
POLICY TRANSMITTAL NO. 05-32	DATE: JUNE 1, 2005
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF PLANNING, POLICY & RESEARCH

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:40-3-1; 40-5-1; 40-7-9; and 40-9-3.

EXPLANATION: **Policy revisions were approved by the Commission and the Governor as required by the Administrative Procedures Act.**

OAC 340:40-3-1 Instructions to Staff (ITS) are revised to clarify: (1) information regarding authorized representatives; (2) how to code new child care authorizations; (3) how to approve expedited child care; and (4) when the Family Support Services (FSS) worker approves care for a child in foster care or in tribal custody.

OAC 340:40-5-1 ITS are revised to: (1) clarify information about when the worker should approve a blended authorization; (2) reference licensing policy for information regarding star status; (3) clarify how to authorize care when the client is using more than one child care provider; and (4) reference the new electronic benefit transfer (EBT) Subchapter.

OAC 340:40-7-9 ITS are revised to clarify: (1) information regarding who must pursue child support through Child Support Enforcement Division (CSED); and (2) how to verify whether a client is cooperating with CSED.

OAC 340:40-9-3 ITS are revised to: (1) clarify how providers are notified of case actions; and (2) update references regarding Oklahoma Department of Human Services (OKDHS) Appendix B-2.

Original signed on 6-1-05

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WF # 05-M (DT)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following a “DHS” number, such as personnel policy at DHS:2-1 and personnel rules at OAC 340:2-1. The “340” is the Title number that designates DHS as the rulemaking agency; the “2” specifies the Chapter number; and the “1” specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, DHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, DHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at (405) 521-3611.

REMOVE

INSERT

340:40-3-1	340:40-3-1, pages 1-10, revised 6-01-05
340:40-5-1	340:40-5-1, pages 1-15, revised 6-01-05
340:40-7-9	340:40-7-9, pages 1-8, revised 6-1-05
340:40-9-3	340:40-9-3, pages 1-4, revised 6-1-05

340:40-3-1. Initial application

(a) **Initial application.** An applicant or the applicant's authorized representative completes Form K-2, Application for Child Care Services, or Form FSS-1, Comprehensive Application and Review, to apply for child care services. ■ 1 When child care is needed for a child with disabilities, the worker and applicant also complete Form ADM-123, Certification for Special Needs Child Care Rate. ■ 2

(1) **Date of request.** The date of request is the date the applicant requests child care services. A request can be made verbally or in writing. ■ 3

(2) **Date of application.** The date of application is the date the applicant or the applicant's authorized representative completes the child care interview and provides all necessary verification to the county office. This includes providing the name of the child care provider the client wishes to use. This provider must already have a valid Oklahoma Department of Human Services (OKDHS) child care provider contract and not be shown at OAC 340:40-5-1(g) as an exception to choice of provider. For applicants choosing an in-home provider, see OAC 340:40-13-1 and 340:40-13-2. ■ 4

(3) **Child care interview.** Child care interviews are typically completed face-to-face with the applicant or authorized representative. A face-to-face interview is required for preventive child care requests and strongly recommended for special needs requests. ■ 5

(4) **Explanation of eligibility factors.** At the time of the initial interview, the worker advises the applicant or authorized representative of his or her rights and responsibilities that are included on the application, all factors of eligibility, and explains which child care providers are eligible to receive subsidy payment. ■ 6 County staff ensure that the applicant and the authorized representative view the client training video. The video explains proper care and use of the client's electronic benefit transfer (EBT) card, the client's responsibility to swipe accurate attendance before OKDHS helps pay for the child's care, and the need to contact the worker immediately so that any problem can be resolved within ten calendar days. The applicant must cooperate with the OKDHS Office of Inspector General during any audit or investigation of the applicant or the provider the applicant uses for child care. The applicant must report within ten days any changes in his or her circumstances. ■ 7

(5) **Timeliness.** Near real-time (NRT) benefit processing time frames are used for all child care applications. To be considered timely, the worker must determine eligibility within two working days of receiving all necessary verification to certify or

deny the application. If the applicant does not provide requested verification, the worker must deny the request within 30 days of the date of request. The worker sends Form FSS-37, Notice Regarding Social Services, explaining the reason for delay to any applicant whose application is over 30 days old. ■ 8

(6) **Right to appeal.** The applicant has the right to appeal the untimely processing of a child care request or the decision of eligibility or ineligibility.

