



Child Care Assistance Program: Provider Policy Overview



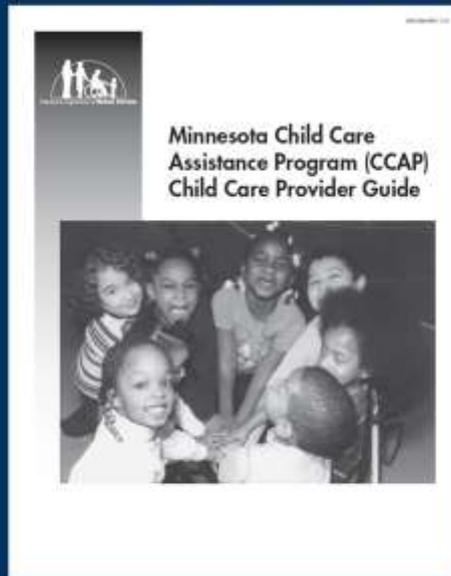
Welcome to our overview of Child Care Assistance Program policy! This power point presentation was adapted from an in person presentation designed to present an overview of CCAP policies and procedures. We will focus on policies and processes that affect providers.

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)



Most of the policy information we share today is available in the *Minnesota Child Care Assistance Program (CCAP) Child Care Provider Guide (DHS-5260)*. The provider guide can be found online at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5260-ENG>.

We will point out where certain information is located in the guide so that you can reference it as needed.

What is CCAP?



The Child Care Assistance Program (CCAP) helps some families with low incomes pay for child care so that parents or guardians may pursue employment or education leading to employment, and that children are well cared for and prepared to enter school and ready to learn. In an average month, Minnesota counties provide child care assistance to approximately 35,476 children. If you are interested in more information and statistics regarding the Child Care Assistance Program, please see “Child care assistance: Facts and figures” (DHS-4745) which is available online at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4745-ENG>.

CCAP is actually made up of several subprograms. Which subprogram a family qualifies for depends partially on whether or not they are receiving or moving off of cash assistance.

The Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP) are cash assistance programs that help families. The state fully funds child care assistance for families who participate in either program, or who have moved off the programs in the last year. In addition, the Basic Sliding Fee (BSF) subprogram, a capped allocation, helps low-income families, who are not receiving cash assistance, with child care costs.

Because the funding for BSF Child Care is limited, some counties have a waiting BSF waiting list that is maintained by at the county-level.

How does CCAP work?

Clear Form

DHS-3050-ENG 8-12



Minnesota Department of Human Services

Minnesota Child Care Assistance Program Application

This is the Minnesota Child Care Assistance Program (CCAP) Application. You may be eligible to get help for your child care expenses so you can work, look for work, or attend school.

To qualify, your family must:

- Be income eligible;
- Meet employment and training requirements:
 - work at least an average of 20 hours per week (10 hours per week if a full-time student) at minimum wage, *or*
 - participate in job search, attend school or training classes, *or*
 - comply with the activities of an approved Minnesota Family Investment Program (MFIP)/Diversionary Work Program (DWP) employment plan;
- Cooperate with child support enforcement for all children in the family who have an absent parent; and
- Use a legal child care provider. (Legal providers include licensed and unlicensed providers, 18 years of age or older, who are registered with a county to provide care.)



The Child Care Assistance Program (CCAP) helps pay child care costs for children age 12 and younger, and children ages 13 and 14 with special needs. The amount of the assistance families receive is based on a number of factors including family size, the family's income, the age of the child or children, the type of child care and how many hours of care are needed.

Families apply for child care assistance through the county human services agency or the Child Care Aware agency in the area where they live.

If a family is eligible and the provider is authorized, child care providers send child care bills to the county where the child lives to get reimbursed. Counties make payments directly to the child care provider on the family's behalf, except in certain cases when child care is provided in the child's home. If care is provided in the child's home the payment is made to the parent, who then must pay the provider.

Parents may choose the provider that best fits their family's needs, as long as the provider:

- Meets child care assistance program requirements; and
- Is authorized to provide care in the county where the children live.

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.**



To be authorized, a provider must:

- Be a legal provider, which means you're either a:
 - 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.

