



Bulletin

NUMBER

#14-68-10

DATE

July 31, 2014

OF INTEREST TO

County Directors

Tribal Directors

Child Care Assistance
Program Administrative and
Client Access Contacts

Child Care Aware Agencies

Employment Service
Agencies

ACTION/DUE DATE

Please read information
and prepare for
implementation

EXPIRATION DATE

July 31, 2016

Child Care Assistance Program Instructions for Changes Effective August 2014

TOPIC

Child Care Assistance Program changes to allow cases to be reinstated when a redetermination is completed within thirty days and weekly authorization to high quality providers.

PURPOSE

Provide Child Care Assistance Program policy and MEC² system instructions to county workers.

CONTACT

Contact your Child Care Assistance Program technical liaison or submit your question through PolicyQuest.

SIGNED

ERIN SULLIVAN SUTTON
Assistant Commissioner
Children and Family Services

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

During the 2013 legislative session, policy changes were made to the Child Care Assistance Program (CCAP). This bulletin has information about the two changes that are effective on August 4, 2014.

II. Redetermination policy changes

A. Program policy and requirements

Families receiving child care assistance have an eligibility redetermination period. The redetermination period is usually six months. Families must submit a complete redetermination form by the end of the redetermination period. The case will close on the last day of the redetermination period if a complete redetermination form is not received.

When the last day of the redetermination period is on or after August 4, 2014, families have 30 days after their case closes to submit the redetermination form and all required verifications. If the family meets all eligibility requirements, child care assistance can be reopened and approved back to the date the case closed.

1. Date received policy

The completed redetermination form and all required verifications must be received within 30 days after the case closes. If the complete redetermination form and all required verifications are received within 30 days after the case closes, and the family meets all eligibility requirements, the case can be reopened. If any of the required verifications or the redetermination form itself is not received within 30 days after the case closes, the case should remain closed. The family must submit a new application to re-apply for child care assistance.

2. Income and waiting list requirements

If a complete redetermination form and all required verifications are received within 30 days after the case closes, the case can be reopened if the family's income is below the exit income limit. In this situation the family's income does not need to be below the entrance income limit and the family is not subject to the Basic Sliding Fee waiting list.

Some families receive child care assistance while on the Basic Sliding Fee waiting list. If a complete redetermination form and all required verifications are received within 30 days after the case closes the following applies to each waiting list category:

- Minnesota Family Investment Program/ Diversionary Work Program (MFIP/DWP) Child Care for Student Parents, Transition Year, and Transition

Year Extension child care can be approved back to the date the case closed. The family remains on the waiting list.

- Portability Pool child care can be approved back to the date the case closed, as long as the family has not exceeded the 6 month limit for Portability Pool child care. The family remains on the waiting list.

Counties with waiting lists should consider this policy when determining whether to add families from the waiting list to Basic Sliding Fee.

3. Eligibility

The family must meet all eligibility requirements for an ongoing recipient to have their case reinstated. If the family does not meet all eligibility requirements the case should remain closed.

a. Eligibility for part of the time period: A family might meet all eligibility requirements for part, but not all, of the time between the case closing for no redetermination and when the worker processes the redetermination. If the family met all eligibility requirements for part of the time:

- If all eligibility requirements are met for a period of time directly after the case closed, but are not met at a later date, the case should be reinstated. After the case is reinstated, the case should close allowing for 15 days adverse action notice. The time period of continued eligibility would not be an overpayment unless the family failed to report a change timely (see CCAP Policy Manual section 8.3).
- If all eligibility requirements are not met for the time period directly after the case closed, the case should remain closed.

Example: The case closed for no redetermination on September 10th. The family returned the redetermination form and all verifications on September 20th. The worker processed the redetermination on September 25th.