(b) **Expedited eligibility processing.** The worker must process an application immediately when required verification is beyond the applicant's control to provide, the applicant does not have the money to pay toward the cost of child care, and without child care the applicant: ■ 9

(1) is in danger of losing a job; or

(2) cannot start a new job.

(c) **Eligibility determination.** A Family Support Services (FSS) worker completes all applications when an eligibility determination for a family must be made. Child Welfare (CW) staff must process all applications made by CW foster parents for child care. Either FSS or CW staff may process preventive service requests. When CW staff do not maintain an open CW case because they are contracting with an agency outside of OKDHS to provide preventive services to a family, FSS staff determine eligibility for these child care requests. ■ 10 The worker uses OKDHS Appendix C-4, Child Care Eligibility/Rates Schedule, to determine whether the household meets income guidelines. See OAC 340:40-5-1(h) for more information about income determination.

(1) **Applicant determined eligible.** The earliest date the worker approves child care is the date the applicant provides all necessary verification to determine eligibility. The applicant is responsible for any child care used before the certification date or which is not part of the approved child care plan. Once care is approved, the client swipes attendance through a point-of-service (POS) machine at the child care facility. OKDHS does not pay for care for any day the child attends child care if the client fails to swipe attendance unless extenuating circumstances exist beyond the control of the client and/or provider. If the client fails to swipe attendance, he or she is responsible for any care given for that day and may be responsible for any absent day payment OKDHS pays if all days the child attended were recorded. ■ 11

(2) **Applicant determined ineligible.** The application is denied if the applicant is ineligible or requests cancellation of the application. ■ 12

INSTRUCTIONS TO STAFF

1. (a) **The applicant or the applicant's authorized representative must sign the application form. The applicant must name the person in writing that he or she is giving permission to act as authorized representative. The applicant can designate this person on the application form if he or she signs it or on a separate paper if the authorized representative signs the application form. Whenever possible, the parent or caretaker completes and signs the application form before the authorized representative brings it to the county office.**

(b) An authorized representative is an individual who is knowledgeable of the household circumstances. The child care provider or an individual working for the child care provider cannot be the authorized representative. The worker contacts the applicant to advise that he or she is held liable for any overpayment that results from erroneous information given by the authorized representative. Care is taken by the worker to ensure the household has freely requested the assistance of the authorized representative and that the household circumstances are correctly reported.

(c) The worker must enter information about the authorized representative in the Information Management System (IMS) using the computer transaction EBTU before an electronic benefit transfer (EBT) card can be issued.

(d) County staff are encouraged to place the pamphlet, "Paying for Child Care Just Got Easier," Pub. No. 02-06 in public locations or child care facilities where potential applicants can obtain it.

2. See OAC 340:40-7-8(g) for more information on approving a child with disabilities for the higher special needs rate at the chosen facility.

3. The date of request is entered in the Family Assistance/Client Services (FACS) Eligibility Notebook, Social Services tab in the "App Date" field (E1) before an **EBT** card can be issued. When the worker is ready to certify or deny benefits, the date of request is also entered in the FACS **Eligibility** Notebook, Auth. Daycare tab in the "Child Care Req Date" field (K9).

4. (a) The only time the date of request and the date of application are the same date is when the applicant completes a child care application, is interviewed, and provides all necessary verification on the same day. Eligibility factors which must be verified by the worker before approving child care benefits are

found in OAC 340:40-7. The applicant must also advise the worker of the name of the child care provider he or she plans to use before the application date is determined.

(b) It is important that applicants know right away if they choose an ineligible provider so a different choice can quickly be made. If the applicant chooses a child care provider who does not have a valid contract with the Oklahoma Department of Human Services (OKDHS), the worker must inform the applicant that the earliest date child care can be approved is the day a contract is granted. Payment for any child care used prior to that date is the responsibility of the applicant. The worker can determine when a new contract is granted by entering in IMS, PCI space and the contract number. The date shown under "original contract date" is the earliest date services can be approved.

(c) The worker enters the date of application in the FACS Eligibility Notebook in the Social Services tab, "Cert Date" field (E2) and in the Auth. Daycare tab, "Begin/Change Date" field (K45) if the applicant needs care on this date. If the applicant does not need care until a future date, the worker enters that future date in the "Begin/Change Date" field (K45).

