the determined payment amount.

If the provider charges an amount that is over the state max rate for 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.

If the provider charges an amount less than the state max rate for the determined level of care, CCAP will pay based on the actual enrollment

cost entered into the SSP. This may result in a payment that is less than state maximum rate.

The provider must keep monthly attendance reports that must be submitted through the SSP. Attendance records must be submitted before the certification of the child in the following second month. Providers can submit their own attendance records or can complete a SFN 1220.

If attendance records are not being submitted, future payments will not be issued.

Example:

Provider certifies child is enrolled for the month of November. Provider has until end of January to submit an attendance record for the month of November. If provider has not submitted attendance records for November, the provider SSP will not allow certification for any future months beginning the month of February.

The family is responsible to report the use of new provider timely for the following months payment. When a household uses multiple providers or changes to a new provider in the current month, the household is responsible for making the appropriate payment arrangements with their providers. A household who changes providers after payment has been issued to a provider for a service month, may not be eligible for an additional payment for that service month.

Only one full-time payment will be issued per child, per month. If a household changes providers after payment has been issued to a provider for a service month, and the child attends a minimum of 8 hours, the additional provider reported will only receive up to a part-time payment.

If a household changes providers after payment has been issued to a provider for a service month, and the child does not attend a minimum of 8 hours, the additional provider reported will only receive up to a part-time payment, and the first provider will be responsible to return the payment. In these cases, another full-time payment will not be issued.

NOTE: For households who have two associated providers, if a change in providers is reported for a service month in which payments have already been issued, the newly reported provider will not be eligible for a payment until the following month, even if the child did not attend a minimum of 8 hours. Overpayments may be established when appropriate.

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.

~~Child care costs incurred for a calendar month must be verified by using and completing the SFN 616, Child Care Request for Payment form, or through the submission of provider payment request through the Self Service Portal (SSP). It is the responsibility of the child care provider to complete the Child Care Request for Payment form, or submit the provider payment request through the SSP each month.~~

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~~Both the caretaker and the provider are required to sign and date the SFN 616, Child Care Request for Payment form AFTER the form has been completed.~~

~~When submitting a payment request through the SSP, it is not necessary to also obtain a signed SFN 616.~~

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

~~If the form is not complete, the form should be returned to the caretaker or provider for completion. Column 3 of the SFN 616 can be left blank and still be accepted as a completed form. When left blank, no additional absent hours are allowed.~~

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Completed forms ~~must~~ be processed with 21 days from the date the completed form is received in the county office.

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The county office must document on the form the date the form was received in the county office.

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

If a provider or a caretaker is not available or refuses to complete or date the Child Care Request for Payment 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 party may attest to the accuracy of the billing report form only if the individual who needs to complete the form cannot be located. All actions taken must be documented in the system case narrative.

18. 400-28-130-10 Time Frame for Submitting SFN 616 Child Care Request for Payment. This section has been re-named. This section has been updated to the new payment process. **This is a change in policy.**

Time Frame for Payment Certification Submitting SFN 616 'Child Care Request for Payment' Forms 400-28-130-10

Request for Payment forms must be submitted Children must be certified as enrolled in the providers care in the Provider SSP by 2 months following the month child care services were provided. All forms must be submitted by the close of the last business day of the month in which the form is due.

Example:

If child care is incurred for the service month of May, the last day the **child can be certified in the Provider SSP** ~~form can be submitted~~ is up to the close of the last business day in July, to be considered as received within the 2 month time frame.

Exception:

~~Payment Request forms~~ **Certification** for the month prior to application, when assistance is requested for the prior month, **must be submitted within 3 months from the month child care services were provided.**

Example:

Household applied on May 25th and requested assistance for the prior month of April. The household was approved June 20th including the prior month of April. The ~~payment request form~~ **certification** for the service month of April must be submitted no later than the last business day of July.

The Provider SSP will not allow certification beyond the 2 or 3 month time period.

Providers that have not completed their certification within the 2 or 3 month time period, but believe they are eligible for a payment will need to submit a written statement to the Child Care Assistance Policy (CCAP) office for review. The written statement should include their provider information, family information, amount billed, and why the certification was not completed timely.

~~If a form is received after the 2 or 3 month time period, the household must be notified in writing that payment cannot be made because the billing report form was received after the 2 or 3 month time limit.~~

19. 400-28-130-15-15 Registration Fee. This section has been updated to the new payment process for registration fees. **This is a change in policy.**

Registration Fee 400-28-130-15-15

CCAP may pay for registration fees charged by Center (C,E,K,M) or Group/Family (F, G, H) type providers.

A registration fee may also be referred to as an annual enrollment fee or a deposit. These fees may only be paid when the fee is required by a provider to enroll or continue enrollment of a child in the child care setting. Fees that are charged separately from the registration fee (transportation, meals, etc.) will not be paid.

Before a registration fee can be paid, the household or provider must request **payment through the Provider SSP**. ~~submit verification of the registration fee. The SFN 616 does not serve as verification of a registration fee.~~ Registration fees can be paid in the month that they are incurred, ~~once verified.~~

Registration fees must be submitted within 2 months following the month the fee was incurred. ~~All verifications must be submitted by the close of the last business day of the month in which the form is due.~~

Exception:

Registration fees incurred for the month prior to application, when assistance is requested for the prior month, must be **submitted requested** within 3 months from the month the fee was incurred.

Registration fees will be paid directly to the provider. Payment for the registration fee will be received by the provider in the form identified in 'Payment to the Provider 400-28-135-15.

Registration fees can be paid once per child in a household, per calendar year. The registration fee will be paid up to the maximum amount set by the state based on the DN 241 Child Care Sliding Fee Schedule. The fee

will only be applied to one provider, even if the provider's fee does not meet or exceed the maximum amount set by the state.