- Scenario 1: The redetermination showed that the family stopped being in an authorized activity on September 15th. The family met all eligibility requirements on September 10th when the case closed for no redetermination. The case should be reinstated back to September 10th. The case should close for no authorized activity allowing for 15 day notice from September 25th. There would not be an overpayment because the family reported the change in activity timely.
- Scenario 2: The redetermination showed that the family stopped being in an authorized activity on September 1st. The family did not meet all eligibility requirements on September 10th when the case closed for no redetermination. The case should remain closed.

b. Suspended cases: If a redetermination form and all required verifications are received within 30 days after the case closed for no redetermination the case can be reinstated back to the date the case closed, as long as the family has not exceeded the one year time limit for suspension (see CCAP Policy Manual section 8.9).

c. Temporary ineligibility cases: If a redetermination form and all required verifications are received within 30 days after the case closed for no redetermination the case can be reinstated back to the date the case closed, as long as the family has not exceeded the time limit for temporary ineligibility (see CCAP Policy Manual section 8.6).

4. Copay changes

Information reported on the redetermination may change the family's copay.

- A copay decrease is effective the biweekly period after the redetermination is processed.
- A copay increase requires a 15 day notice. 15 day notice is given from the day the redetermination is processed. The copay increase is effective the biweekly period after the 15 day notice. The time period with the lower copay is not an overpayment unless the family failed to report a change timely (see CCAP Policy Manual section 8.3).

5. Authorized hours changes

Information reported on the redetermination may change the number of hours authorized for a child.

- An increase in the number of hours authorized is effective the biweekly period after the redetermination is processed. Authorized hours may also be increased for biweekly periods prior to the date the redetermination was processed if the child qualifies for more hours.
- A decrease in the number of hours authorized requires a 15 day notice. A 15 day notice is given from the day the redetermination is processed. The decrease in the number of hours authorized is effective the biweekly period after the 15 day notice. The time period with the higher authorized hours is not an overpayment unless the family failed to report a change timely.

6. Schedule Verification

If schedule verifications are missing but all other required information has been returned within 30 days after the case closes, the case should be reinstated and processed but care should not be authorized. The family's case should be suspended for a period of up to one year.

B. Required action

1. MEC² notice changes

Changes to two notices in MEC² will be made to support this policy change.

- The Closing Notice to families will be changed. The notice will say “You failed to complete the Redetermination process. (MN Stat. 119B.025, MN Rules 3400.0180). If you return the redetermination form and all verifications within 30 days after the end date above, your case may be reopened.”
- The Special Letter: Information Request used for redeterminations will be changed. The special letter will say “Return these items within 15 days or you may lose your child care assistance. If your case is closed, you have 30 days from the date your case closed to return all items.”

No other MEC² changes were made.

2. MEC² instructions

a. Special Letter: Information Request: When a redetermination is submitted without all of the required information, the worker must ask the family for the missing information. The worker can use the Special Letter: Information Request to ask for the missing information.

- The worker is encouraged to add a comment that describes the specific information requested and explains what will happen if the information is not returned.

b. Redetermination Window: If the redetermination form or missing information is not received by the end of the redetermination period, the case should close. If the redetermination form is not received the Redetermination Window should not be updated. If the redetermination form is received but is not complete due to a missing signature, required questions not being answered, or missing verifications, the worker should code the Redetermination Window as “Incomplete”. This will ensure that the case closes on the last day of the redetermination period.

Do not code the Redetermination Window as “Updates Required” until the redetermination form and all required verifications are received and is ready to be processed.

c. Reinstatement: Actions needed after the case has closed.

- If the redetermination form and all required verifications are received within 30 days of the date the case closed, but the worker can determine that the client is not eligible, the worker should not reinstate the case (see section II. A.3 of this bulletin). The worker should enter a case note explaining why the family is not eligible and send an MEC² memo to the client explaining why the case was not reinstated.
- If the redetermination form and all required verifications are received and the worker is not able to determine whether the client is eligible, the worker should reinstate the case:

- If MEC² generates results showing the family is eligible those results can be approved.
- If MEC² generates results showing the family is not eligible, do not approve the results. There could be an overpayment to the family if the results were approved. The worker should contact the TSS Help Desk to remove the reinstatement and set the case to inactive. The worker should case note why the family is not eligible and send an MEC² memo to the client explaining why the case was not reinstated.
- If the redetermination form and all required verifications are received more than 30 days after the date the case closed, the worker should send an MEC² memo to the client. The memo should say that the redetermination cannot be processed because it was late. The memo should also include information about submitting a new application if they want to reapply or who to contact to be added to the Basic Sliding Fee waiting list.
- If the redetermination form and all required verifications are not received, no action is needed.

d. Sample language for the MEC² memo:

“Your child care assistance was not reopened because you INSERT REASON. The notice you and your provider received when your case closed shows the last date of eligibility. You have the right to appeal this decision. Your appeal rights are explained in more detailed on the next page. (Minnesota Rules, part 3400.0230).

