Child Care Assistance Program Townhall

OCTOBER 2023
ALL CCAP related questions should be sent to the CCAP inbox: CCAPProviderPayments@ky.gov. Contacting the CCAP inbox creates a communication trail that benefits both the provider and DCC. It also allows DCC staff time to research the issue over multiple systems. Generally, staff have set counties to manage but with changes at DCC this may not always be the case. Sending emails directly to a worker may cause delays in the response time.

Your email must include a description of the issue at hand, your License number, case number or parent/child name and child’s birthdate. This information will prevent delays in response time because a return email will be sent requesting this information.

Emails sent to the inbox will be answered by staff managing the inbox or sent to CCAP Payment staff for investigation. As a rule, emails will be answered within 3 business days. Generally, we are MUCH quicker than this! Allow 3 days to receive a response before sending another email. Sending multiple emails for the same issue will not get a faster response.
Review remittance statements each month for any discrepancies with payments. Notify CCAPProviderPayments@ky.gov of any issues ASAP.

CCAP regulations have a 90 day look back rule. Specifically stating, payments or payment adjustments are not to be made to a provider for issues 90 days after the date of service. Keeping track of certificate start and end dates and reviewing the monthly remittance will help prevent non-payments.

Have payments Direct Deposited for a more efficient method of receiving payment. Checks rely on the postal service to be delivered and can be lost or delayed. Contact CCAPProviderPayments@ky.gov to get a DCC 93, Authorization for Electronic Deposit and a W9. When filling out these forms, include all required verifications detailed on the DCC 93. The required verification information has changed.

CCAP rates should be updated yearly. If you have not updated your rates within the last year, contact CCAPProviderPayments@ky.gov to request a DCC 94B packet. Keeping your rates updated directly affects the CCAP payment and the information in the state Provider Search tool for families.

Provider CCAP Billing Basics is a yearly training requirement and answers most program function related questions. When staff changes are made effecting the CCAP billing, new staff must take the Provider CCAP Billing Basics training.
Change of address. Changes in physical or mailing addresses need to be reported to both DRCC and DCC. When DCC gets a change of address report, it updates the information on the Subsidy page for that program. DRCC updates the address on the mail KICCS page which is the address on the certificates. There is also a Payee address that is tied to the Treasury dept. and NOT the mailing address, for any money distributed by DCC. The Payee address is used when the direct deposit function is not able to be used, for example in an intercept situation. When changing an address, if it effects the payee address, a W9 must be submitted.

The Provider Portal is unique to each individual user and is needed for DCC and DRCC tasks. Applying for provider portal access is a 2-step process that involves filling out and returning the Portal User Agreement form with a copy of the driver’s license and opening a Kentucky Online Gateway (KOG) account electronically. The provider must open their own KOG account and check the roles being requested. For more information contact portal.access@ky.gov.

DCC also has many tip sheets available and can be found on the website chfs.ky.gov/agencies/dcbs/dcc/Pages/kiccsportal.aspx under Additional Information. This website also has printable forms such as Attendance Sheets, Direct Deposit forms, and the DCC 94B.

Subscribing to the DCClistserv and becoming familiar with the DCC website and its many pages is best way to get updates from DCC concerning Child Care. chfs.ky.gov/agencies/dcbs/dcc/Pages/provassist.aspx
The Child Care Employee Exclusion allows child care employees to apply for CCAP and have all household income excluded from the case. The application process is the same for employees as any family applying for CCAP. The household must meet all technical eligibility requirements and verify all household income.

CCAP work requirements, SNAP E&T, and training/education, as well as all other technical eligibility requirements still apply for the household/responsible adults and parents.

Once the employee applies for CCAP, either online, by phone, or at a local office, they will be sent a notice of items needed to complete their application. All applicants are required to provide: Photo ID, birth certificates, proof of residency and household composition, verification of all household income and employment. These items are musts for all applications but each household is different and additional items may be requested.

Child Care employees will also need a letter from the owner or director stating they are working in the Program. The letter should be signed, dated, and include the license number.

Employees who are prepared for the interview have the case processed quicker. By bringing all of the above items to the office or uploading before the interview the paperwork will be processed during the interview.

Once all household income is verified, it will be excluded from the approved case. By excluding all income, applicants who were previously denied due to income barriers will be approved.

Employment must be with a CHFS regulated (licensed or certified) child care provider. Certified programs with employees seeking the income exclusion, must work at a different child care program than their child attends. For more details or questions concerning this initiative email CCAPPProviderPayments@ky.gov
Employee Child Care Assistance Partnership ECCAP

Kentucky’s new ECCAP program is aimed at helping KY businesses attract and retain valuable employees by assisting with the cost of quality child care. Employers can partner with the State to provide financial assistance for the cost of child care. The employer will decide on a financial contribution and the Cabinet can match that contribution, potentially doubling the value. The state match percentage is based on the employee’s household income compared to the State Median Household Income (SMI).

