



Minnesota Department of **Human Services**

# Child Care Assistance Program: Provider Policy Overview



Saint Cloud, MN - September 7, 2013

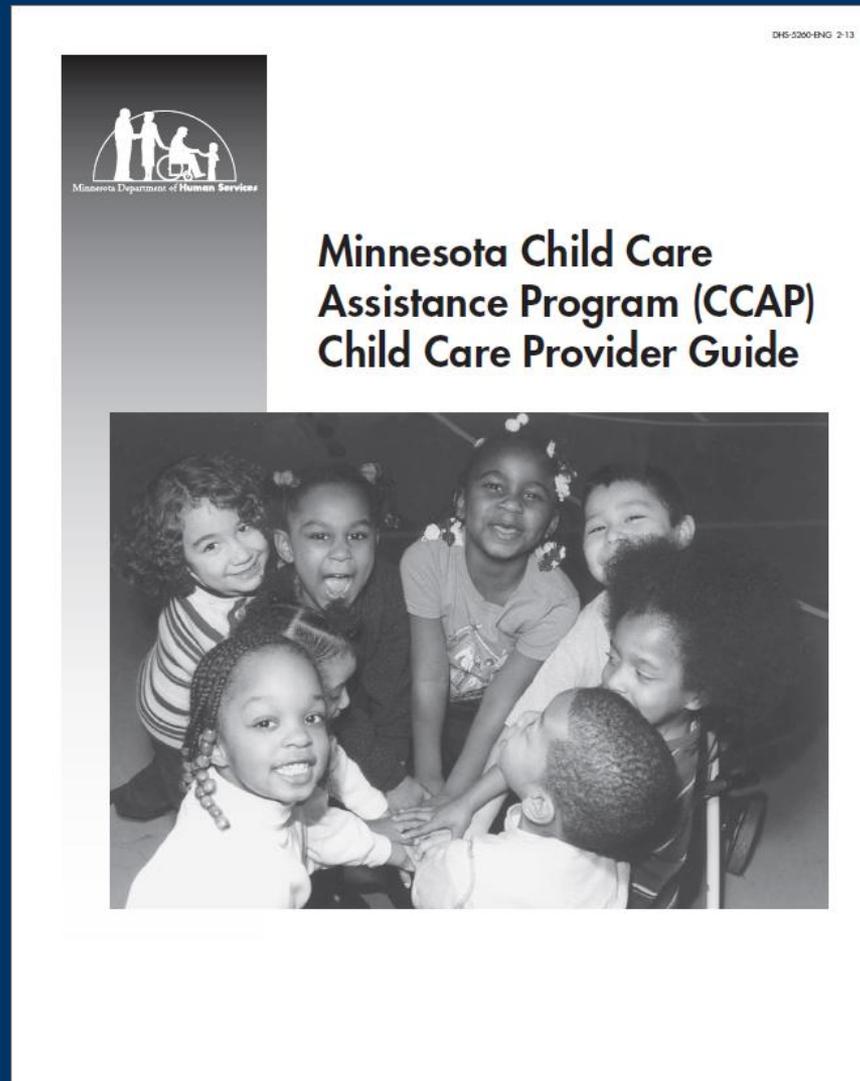
Presenters: Elizabeth Roe & Allison Tourdot

# Objectives

- Provide a general overview of CCAP policies.
- Explain specific CCAP policies and processes that affect child care providers.
- Identify CCAP providers' responsibilities.
- List resources available to CCAP providers.



# Minnesota Child Care Assistance Program (CCAP) Child Care Provider Guide (DHS-5260)



# What is CCAP?



# Authorization

To be authorized, a provider must:

- Be a legal provider
  - Licensed family provider or licensed center
  - License exempt center
  - Legal nonlicensed provider (LNL)
- Register in the county where the children you are caring for live.



# Legal Nonlicensed Providers (LNL)



- 18 years or older;
- Not a member of the MFIP unit or CCAP family;
- Providing care to only related children AND/OR a single unrelated family at the same time; AND
- Not live in the same household with the child.