Call INSERT PHONE NUMBER to see if there is a waiting list or to request an application.

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) 627-3848.”

III. Weekly Authorization to High Quality Providers

A. Program policy and requirements

The Weekly Authorization to High Quality Providers policy begins on August 4, 2014. This policy supports consistent care for young children in high quality care. It may also allow for higher child care assistance payments. Under this policy, some children attending high quality providers can be authorized for more hours. Their providers can be paid up to the applicable weekly maximum rate, not to exceed the provider’s charge.

1. Provider requirements

This policy is for children attending high quality providers. High quality providers are defined as providers that are eligible for a higher rate for quality. Eligible providers are:

- Providers with a three or four-star Parent Aware rating (see CCAP Policy Manual section 9.30)
- Centers accredited by certain organizations (see CCAP Policy Manual section 9.27)
- Licensed family child care providers that hold certain current early childhood development credentials or are accredited by the National Association for Family Child Care (see CCAP Policy Manual section 9.27)

If a provider loses their status as a high quality provider, they are no longer eligible for this policy. A provider may lose their status if their Parent Aware rating expires, if they lose their accreditation, or if they have a credential that expires.

Legal nonlicensed providers are not eligible for this policy.

2. Child requirements: General

To be eligible for this policy, the child must:

- Be ages zero to five but not yet in kindergarten,
- Qualify for at least 30 hours of child care per week at the high quality provider, and
- Attend a high quality provider.

The child is no longer eligible for this policy when:

- The child turns six,
- The child starts kindergarten,
- The child qualifies for less than 30 hours of child care per week at the high quality provider, or
- The child stops attending a high quality provider.

When a child is no longer eligible for this policy and the number of hours authorized is reduced, a 15 day notice of adverse action is required.

3. Child requirements: Qualifying for 30 hours of child care per week

The child must qualify for at least 30 hours of child care per week at the high quality provider to be eligible for this policy:

- Determine the number of hours that the child qualifies for using the guidance for authorizing child care in the Child Care Assistance Program policy manual chapter 9.
- Count authorized hours needed for travel time and breaks toward meeting the 30 hours of child care needed per week.
- In a two-parent family, count only times when a parent is not available to care for the child towards the 30 hours of child care needed per week.

- The amount of care needed can be averaged between two weeks to meet the 30 hours of child care needed per week. For example, if child care is needed for 20 hours one week and 40 hours the next week, that averages to 30 hours per week and the child would qualify for this policy.
- Children may have more than one provider. The child must qualify for at least 30 hours of child care per week at an individual high quality provider to be eligible for this policy.

Counties may want to examine their policies for authorizing care for families with flexible schedules in relation to this change. If the county authorizes the minimum number of hours needed, MEC² will recognize the child as qualifying for this policy if the minimum number of hours needed is 30 hours per week (60 hours biweekly). If the county authorized the maximum number of hours needed, MEC² will recognize the child as qualifying for this policy if the maximum number of hours needed is 30 hours per week (60 hours biweekly). To revise your county child care plan, contact your technical liaison.

4. Applicable maximum weekly rate

Under this policy, providers can be paid up to the applicable weekly maximum rate, not to exceed the provider's charge. Maximum rates vary based on the type of provider, the age of the child and the location where care is provided. Refer to CCAP Policy manual section 9.24 and 9.24.3 for more information. The applicable weekly maximum rate for:

- Providers with a four-star Parent Aware rating is located in eDocs: [Minnesota Child Care Assistance Program 20 Percent Quality Differential Maximum Rates \(DHS-6824-ENG\)](#)
- Providers with a three-star Parent Aware rating, providers that are accredited, and providers with certain early childhood development credentials is located in eDocs: [Minnesota Child Care Assistance Program 15 Percent Quality Differential Maximum Rates \(DHS-6442B-ENG\)](#)

5. Implementation plan

Children that qualify for this policy will have Service Authorizations that authorize 50 hours of care per week (100 hours biweekly). Children who previously would have been authorized for 30 to 49 hours per week (60 to 99 hours per biweekly period) will be authorized for 50 hours per week (100 hours biweekly).