The Child Care Assistance Program will not pay a provider who lives in the same home as the child.

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.



To be paid by the child care assistance program, a legal nonlicensed provider must:

- Be at least 18 years of age; AND
- Not be a member of the Minnesota Family Investment Program (MFIP) assistance unit or a member of the family applying for or receiving child care assistance; AND
- Provide child care only to related children, and/or provide child care to children from a single unrelated family at one time. Related refers to the provider being a sibling, a step sibling, a niece, a nephew, a grandparent, an aunt, or an uncle; AND
- Not live in the same household as the child receiving child care assistance.

Legal nonlicensed providers and all household members over the age of 13 (in some cases age 10) must submit to a criminal background check.

Legal nonlicensed providers must have current First Aid and CPR training before becoming registered, and they must take an additional 8 hours of training each time they renew their registration.

Registration and Acknowledgement Form



Minnesota Department of Human Services



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	
AGENCY ADDRESS		
CITY	STATE	ZIP CODE



To register, contact the county agency where the family you plan to provide care for lives. You must fill out the Provider Registration and Acknowledgement form for your provider type and return it and the forms listed on the Provider Registration and Acknowledgement to the county agency. Each provider type has a slightly different Provider Registration and Acknowledgement form.

If you want to be registered in more than one county because you care for children from families who live in different counties, you must complete the registration process in each county where you wish to be authorized.

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**

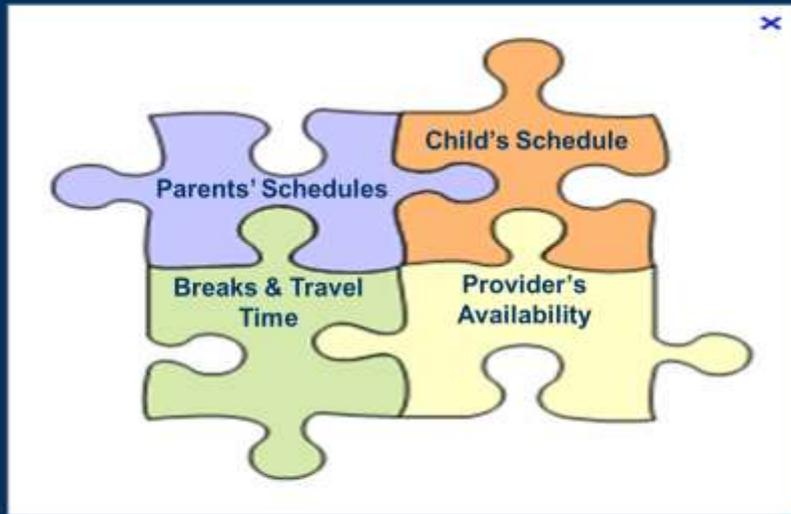


In addition to the Registration and Acknowledgement form, other paperwork that is part of the registration process includes:

- **Child Care Provider Responsibilities and Rights (DHS-4079 – found at <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-4079-ENG>) and Notice of Privacy Practices (DHS-3985 – found at <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-3985-ENG>).**
- **CCAP Authorization for Release of Background Study (DHS-5193)** - LNL providers and all household members over the age of 13 (in some cases age 10) must complete this form, found at <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-5193-ENG>.
- **Request for Taxpayer Identification Number and Certification” (IRS W-9)** - CCAP makes payments on behalf the family, but the family is your employer – not CCAP. However, the first time you register as a CCAP provider, the Internal Revenue Service (IRS) requires CCAP to obtain each provider’s Social Security Number (SSN) or Federal Employer Identification Number (FEIN).
- **Written copies of your payment policies** - Providers must submit written copies of their payment policies to the county as part of the registration process.

When registering for CCAP, if you do not understand the requirements, please ask questions before signing the forms. It is important for you to understand the expectations of the program to ensure program compliance and avoid overpayments. After you have completed, signed, and returned the forms, CCAP will review them and tell you by mail whether you have been authorized. Providers must have their registrations renewed at least every two years.

Authorizing Child Care Hours



When you have been registered and the family has been authorized, the Child Care Assistance Program will send a Service Authorization.