# Registration and Acknowledgement Form



Minnesota Department of **Human Services**



DHS-5190-ENG

9-12

*Minnesota Child Care Assistance Programs*

## Licensed Provider Registration and Acknowledgement

The Child Care Assistance Program (CCAP) requires that a child care provider be registered with the county in which the family receiving child care lives to be authorized to receive child care assistance payments. If you want to be authorized in more than one county, you must register with each county.

AGENCY NAME	AGENCY PHONE NUMBER	
<input type="text"/>	<input type="text"/>	
AGENCY ADDRESS		
<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

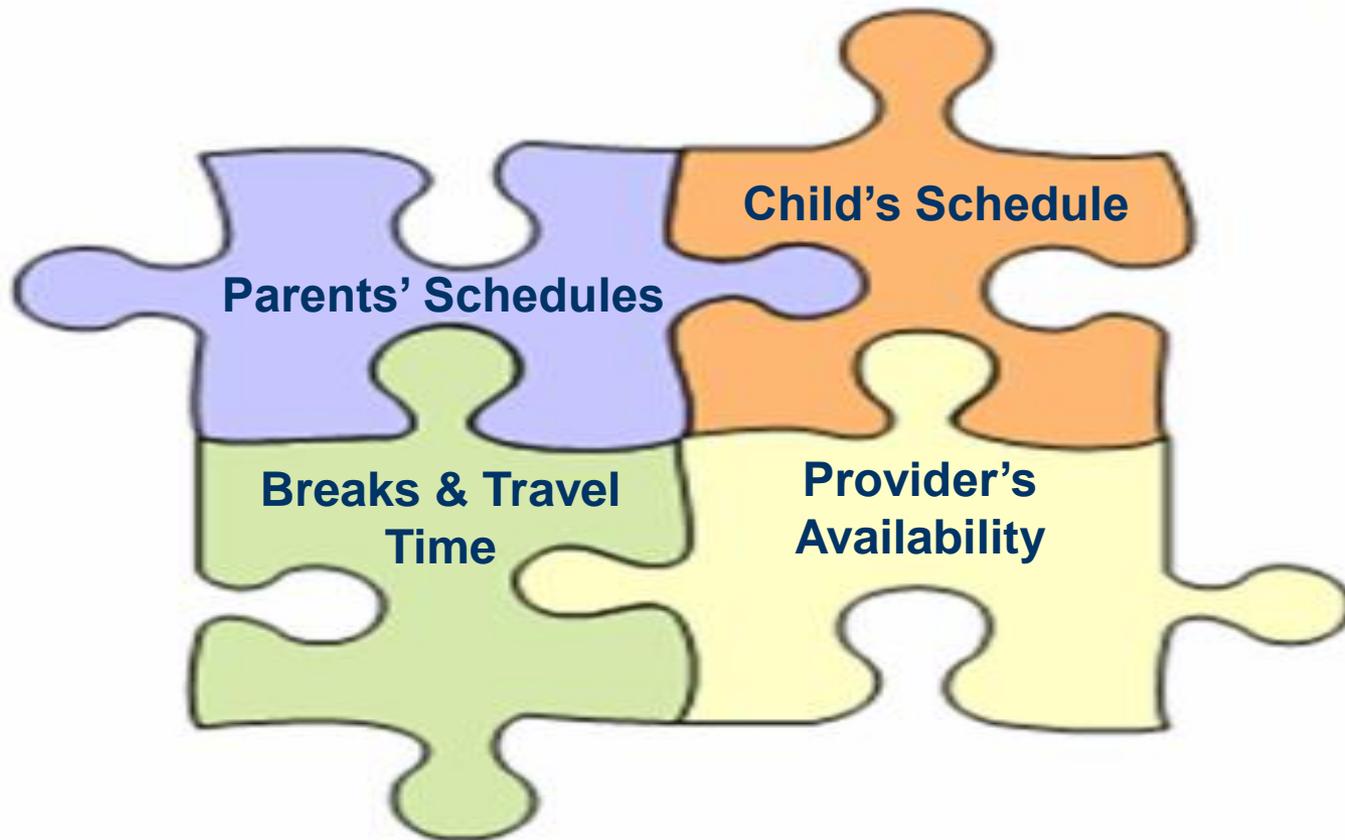


# Registration and Authorization Process

- Child Care Provider Responsibilities and Rights (DHS-4079)
- Notice of Privacy Practices (DHS-3985)
- Request for Taxpayer Identification Number and Certification (IRS W-9)
- CCAP Authorization for Release of Background Study (DHS-5193) (for LNL providers only)
- Written copies of payment policies