The parent and provider can determine a schedule of up to 50 hours per week (100 hours biweekly). If the parent and provider agree to a weekly schedule of care, it will typically result in payment at the applicable maximum weekly rate, not to exceed the provider's charge.

- a. Guidance to providers: In July 2014 the Minnesota Department of Human Services (DHS) mailed the [Child Care Assistance Program \(CCAP\) Weekly](#)

[Authorization to High Quality Providers \(DHS-6954-ENG\)](#) and the [Child Care Assistance Program \(CCAP\) Parent Information on Weekly Authorization to High Quality Providers \(DHS-6954A-ENG\)](#) to all providers who qualified for this policy.

The providers that received this document are licensed centers, license-exempt centers, and licensed family child care providers that were registered with CCAP and eligible for a higher rate for quality as of June 27, 2014. Some of the providers that received this document may not be currently serving children eligible for this policy. This document was not sent to families that may be eligible for this policy.

Providers can use the parent document to help explain the policy to families. The provider document tells providers:

- To communicate with families to determine what the child's schedule of care will be
- That the parent and provider must determine whether or not the child will be scheduled for the full 50 hours of care per week authorized (100 hours biweekly)
- That the provider should complete the billing form with the agreed upon schedule of care in the "Daily Scheduled Attendance Record" section of the billing form
- Not to include hours in the "Daily Scheduled Attendance Record" if the child cannot attend during those hours or if the family has not agreed to that schedule of care
- To consider absent day policies when determining the child's schedule of care. When a child is absent from care on a scheduled day, the day must be listed as an "Absent Day" on the billing form. The number of absent days that CCAP can be paid for is limited to 25 days per calendar year for most children. If a family only needs three or four days of care and does not intend to bring their child to care on the other day(s) it may not be beneficial for that child to have a schedule that includes five days of care
- To develop policies regarding Weekly Authorization to High Quality Providers that are applied consistently
- To bill CCAP at their usual rates for the amount of care provided

b. Schedule of care: The family and provider may agree to a schedule of care that is less than the full 50 hours of care authorized per week (100 hours biweekly). The provider should only bill for the agreed-upon schedule of care, but care should continue to be authorized for 50 hours per week (100 hours biweekly). An exception to this is when the child has multiple providers.

c. Multiple providers: If a child has multiple providers, this policy may not meet the family's needs. The number of hours that can be paid per biweekly period is 120 hours. If the child meets the requirements and attends a high quality provider for at

least 30 hours per week, the child will be eligible for 50 hours of care per week with that provider (100 hours biweekly). Increasing the authorization to 100 hours biweekly means that there are only 20 hours of care left for the child's other provider(s). If a child has multiple providers, work with the family to determine whether 50 hours of care should be authorized with the high quality provider (100 hours biweekly). If the child has multiple providers, the family can choose to not have the high quality provider authorized for 50 hours of care per week (100 hours biweekly).

B. Required action

1. Documents to send to parents and providers

If a parent requests information about this policy, send them the [Child Care Assistance Program \(CCAP\) Parent Information on Weekly Authorization to High Quality Providers \(DHS-6954A-ENG\)](#) document.

If a new high quality provider registers with your county, or if a provider requests information about this policy send them the [Child Care Assistance Program \(CCAP\) Weekly Authorization to High Quality Providers \(DHS-6954-ENG\)](#) and the [Child Care Assistance Program \(CCAP\) Parent Information on Weekly Authorization to High Quality Providers \(DHS-6954A-ENG\)](#).

2. MEC² instructions

This change was implemented in MEC² on July 18th, 2014. MEC² will search for children that meet the criteria for this policy change. During this search, MEC² will examine the child's age, school status, number of hours listed on the Child's Provider Window, and the provider's Parent Aware, Accreditation and Credential status. Children that meet the criteria will have new Service Authorization results automatically generated. The Service Authorizations will be populated with 100 hours authorized per biweekly period beginning with the August 4, 2014 biweekly period. Workers must approve these results.

a. Service Authorization approval required: Workers will receive an alert for each child eligible for this policy that says "Total Hours of Care Authorized has changed due to High Quality Provider. Unapproved Service Authorization results exist. Add comment on Service Authorization notices to explain change."