Each child who receives child care assistance is authorized for a specific number of hours of care in a two-week period that the Child Care Assistance Program will pay for care. The Service Authorization lists the number of hours of child care approved for each child.

When determining how much care to authorize, Child Care Assistance Program workers look at the entire picture. For each child – there are a number of factors that they consider, including:

- Parents' activity schedules,
- Child's schedule,
- Provider's availability,
- Time needed to accommodate parents' break, lunch, and travel schedules.

Child care workers consider how all of these things overlap.

When authorizing care, one of the first things workers consider is the parents' scheduled participation in authorized activities. Parents must meet authorized activity requirements to be eligible for the Child Care Assistance Program. Authorized activities include activities that help families prepare for, seek, and continue employment.

The number of hours of authorized cannot exceed 120 hours in two weeks per child.

What rates will CCAP pay?

Maximum rates are based on:

- **County**
- **Provider type**
- **Child's age**



Generally, maximum rates depend on the county where care is provided.

Rate types include hourly, daily, and weekly. Child Care Assistance Program pays the provider's charge or the applicable maximum rate, whichever is less.

More information on rates can be found on pages 14 and 15 of the Provider Guide.

Accreditation Rate Differential

Clear Form



Minnesota Department of Human Services



Minnesota Child Care Assistance Programs
Quality Differential Rate Request Form

Purpose: This form is used to request payment of up to 15 percent above the maximum rate, not to exceed your provider charge, 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 # (optional)	
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 percent above the maximum rate. If you have one of the credentials listed, check the box and **attach verification**.

- 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

There are limited situations when the Child Care Assistance Program (CCAP) can pay rates that are higher than the standard county maximum rates. Currently, CCAP can pay up to 15 percent above the CCAP maximum rate, but not more than the provider's charge, if the provider submits proof that they hold certain current early childhood development credentials or are accredited by certain organizations.

The list of acceptable credentials and accreditations can be found on page 16 of the Provider Guide.

You can use the Quality Differential Rate Request Form (DHS-4795 – found at <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-4795-ENG>) to request the 15% rate differential. Submit a copy of this completed form to the county along with verification confirming you have one of the qualifying credentials.

For family licensed child care providers, each adult on a family child care license must have one of the listed credentials to get the higher rate.

Recently, new legislation passed that will allow family licensed child care providers and child care centers that have Parent Aware 3 or 4 star ratings to qualify for a higher rate. Effective 3/03/2014, providers with a:

- 3 star rating can be paid up to 15% more than the applicable maximum rate; and
- 4 star rating can be paid up to 20% more than the applicable maximum rate.

For more information on becoming a Parent Aware rated provider, visit www.parentawareratings.org.

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**



Families receiving child care assistance may have to pay part of the cost of their child care. This portion of the cost is called a copayment (or “copay”). The family’s copay amount is based on their income and size of their family. As the family’s income increases, their copay increases.

The family owes the provider their copay plus any amount they charge above the Child Care Assistance Program (CCAP) maximum rates. The Service Authorization and the Billing Form show the copay amount that will be deducted from the CCAP payment. If the family uses more than one provider, usually only one will collect the copay. To see an example of a Service Authorization, reference pages 22 and 23 of the Provider Guide.

It is the provider’s responsibility to collect the copay or make other payment arrangements with the parent. A source other than the family may pay the family’s copay, or you may choose to waive the family’s copay. If either of these things occur, you must keep detailed records of this.

It is very important that you and the parent talk about the copay. It is up to you and the parent to decide how and when to collect the copay.

To stay eligible for child care the family must pay their copay or make other payment arrangements with you to pay their copayment.

CCAP can end the family’s assistance for not paying the copay. We cannot end the family’s CCAP if the parent owes for charges over the CCAP maximum rates or for other money the parent may owe you.

15-Day Notice

CCAP will give 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.**



The Child Care Assistance Program will give you at least 15 days' notice before taking a negative action, unless:

- The family had appealed a negative action and loses the appeal.
- Your license has been temporarily immediately suspended.
- You are a legal nonlicensed 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.

More information regarding negative actions and required notice can be found on pages 8 and 12 of the Provider Guide.

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.