# Authorizing Child Care Hours



# What rates will CCAP pay?

Maximum rates are based on:

- County
- Provider type
- Child's age



# Accreditation Rate Differential

Clear Form



Minnesota Department of Human Services



DHS-4795-ENG

4-11

## Minnesota Child Care Assistance Programs

# Accreditation Rate Request Form

**Purpose:** This form is used to request payment of up to 15% above the maximum rate, if you have certain credentials or your program is accredited by certain organizations. You must attach verification (certificate, diploma, transcript, etc.). The verification must show expiration dates when applicable. Submit this form and verification to each county making CCAP payments.

FULL PROVIDER OR PROGRAM NAME		PROVIDER PHONE NUMBER	PROVIDER ID (if known)	
SERVICE LOCATION ADDRESS	CITY	STATE	ZIP CODE	

**Family child care providers:** Each adult on your license must have one of the credentials listed to receive 15% above the maximum rate. If you have one of the credentials listed, check the box and **attach verification**. If you do not have one of the credentials listed, you cannot receive 15% above the maximum rate.

- Child Development Associate (CDA) credential or degree
- Diploma in child development from a Minnesota state technical college
- Bachelor's degree or post-baccalaureate degree in early childhood education from an accredited college or university
- Accreditation by the National Association for Family Child Care
- Competency Based Training and Assessment Program certificate



# Copayments

- The “copay” is the portion of the family’s child care costs CCAP requires them to pay.
- The copay amount is determined by family size and income.
  - Income under 75% FPG = \$0 copay
  - Income 75% - 99% FPG = \$2 copay
  - Income 100+% FPG = copay increases



# 15-Day Notice

CCAP will mail you at least 15 days' notice before taking a negative action, unless:

- The family had appealed a negative action and loses the appeal.
- You are a licensed provider whose license has been temporarily immediately suspended.
- You are a LNL provider, a license exempt center, or a provider licensed by an entity other than the state of Minnesota, and CCAP believes that there is an imminent risk of harm to the health, safety, or rights of a child in care.



# Absent Days



CCAP will pay 10 absent days per year if:

- Care was authorized and scheduled; AND
- The provider bills all of their families for absent days; AND
- Scheduled hours are identified as an absent day in the provider's attendance records; AND
- Care is available.



# Holidays



- 10 recognized state and federal holidays.
- Families may switch other cultural or religious holidays for the 10 recognized state and federal holidays if they let their CCAP worker know before or within 10 days after the substitution.



# Reporting Requirements

A provider must report immediately to CCAP:

- If a child has been absent for more than seven consecutive days;
- If a child ends care; OR
- Any changes in your previously reported information (e.g. address, phone number, or rates).



# Attendance Record Requirements

Providers must maintain daily attendance records for all children receiving CCAP.

Attendance records must include the:

- Date of care;
- First and last name of each child in attendance;
- Times when each child was dropped off and picked up, which must be documented by the person dropping off and/or picking up the child.



# Service Authorizations

The Service Authorization tells you:

- The start date of care.
- The number of hours of care approved.
- The child's age group.
- The maximum hourly, daily, & weekly rates.
- The number of absent days paid.
- The family's biweekly copay amount.



# Scheduled Hours

“Scheduled hours” means the days and hours during a service period that a child will attend child care as determined by the child care worker, the parent, and the provider based on the parent’s verified schedules, the child’s school schedule, and any other factors relevant to the family’s child care needs.