Example 1:

A child is attending a center type provider. The provider requires a registration fee to enroll the child for the month of June. The provider's fee is \$100. The maximum rate the state will pay is \$150. The \$100 will be issued. Three months later, the child attends a different provider who also charges a registration fee for September. The second fee cannot be paid as a registration fee was paid in June for the child.

Example 2:

A child is attending a center type provider. The provider requires a registration fee to enroll the child for the month of November. The provider's fee is \$100. The maximum rate the state will pay is \$150. The \$100 will be issued. Three months later, the child attends a different provider who also charges a registration fee for February. The second fee can be paid as the previous registration fee was paid in the prior calendar year.

Example 3:

A child is attending a center type provider. The provider requires a deposit to enroll the child for the month of January. The provider's fee is \$140. The maximum rate the state will pay is \$150. The \$140 will be issued. While this fee is not listed as a registration fee, the deposit can be paid as it is needed to enroll the child in the child care setting.

20. 400-28-135-10 Computing the Bill. This section is being repealed as it is no longer needed. The SFN 616 will no longer be used to request payment from CCAP.

~~Computing the Bill 400-28-135-10~~

~~Child Care costs must be submitted on the SFN 616, Child Care Request for Payment or through the submission of provider payment request through the Self Service Portal (SSP) for the actual calendar month the child care costs were incurred. Benefits are paid the month following the month the child care expenses were incurred. When a form is~~

received, the form must be reviewed to make sure it is complete (signed, dated and completely filled out). If the form is not complete, it must be returned to the caretaker or provider for completion.

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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.

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The system will determine when a child is disabled and eligible for an increased payment.

~~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 40 additional hours from column 3. Hours billed when child was absent from care.~~

~~Note:~~ ~~More than 40 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 an 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.~~

-

~~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 providers 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 8 hrs	29 8 hrs	30 8 hrs	31	-

-

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.

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

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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.

21. 400-28-150-10 Underpayments. This section has been updated to include new underpayment practices within the Provider SSP. **This is a change in policy.**

Underpayments 400-28-150-10

An underpayment is a correction to benefits paid to a provider or adult member of the Child Care Assistance unit who was originally paid less than they were entitled to receive. The eligibility worker must promptly take all reasonable and practical steps to establish all underpayments.

When it is determined that an underpayment exists **due to an eligibility correction**, each service month that is potentially incorrect must be reworked using the policies, procedures and information that should have been applied for those months.

All underpayments that are a result of a provider error must be reported to CCAP policy within thirty (30) calendar days from the date of payment, or they will not be reimbursed.

22. 400-28-150-15 Overpayments. This section has been updated to include new overpayment situations that could occur with the Provider SSP. **This is a change in policy.**

Overpayments 400-28-150-15

An overpayment is a correction to benefits paid to a provider or adult member of the Child Care Assistance unit who was originally paid more than they were entitled to receive.

Overpayments are only established for errors caused by the client or provider due to failure to notify the county of a mandatory reportable change, fraud or an Intentional Program Violation (IPV).

Overpayments will be established for a provider in the following situations, and as determined by Child Care Assistance Policy:

- When a provider certifies a child is in their care, but there are no attendance records to verify the child attended.
- When a provider certifies a child will be attending for the future month, however the child does not attend a minimum of 8 hours.
- A provider, who terminates services with the parent during the month, must reimburse the Department for the days care was not provided.
- The enrollment amount or amount charged changes after payment has been issued.

Overpayments are not established due to agency errors.

EXCEPTION:

Overpayments will be pursued when duplicate payments are issued, or the incorrect provider is paid.

Example 1: At the time of application, the eligibility worker fails to request verification of the household's income. The application is approved and payments are issued over the course of the eligibility period. It is later discovered that income verification was not requested or received. No overpayments are established as the agency failed to request verification of income.

Example 2: At the time of application, the household verified income eligibility below the income limit. During the eligibility period, the household had an increase in income that resulted in income over the maximum allowable income limit but the household failed to report this change. In this situation, overpayments will be established as the household failed to notify the county of the mandatory reportable change.

Example 3: At the time of application, the household was approved with mom and child. The father of the child moves into the home three months after the initial eligibility determination and is not engaged in an allowable activity. The household does not report the addition of father in the home. No overpayments are established as the addition of a household member is not a mandatory reportable change.

Example 4: A provider has been certifying within the Provider SSP that submitting the SFN 616 to the county for a child that is eligible for CCAP is in their care. It is later discovered that the child for whom the provider billed was not attending child care with that provider. In this situation, overpayments will be established and IPV may be pursued against the provider, household or both.

The eligibility worker must promptly take all reasonable and practical steps to establish all overpayments.

Anytime an overpayment is discovered, a determination must be made whether or not to pursue an Intentional Program Violation.

When it is determined that an overpayment exists, each service month that is potentially incorrect must be reworked using the policies, procedures and information that should have been applied for those months.

23. 400-28-165-45 SFN 616, Child Care Request for Payment. This section is being repealed as this form will no longer be used.

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

~~SFN 616, Child Care Request for Payment is completed by the child care provider identifying the monthly charges and hours for the child(ren) while in their 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.~~

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~~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.

24. 400-28-165-65 SFN 848, Provider's Request to Pay Parent Directly.
This section is being repealed as this form will no longer be used.

~~SFN 848, Provider's Request to Pay Parent Directly 400-28-165-65~~

~~SFN 848, Provider's Request to Pay Parent Directly is completed by the provider to allow the payment to be made to the caretaker.~~

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

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~~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.~~