The Child Care Assistance Program (CCAP) will pay for up to 10 absent days per calendar year, per child at a licensed provider or license exempt center. The family is responsible for any absent days that CCAP does not cover. **CCAP will not make absent day payments to legal nonlicensed (LNL) child care providers.**

Licensed providers may bill the Child Care Assistance Program for absent days if:

- The care was authorized by CCAP and scheduled by the parent, but the child was absent AND
- It is the provider's policy to bill all of their families for absent days AND
- The scheduled hours are identified in the provider's attendance records as an absent day AND
- The care is available.

If a child is absent for *part of a day*, the payment for that day will be for the amount of care that is scheduled for that day and the day will not count toward the 10-day limit.

If a child is absent for *the entire day* – AND the provider bills CCAP for that day – the day must be marked as an absent day on the Billing Form.

Effective 2/01/2014, CCAP will pay for 25 absent days per calendar year (10 consecutive). Children with documented medical conditions may be exempt from absent day limits.

Holidays



- **10 recognized state and federal holidays.**
- **In some cases, other cultural or religious holidays may be substituted.**



The Child Care Assistance Program will pay a provider's charge for up to 10 federal or state holidays per year if:

- The provider is closed and not providing care AND
- The provider charges all families for these days AND
- The holiday falls on a day when the child is authorized and scheduled to be in attendance. If care is available on the holiday, but the child is absent, count the day as an absent day.

If a recognized holiday falls on a Saturday, the previous Friday can count as a holiday. If a recognized holiday falls on a Sunday, the following Monday can count as a holiday.

Information regarding billing for holidays can be found on page 19 of the Provider Guide.

Another cultural or religious holiday may be substituted for one of the 10 recognized state and federal holidays if:

- The provider is closed that day;
- The parent agrees to the substitution; and
- The parent or provider gives notice of the substitution to the county before the holiday occurs or within ten days after the holiday.

Substitutions cannot be made for dates that are neither cultural nor religious holidays.

The Child Care Assistance Program cannot pay for provider vacation days, provider sick days, or any other days that child care is not available, other than for holidays.

An example of a substitution is New Year's Eve. If you or the families you serve have questions about what days may be used as holiday substitutions, contact the county.

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).**



A provider must report immediately to the Child Care Assistance Program:

- If a child has been absent for more than seven consecutive days
- If a child ends care
- Any changes in information you previously provided in the *Registration and Acknowledgement* form (e.g. provider address or phone number, rates, charges for absences and holidays, notice days required before a child ends care, and required registration fees).

Legal nonlicensed providers must report all changes that require reauthorization or a new background study (e.g. person over the age of 13 joins the household or a current household member turns 13).

Licensed providers must report changes that may affect their license to their county licensing unit.

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.**



Providers must maintain daily attendance records for all children receiving child care assistance, and make these records available to the county or state upon request.

Attendance records must include the:

- Date of care;
- First and last name of each child in attendance; and
- 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.

The Child Care Assistance Program may ask to see these records or ask for copies of these records. The provider must make these records available. A provider's authorization may be denied or ended if there is reason to believe the attendance records are not being kept. These records must be kept for 6 years after the day child care was provided.

For more information about provider's record-keeping requirements, see page 10 of the Provider Guide.

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.**



As we mentioned earlier, you will receive a Service Authorization for each child receiving child care assistance.

There is an example of a sample Service Authorization on pages 22 and 23 of the Provider Guide.

The Service Authorization will tell you:

- The start date – the first day you will be paid by the Child Care Assistance Program (CCAP) to care for this child.
- The number of hours of care approved – this is the maximum number of hours of care that CCAP will pay for this child for each two-week time period.
- The age group of the child – this affects the rate that can be paid.
- The maximum rates that can be paid hourly, daily, and weekly for that age category.
- The total number of absent days that have been paid for that child in that calendar year as of the notice date.
- The copay amount that the family must pay you every two weeks. The copay may be a prorated amount for the first payment period if the care does not begin at the start of a CCAP service period.

The Service Authorization may or may not include information about a child's expected schedule or "scheduled hours." Look for this in the "Comments" section of the notice.