# Billing

**Sample Billing Form**  
 DHS/TSS Division  
 PO Box 44965  
 SAINT PAUL MN 55164-0965

July 23, 2012 10:33 AM

Provider ID: 100986                      Kao's Nice Care Center  
 Case Number: 529010                    XXXXXXXXXX  
 XXXXX XXXX                              MINCKLEY MN 55037-0079

**Child Care Assistance Billing Form**

This billing is only valid for care given from: 08/06/12 - 08/19/12.

Complete the billing areas for each child AND complete the daily scheduled attendance record. Completed billing forms should be returned to the address in the upper left corner.

See the provider guide for details:  
<http://edocs.dhs.state.mn.us/lfservers/legacy/DHS-5260-ENG>.

**REFERENCES**

- \* Unit Type: H=Hourly D=Daily W=Weekly O=Other
- \* Attendance Codes: A=Absent Day H=Holiday

I certify the following child care billed is correct. I know I am responsible for collecting any copay amount owed from the family. I understand that if the family fails to pay their copay the family may be ineligible.

I understand that I must submit all billing forms within 60 days of the date child care was provided or the payment may be denied.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

I certify the following child care billed is correct.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Comments

| \_\_\_\_\_ |  
 | \_\_\_\_\_ |  
 | \_\_\_\_\_ |

Call the worker below if you need more information about this case.

WORKER: XXXXXX XXXXXXXX                      TELEPHONE: (XXX) XXX-XXXX

This information is available in other forms to people with disabilities by calling your county worker. For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3849.

July 23, 2012 10:33 AM

Page 2

Provider ID: 100986-Kao's Nice Care Center  
 Case Number: 529010-XXXXX XXXXX

**BILLING FORM**

Child Name: XXXXXX XXXXX  
 Service Period: 08/06/12 to 08/19/12

Age Group	Auth	Unit	Nbr of	Unit	Amount/Reg	Sub-
	Hours	Type	Units	Rate	Billed/Real	Total
School Age	80					

Copay Collected: Y / N                      Family Copay: 0.00  
 Waived: Y / N                      Payment Plan: Y / N                      Total:

**Daily Scheduled Attendance Record**

Beginning	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
08/06/12	106							113							
Scheduled															
# of Hours															
Attendance															
A=Absent															
H=Holiday															



# Completing the Billing Form: Page One

**Sample Billing Form**

DHS/TRS Division  
PO Box 64965  
SAINT PAUL MN 55164-0965

July 23, 2012 10:33 AM

Provider ID: 100998  
Case Number: 529010  
XXXXXX XXXXX

Ken's Nice Care Center  
XXXXXXXXXX  
MINNEAPOLIS MN 55037-0079

**Child Care Assistance Billing Form**

This billing is only valid for care given from: 08/06/12 - 08/18/12.

Complete the billing areas for each child AND complete the daily scheduled attendance record. Completed billing forms should be returned to the address in the upper left corner.

See the provider guide for details:

<http://edocs.dhs.state.mn.us/lifeerver/Legacy/DHS-5260-ENG>.

**REFERENCES**

- \* Unit Type: H-Hourly D-Daily W-Weekly O-Other
- \* Attendance Codes: A-Absent Day H-Holiday

I certify the following child care billed is correct. I know I am responsible for collecting any copay amount owed from the family. I understand that if the family fails to pay their copay the family may be ineligible.

I understand that I must submit all billing forms within 60 days of the date child care was provided or the payment may be denied.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

I certify the following child care billed is correct.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Provider Comments**

Call the worker below if you need more information about this case.

WORKER: XXXXXX XXXXXXXX

TELEPHONE: (XXX) XXX-XXXX

This information is available in other forms to people with disabilities by calling your county worker. For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-2618.