As a child care provider, the ECCAP program is not ideal because the provider is required to contribute a dollar amount to the tuition payment. Having employees apply for CCAP means CCAP will pay 100% of the tuition up to the State Max Rate or the provider’s current rate if less than the State Max Rate.

For example: an employer would apply to participate in this program and provide part of an employee’s child care cost to be matched by state funds. If the employee’s child care costs are $1200/month, the employer may commit to providing $400/month toward the cost of that employee’s child care. The state would match that contribution of $400/month, leaving the family to contribute $400/month, or 1/3 of the total cost. (amounts depend on the size of the employer contribution and the household income of the employee)
Transitional Child Care (TCC)

- Transitional Child Care (TCC) is designed to assist families whose household income exceeds the CCAP guidelines at recertification or at case change. These families will receive 6 months of CCAP at a reduced rate.

- Here is how a provider can recognize a TCC case:
  - The co-payment is always zero ($0).
  - The reduced rate is calculated at 50% of the Provider Subsidized Rate or the State Max Rate (whichever is lower). Example: If the State Max Rate for the child’s care level is $20, during the TCC period, the rate paid by the state would be $10.
  - The family is responsible for any overages charged by your program.
  - You will receive a DCC-94 - Notice of Change that outlines the new reimbursement rate and end date for each child. This will serve as your notice of eligibility discontinuance.
Enrollment vs Attendance

- The Provider Billing Forms (PBF) open for submission at 5:30am on the first day of each month. Paper PBFs are mailed on the first business day of each month.

- CCAP has been reimbursing based on Enrollment and not Attendance since 12/1/2022.

- When using enrollment-based payments, codes 40, 45, and 50 should not be used for a child absence. Codes should only be entered for days the program was closed and did not provide care. This includes holidays, vacations, trainings events, or other days that care is not provided for families. Codes 43 (10 per calendar year) and 55 should be used in these circumstances.

- All providers, Licensed, Certified and Registered, will submit the PBF blank, unless the prefilled codes do not accurately reflect the child’s expected schedule and an exception needs to be made. This means if the program expects the child to attend 5 full days, but the care schedule is for 5-part days, the PBF will have 2’s prefilled. The 2 can be changed to a 1 in the Provider Exception line. If the care schedule is for 5 full days but the child is absent one day and leaves at a half day one day, the provider can leave the PBF blank and be paid for time the child did not attend.

- If a child is on the PBF but no longer attends, the provider is responsible for ending the enrollment with a code 60 or 65. Paying based on enrollment and not attendance is not intended to pay for children who are no longer attending the program. If a child misses more than a month, the enrollment should be ended unless contact has been made with the family and the child is planned to return the month after the initial missed month.

- Leave a note for any School Age child not on a regular School Schedule. A regular school schedule is part day when school is open and full day when school is closed. If a school age child attends 5 or more hours a day, then the certificate can be on a 5 full days schedule but leave a note in the provider’s note box to ensure payment staff are aware that the schedule is valid. When processing PBFs staff do not have access to the actual certificate or notes on the case validating the need for the schedule.
DCC vs Family Support

- **DCC** is responsible for reimbursing the provider for CCAP services, maintaining provider subsidy paperwork, and offering provider support for specific CCAP case inquiries. Although they do not handle case paperwork, CCAP payment staff are able to investigate a case and provide direction for next steps or if warranted, send issues to a Family Support Program Specialist. CCAP staff can share the status of a CCAP case but not details concerning the status.

- **Family Support** handles the eligibility process for families applying for CCAP. They are the CCAP contact for the family and handle all of the case paperwork, including the issuing and processing of the CCAP certificate.

- All CCAP cases have 2 steps:
  - 1) **Eligibility**- parent applies in person, by phone, or online with Family Support, who then determines eligibility for CCAP services.
  - 2) **Enrollment**- added by Family Support to an approved CCAP case which generates a certificate.
Enrollment and Certificates

- When a CCAP case becomes approved, the parent will receive a DCC-94.1, Child Care Approval Notice. This does **NOT** mean that enrollment has been established only that the case is an active CCAP case.

- **Enrollment is established** once Family Support adds the enrollment into the system which generates a 3-page certificate requiring signatures from the provider and parent and then returned to the Family Support office.

- To **establish enrollment**, the parent must notify Family Support of their provider choice, a start date, and the care schedule needed. Once Family Support adds this information to an approved CCAP case the system will generate a certificate overnight. The certificate will be mailed to the parent and sent to the provider portal, if portal consent was given by the parent.