Scheduled Hours

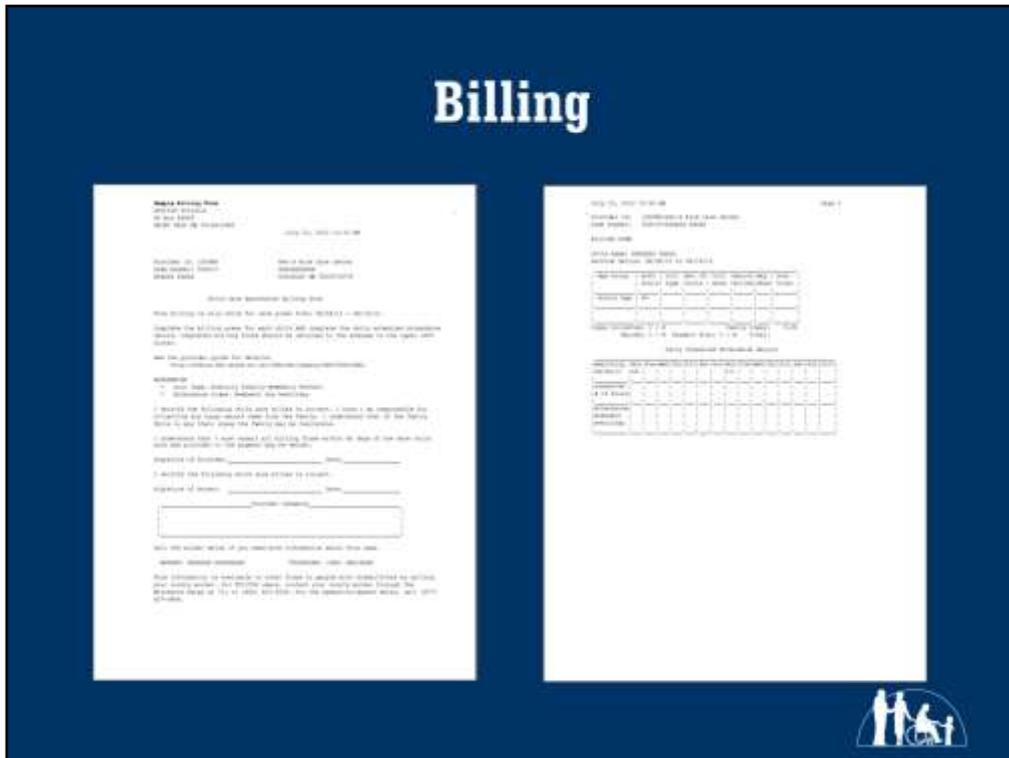
“Scheduled hours” means the days and hours during a service period that a child will attend child care as determined by the child care worker, the parent, and the provider based on the parent’s verified schedules, the child’s school schedule, and any other factors relevant to the family’s child care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



“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.

This definition of “scheduled hours” appears on page 21 of the Provider Guide.

Contact the child care worker if you are unsure of a child’s expected schedule.



The county will send you a Billing Form for each family you provide child care for. You can choose whether to receive Billing Forms every 2 weeks or every 4 weeks.

- All provider bills must be sent to the Child Care Assistance Program (CCAP) within 60 days of the last date of service on the bill. CCAP may pay a bill submitted after this 60-day limit only if the provider shows good cause for the delay. Each county defines good cause. CCAP cannot pay a bill submitted more than a year after the last date of service on the bill.
- Providers who give false information on a Billing Form could be disqualified from receiving future CCAP payments and could face criminal charges.
- Bill CCAP at your usual rates for the total amount of care provided.
- **Providers may not charge CCAP families more than families not receiving child care assistance for the same services.**
- You must sign and date the form. You should not sign and date the form until after the last day of care in that billing period. Do not send in the Billing Form until after you have provided all of the care for the time period covered.
- Keep a copy of your completed Billing Form for your records.

Pages 33 and 34 of the Provider Guide include a copy of a sample Billing Form. Let's use this to familiarize ourselves with the form.