# Completing the Billing Form: Page Two

July 23, 2012 10:33 AM

Page 2

Provider ID: 100988-Kec's Nice Care Center  
 Case Number: 520010-KXXXXX XXXXX

BILLING FORM

Child Name: XXXXXX XXXX  
 Service Period: 06/06/12 to 06/19/12

Age Group	Auth Hours	Unit Type	Sbr of Units	Unit Rate	Amount Billed	Reg Fees	Sub-Total
School Age	90						

Copy Collected: Y / N Family Copay: 0.00  
 Waived: Y / N Payment Plan: Y / N Total:

Daily Scheduled Attendance Record

Beginning	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
06/06/12	06							13							
Scheduled # of Hours															
Attendance															
A-Absent															
H-Holiday															



## Example:

A parent works full-time, Monday – Friday. Based on the parent's work, travel, and break schedule, the CCAP worker authorizes 100 hours during each biweekly period (10 hours for each day the parent is scheduled to work).

The provider charges 2 weekly rates. The provider's weekly rate for an infant is \$275.00.



# Completing the Billing Form: Provider's Charges

Child Name: XXXXXXXX XXXXX

Service Period: 08/06/12 to 08/19/12

Age Group	Auth Hours	Unit Type	Nbr of Units	Unit Rate	Amount Billed	Reg Fees	Sub- Total
Infant	100						

Copay Collected: Y / N

Family Copay: 2.00

Waived: Y / N Payment Plan: Y / N Total:



# Completing the Billing Form: Provider's Charges

Child Name: XXXXXXXX XXXXX  
Service Period: 08/06/12 to 08/19/12

Age Group	Auth Hours	Unit Type	Nbr of Units	Unit Rate	Amount Billed	Reg Fees	Sub- Total
Infant	100	W	2	\$275	\$550	\$0	\$550

Copay Collected: Y / N Family Copay: 2.00  
Waived: Y / N Payment Plan: Y / N Total: \$548.00



# Completing the Billing Form: Daily Scheduled Attendance Record

Daily Scheduled Attendance Record

Beginning	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
08/06/12	06							13							
Scheduled															
# of Hours															
Attendance															
A=Absent															
H=Holiday															



# Completing the Billing Form: Daily Scheduled Attendance Record

Daily Scheduled Attendance Record

Beginning	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Totl
08/06/12	06							13							
Scheduled															
# of Hours	10	10	10	10	10			10	10	10	10	10			100
Attendance															
A=Absent															
H=Holiday															



# Flexible Schedules



# Payment Information

- Counties have up to 30 days to process bills.
- Payment is generated the night the bill is processed.
- One payment could cover multiple Billing Forms and/or multiple families.
- If a Billing Form is filled out incorrectly, this could delay payment.



# Payment Policies

Payment policies for all providers:

- The number of hours of care paid cannot exceed 120 hours in two weeks, per child for all authorized providers.
- If a family chooses a provider who charges more than the amount CCAP can pay, the family is responsible for the additional amount.
- CCAP can pay the provider's charge or the county's maximum rate, whichever is less.
- Once the maximum allowed payment is calculated, the copay is deducted from the total.



## Example:

A licensed provider or license exempt center bills for 90 hours in a two-week period.

During the first week of the service period, the child is authorized and scheduled to be in care for a total of 60 hours (15 hours a day, Monday through Thursday). During the second week of the service period, the child is scheduled to be in care a total of 30 hours (15 hours per day, Monday and Tuesday).



# Payment Example: Daily Scheduled Attendance Record

Daily Scheduled Attendance Record

Beginning	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
08/06/12	06							13							
Scheduled															
# of Hours	15	15	15	15	0			15	15	0	0	0			90
Attendance															
A=Absent															
H=Holiday															



# Payment Example

CCAP will pay no more than one weekly rate and two daily rates.

- Week One – Payment is capped at the weekly rate.
- Week Two – Payment is capped at two daily rates.

If the provider's charge is less than what CCAP will pay, CCAP will pay what the provider charges, minus the family's copayment amount.

If the provider's charge is more than what CCAP will pay, the family must pay the additional amount.



# Resources

- eDocs

- <http://edocs.dhs.state.mn.us>

- Child Care Aware of Minnesota

- <http://www.childcareawaremn.org/>

- 888-291-9811



# Questions?

- Elizabeth Roe – [elizabeth.roe@state.mn.us](mailto:elizabeth.roe@state.mn.us)
- Allison Tourdot – [allison.tourdot@state.mn.us](mailto:allison.tourdot@state.mn.us)