- The Service Authorization results must be approved by the case worker.
- Refer to the MEC² User Manual "View a Notice/Add Comments" section for instructions on how to add a comment to a Service Authorization. Comments should be added to the provider and client Service Authorization. This must be done on the day that the Service Authorization is approved.
- Sample language to use in the Service Authorization comment: "This child is eligible for Weekly Authorization to High Quality Providers. The family and provider should work together to determine the child's schedule of care. Up

to 50 hours of care per week (100 hours biweekly) is authorized for this child.”

b. Child’s Provider Window: When a child is eligible for the Weekly Authorization to High Quality Providers policy, the number of hours on the Child’s Provider Window will not match the number of hours on the Service Authorization. This is appropriate.

Continue to code the Total Hours of Care Authorized on the Child’s Provider Window using the guidance for authorizing care in the Child Care Assistance Program Policy Manual chapter 9 (based on parent schedule, child’s schedule and provider availability). MEC² must be coded this way in order for it to:

- Recognize whether or not a child is eligible for the Weekly Authorization to High Quality Providers policy, and
- Ensure the authorization is reduced to the appropriate number when a child is no longer eligible for this policy.

When a child stops meeting the requirements for this policy (turns six, starts kindergarten, needs less than 30 hours of care per week, or the provider’s status as a high quality provider ends), the number of authorized hours shown on the Service Authorization will return to being the number on the Child’s Provider Window.

A new Service Authorization will be generated each time the Child’s Provider Window is updated. If nothing has changed on the Service Authorization since the previous approval, the worker should approve the Service Authorization. However, the worker may then cancel the Service Authorization notice. Cancelling the Service Authorization notice will prevent the family and provider being confused when they receive a new Service Authorization that is the same as their previous Service Authorization. DHS recommends that workers case note when a notice is cancelled. It is important to continue updating the Child’s Provider Window, whenever there is a change in activity and/or school schedule, even though the change may not affect the Service Authorization.

c. Override: In multiple provider situations, you may need to override the Service Authorization results. Refer to the MEC² User Manual “Edit Service Authorization” section for instructions on how to override the number of hours on the Service Authorization. DHS recommends that workers case note when the Service Authorization is overridden.

d. Child no longer eligible for policy: When a child is no longer eligible for this policy, the authorized hours are reduced from 50 hours per week (100 hours biweekly) to the number of hours on the Child’s Provider Window. When there is a reduction in the number of hours authorized, a 15 day notice of adverse action is required.

If the Weekly Authorization to High Quality Providers criteria is met for part of a biweekly period, the authorized hours will be 50 hours per week (100 hours biweekly) for the entire biweekly period. The authorized hours will be reduced the next biweekly period.

MEC² will generate a 15 day notice when the child's eligibility for this policy ends due to the:

- Child turning six
- Child starting kindergarten
- Child no longer attending the high quality provider
- Child's provider losing their high quality status

For the four situations above, MEC² currently generates new Service Authorizations because the maximum rate changes or the Service Authorization ends. The Service Authorizations that generate when these four situations occur will also reduce the authorized hours to the number of hours on the Child's Provider Window. The Service Authorizations will not specifically state that the reduction in hours is due to Weekly Authorization to High Quality Providers ending.

When a child's eligibility for this policy ends due to the child being eligible for less than 30 hours per week (60 hours biweekly), MEC² must be coded correctly to ensure that 15 day notice is given. When the child becomes eligible for less than 30 hours per week (60 hours biweekly), calculate what the 15 day notice date is. Once a 15 day notice date is determined, the change should be made in the biweekly period after the 15 day notice date. Refer to the "Reduction of Hours to a Provider Requiring a 15 Day Notice Workaround" section of the MEC² User Manual for more information.

C. Legal references

Minnesota Statutes, section 119B.025

Minnesota Statutes, section 119B.13

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Americans with Disabilities Act (ADA) Advisory

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