Completing the Billing Form: Page One

Billing Form
Patient Information
Date of Birth: 01/01/2000

Provider Information
Name: John Doe
Address: 1234 Main St
City: Anytown, IL 60000

Signature of Provider: _____
Signature of Parent: _____

Signature of Parent: _____

The first page of the Billing Form tells you the family's name, the time period covered by the Billing Form, and a description of the codes you will use to fill out the Billing Form.

It also gives you a place for you to sign and date the form. Each time you sign the form, you agree that the information you are billing is correct.

Some counties require the parent to sign the Billing Form. In some cases, the form may include a place for the family to sign and date the form, if required by the county.

The "Provider Comments" section gives you a place for you to give information to the family's worker.

Billing Example

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.



We will be using this example to illustrate how to complete the Billing Form in the following slides.

Completing the Billing Form: Provider's Charges

Child Name: XXXXXXXX XXXXXX
 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:



In the top portion of the page, the Billing Form will show the child's name, the age group of the child, and the maximum authorized hours for the child. This is where you bill for the child care you provided, according to what you charge.

The Age Group and Authorized Hours are filled in the first row. Family Copay is noted at the bottom of the "Sub-Total" column.

This is also where you mark whether the parent paid their copay for this biweekly period.

Completing the Billing Form 1: Provider's Charges

Child Name: XXXXXXXX XXXXXX
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



- In the **Unit Type** box, fill in how you bill (Hourly = H, Daily = D, and Weekly = W). If you bill anything other than hourly, daily, or weekly, mark the Unit Type as "0" (i.e. Other). In this case, the provider charges a weekly amount, so the provider would enter "W."
- In the **Number of Units** box, fill in the number of units you bill (e.g. if you billed for 100 hours, the Unit Type would be "H", and the Number of Units would be 100). In this case, the provider charged two weekly rates, so the provider would enter 2 for the number weeks she billed.
- In the **Unit Rate** box, fill in whatever you charge for the unit type you billed. In this case, the provider's weekly rate is \$275.00, so the provider would enter \$275.
- In the **Amount Billed** box, fill in the total amount you billed during the biweekly period for that Unit Type. This is "Unit Rate" multiplied by "Number of Units." This provider's amount billed is \$550.
- In the **Registration Fees** box, fill in any required registration fees that you charge. CCAP will sometimes pay registration fees. There is more information about registration fees on page 20 of the Provider Guide. This provider did not charge a registration fee.
- In the **Sub-Total** box, fill out the Total Amount Billed plus any Registration Fees.
- The next line is where you indicate whether the copay was collected or waived and whether the family has a payment plan with you. **Do not circle "N" after "Copay Collected," "Waived," and "Payment Plan," if the family paid the copay, but owes you for charges over the CCAP maximum rate.**
- In the Total field, fill out the Sub-total minus the copay. In this case, the total would be \$548.

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															
Attendance															
A=Absent															
H=Holiday															



In the Daily Scheduled Attendance Record section, fill out the number of hours that the child was **scheduled and authorized** to be in care for each day in the service period. Due to rounding, this amount does not need to exactly match the amount billed in the “billing” section.

- The hours the child was scheduled and authorized to be in care are based on the parent’s and child’s schedule. If the child attends care outside the hours authorized by the Child Care Assistance Program (CCAP), do not enter those hours on the *Billing Form*.
- Fill in the number of hours that the child was scheduled to be in care even if the child did not attend for all or part of the time scheduled.
- **The number of hours must be in full hours.** If a child was scheduled to be in care for a partial hour, round the number up to the next full hour. (If the child was scheduled to be in care 7.5 hours, fill in 8 hours).
- **Do not enter more hours, in total, than the child was scheduled and authorized to be in care.**
- **If the number of hours entered in the “Daily Scheduled Attendance Record” section is greater than the number of hours authorized for the child, the payment may be incorrect.**
- If the child was absent or you were closed for a holiday, fill in the number of hours that the child was scheduled to be in care that day. Days billed as absent days or holidays must be marked with an “A” or an “H.”

Completing the Billing Form 2: 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	10	10	10	10	10			10	10	10	10	10			100
Attendance															
A=Absent															
H=Holiday															



The image on the slide shows how the provider would come the “Daily Scheduled Attendance Record” for a child who is scheduled and authorized to attend care Monday – Friday, 10 hours per day.