- Once generated, the 3-page signed certificate is due back to the Family Support office within 10 days of the date at the top right-hand corner of the certificate (generation date). Parents are responsible for making sure the 3-paged signed certificate is returned to Family Support.

- A certificate can be mailed, faxed, hand delivered, returned through the KICCS portal or returned through the parent’s portal. The portal is the most efficient method because it goes directly to pending documents for that specific case. Return information is printed on the DCC 94 certificate. When uploading to the portal or faxing, it is vital that all 3 pages are included and both signatures are seen.
Enrollment and Certificates

- Once the certificate is a pending document, it is assigned a processing task for Family Support staff. If all 3 pages are returned and signed by the parent and provider, the enrollment will be changed from pending to active in the case. This process generally takes 3-5 business days from the date the certificate was returned to Family Support.

- After the enrollment is made active, a DCC-117, Enrollment Approval Notice will be sent to the provider. The DCC-117 verifies the enrollment is active and payments will be made.

- When a certificate is not returned timely, within the initial 10 days or returned incomplete not signed by both parties or not all 3 pages, a DCC-118, Child Care Certificate Reminder is sent to the parent. The DCC-118 informs the parent the certificate has not been returned and allows 10 more days to return the certificate. The DCC-118 states that if not returned, the enrollment will deny on the 20th day and CCAP payments will not be made. The parent will be responsible for any payments not covered by CCAP.

- If the certificate is not returned by the 20th day, the enrollment denies and a DCC-119, Enrollment Denial Notice is sent to the provider.
Untimely/Incomplete Certificates

- Per CCAP policy, if a completed certificate is returned untimely (outside the 20 days), the denied enrollment is added back onto the case with a new start date that corresponds with the date the untimely certificate is received by DCBS. Parents are responsible for any payments not covered by CCAP.

- The DCC-117 and DCC-119 were designed as notifications for the provider concerning the status of the CCAP enrollments.

- Effective 10/2/23, if a certificate is returned missing signatures or pages, a “Notice of Incomplete Certificate” will generate to the client and provider letting them know they must resubmit a completed certificate by the final due date. If the completed certificate is not received by the due date, the enrollment will deny. If the completed certificate is later returned after the enrollment has denied, the above rules for untimely certificates applies.
Certificate Information

- A CCAP enrollment may start with the date the parent applied for CCAP services but not prior to the application date.

- When received, each certificate should be reviewed by the provider and with the parent when signing. Pay close attention to the care schedule, start/end date, copay, and any overages that may occur with the parent. If these areas are incorrect, do **NOT** sign and return the certificate; advise the parent to contact Family Support and have the mistake corrected. Signing a certificate means that both parties agree the information is correct. The second and third pages of the certificate detail this information.

- A CCAP copay is assessed during the approval process, assigned to the parent, and printed on the certificate. CCAP will continue to pay the copay until 12/31/23. An overage is the difference between what the child care program charges and the State Max Rate. An overage will occur when the child care program charges more than the State Max Rate. DCC is not involved in the collection of overages.

- Keep a copy of all CCAP certificates. The end date on the certificate serves as the notice for the end date of the 12-month eligibility period of the CCAP case. A DCC-94C, Provider Notification Letter is only sent if a case is ending prior to the end date on the certificate (end of 12-month eligibility period).
Ending an enrollment for a child no longer attending the program, can only be done by the parent or the provider. The parent can contact the Family Support office to end an enrollment OR the provider, by coding the PBF with a code 60 or 65. Code the last day attended with a 60 followed by 55s. The code 60 signals the system to end the enrollment while paying for the last day. The code 65 (followed by 55s) is used if the child did not attend that month and payment is not requested. The 55s are important because it prevents an overpayment.

Holiday Codes: Each provider is allowed 10 holiday code 43s per calendar year. Entering a code 43 on just one child will signal to the system to use one of the holidays allotted to the program. It is very important to not use code 43 unless it is for an actual day you are closed for a holiday.

When a School Age child is on any schedule EXCEPT a regular school schedule the provider MUST leave a note in the Provider’s note box giving a reason for the schedule. For example, “the child attends 5 or more hours per day or child attends non-traditional hours”. Non-traditional hours (7pm-5am M-F or Friday 7pm-Monday 5am) must be marked on the certificate and the provider must be approved by DRCC to be open non-traditional hours.

If a child has been attending the program for months, but is still not showing on the PBF, please do not wait months to reach out to CCAP. If a certificate has not been generated, obtained signatures, returned to Family Support and a DCC 117 received, then there is a problem.