Flexible Schedules



Child care may be authorized for families who have flexible schedules (e.g. a parent works part-time without a regular schedule), and flexible schedules are an issue that may affect billing.

County workers have several ways that they can go about authorizing care for parents that work flexible schedules. It is important that you work with the family and the family's Child Care Assistance Program (CCAP) worker so you know the number of hours that can be paid by CCAP.

If you have a family with a schedule that changes, contact the county upfront to see:

- What days and times care is authorized for, and
- Any specific information you should know about billing (e.g. how you should notify the county if you believe the authorized hours are not enough to cover the number of hours that should be paid by CCAP).

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.**



- When a bill is submitted within 10 days of the end of the billing period, counties have up to 30 days to process Billing Forms.
- Once the bill is processed, payments are generated nightly.
- If you care for more than one family from one county, a payment could cover more than one Billing Form.
- If a Billing Form is incomplete or incorrect, it may be sent back to you. This could delay the processing of your billing and your payment.

This information appears on page 40 of the Provider Guide.

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.**



The amount the Child Care Assistance Program (CCAP) can pay is based on a series of payment rules or policies.

Some payment policies apply to all providers, for example:

- 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.

There are other payment policies that apply specifically to the different provider types.

Payment policies can be found on pages 36 and 37 of the Provider Guide.

The Provider Guide includes several examples that illustrate CCAP payment policies. Let's look at one of those examples together.

Payments Example

Example:

A licensed 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).



We will illustrate this example in the following two slides.

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	Totl
08/06/12	06						13								
Scheduled															
# of Hours	15	15	15	15	0			15	15	0	0	0			90
Attendance															
A=Absent															
H=Holiday															



As the provider, you would fill out the “Daily Scheduled Attendance Record” portion of the Billing form by marking 15 hours for each day that the child was scheduled and authorized to be in care.

Providers cannot and should not spread the scheduled hours out over the billing period to increase the portion of the bill that CCAP will pay. Please take note of the section of page 26 of the Provider Guide that states:

“Scheduled hours recorded on the Billing Form must reflect the specific hours and days that a child was actually scheduled and authorized to be in care. Do NOT split up hours to maximize payment. Knowingly entering false information on the Billing Form constitutes fraud, which may result in disqualification and/or criminal charges.”

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.



For our example, the Child Care Assistance Program (CCAP) will pay no more than one weekly rate and two daily rates.

For the first week, payment is capped at the weekly rate. This is because the child was authorized and scheduled to be in care for more than 35 hours. CCAP cannot pay more than CCAP's maximum weekly rate.

For the second week, payment is capped at two daily rates. This is because the child is scheduled and authorized for 35 hours or less in the week but more than 5 hours in each day. CCAP cannot pay more than the daily rate.

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.

In situations where the provider's charge is more than CCAP will pay, the family must pay the additional amount. However, this is not a condition of eligibility for CCAP. It is between the parent and the provider to work out a payment schedule for this amount.

Resources

- **eDocs**

- **eDocs can be found online at**
<http://edocs.dhs.state.mn.us>

- **Child Care Aware of Minnesota**

- **Child Care Aware can be found online at**
<http://www.childcareawaremn.org/>

- **888-291-9811**



Many of the DHS forms referenced today, including the Provider Guide and the Registration and Acknowledgment forms, are available online.

Pages 51 – 54 of the Provider Guide list common brochures and forms that are available through a DHS website called eDocs. On the eDocs site, you can search for forms by keyword(s), title, and/or form number. All eDocs forms have a number assigned to them. This number can be found in the upper right-hand corner of the Provider Guide.

Child Care Aware of Minnesota is another valuable resource for providers. In addition to being a resource for information about CCAP, these 19 regionally based agencies provide important services to providers and parents. Child Care Aware for Minnesota is found online at www.childcareawaremn.org. You may also refer to page 48 of the Provider Guide for more information about Child Care Aware of Minnesota and the services these agencies provide.

Questions?

- **Contact the case worker as shown on the Service Authorizations from a county or administering agency.**
- **Contact the Department of Human Services Child Care Assistance Program staff at: DHS.CCAP@state.mn.us**