(d) If the applicant provides all requested verification and the worker then determines more verification is still needed, the application date entered is the date the applicant provides the initially requested verification.

5. (a) See OAC 340:65-3-1 for intake processes.

(b) The interview must be completed with the person who signs the application or the household's authorized representative. The applicant must designate the authorized representative in writing prior to the interview. The worker explores the applicant's eligibility for child care and advises the applicant of any other OKDHS programs for which the applicant might be eligible. The worker also arranges for the client to view the video, "EBT Child Care," explaining the EBT system. Counties are encouraged to develop at least two methods to assist applicants in accessing child care benefits. Examples of possible methods include:

(1) extended office hours;

(2) telephone interviews with the client when a face-to-face meeting would cause a client to miss work or school. A signed Form FSS-1,

Comprehensive Application and Review, or Form K-2, Application for Child Care Services, must be received before approval action is taken. The signature page of Form FSS-1 or Form K-2 is never signed prior to the rest of the application being completed;

(3) outstationing staff where needed to take applications;

(4) training volunteers to take face-to-face applications. Volunteers include interested employers, child care providers, school counselors, Workforce Oklahoma Center staff, and church or civic group members. Interested volunteers must be approved by the county director and must be fully trained by county staff prior to taking applications. Training must include information about:

(A) completing Form FSS-1 or Form K-2;

(B) documenting eligibility criteria;

(C) developing a plan of service;

(D) safeguarding client information; and

(E) sending the application to the county office within a set time frame after the interview is completed;

(5) utilizing a home visit. See OAC 340:65-3-4(1) regarding home visits. If the worker schedules a home visit, it is normally planned so the worker has an opportunity to meet everyone in the household. The worker plans the visit at a time which does not interfere with the applicant's job or the child's school schedule; and

(6) allowing a client to be interviewed in a non-resident county if it is more convenient for the client.

(c) County staff make every effort to interview the applicant on the date of request to ensure the applicant knows what he or she must provide before a child care request can be considered an application. When the child care request is mailed or left at the county office, county staff contact the applicant that same day to explain that a child care interview must be completed and to advise what verification must be provided before an application date is assigned. A telephone interview is appropriate in this instance if it best meets

the needs of the applicant.

6. (a) The worker reviews the last page of Form K-2 or Form FSS-1 with the applicant or the authorized representative to ensure the applicant understands:

(1) reporting responsibilities;

(2) the days, hours, and reason child care is being approved;

(3) the applicant's EBT responsibilities;

(4) the earliest date child care can be approved; and

(5) rules concerning who the applicant can choose as a child care provider.

(b) The worker then secures the applicant's signature on the appropriate form. At the end of the interview, the worker gives or mails to the applicant or the authorized representative:

(1) a copy of the application, including two copies of the Client Child Care Responsibilities and Service Plan Agreement page, one for the client and one for the provider the client chooses. The worker advises the client to give the second copy of the Client Child Care Responsibilities and Service Plan Agreement page to the child care provider so he or she is aware of the approved hours of care;

(2) "Getting Help with Child Care Costs from the Oklahoma Department of Human Services," OKDHS Pub. No. 94-20; and

(3) the pamphlet "Child Care Services Tip Sheet for Clients and Providers," OKDHS Pub. No. 01-14.

(c) See OAC 340:40-7 for details regarding conditions of eligibility, including need, and OAC 340:40-5 for detailed information regarding completing a plan of service and those child care providers who cannot be approved for subsidy payment.

(d) The worker gives or mails Form ADM-92, County Client Contact and Information Request, to the applicant when verification must be provided before child care benefits can be approved. When Form ADM-92 must be

mailed, the worker calls the applicant, if a telephone number is available, to advise him or her what verification is needed before mailing the form. The worker advises the applicant verbally that a child care request is not considered an application until all necessary verification is received.

7. See OAC 340:40-9-2 for the types of changes that must be reported.
8. See OAC 340:65-3-5(1)(A) and (B).
9. (a) An example of verification being beyond the applicant's control to provide includes instances when an employer refuses to verify income for an employee until a paycheck is received. In instances such as this, the applicant must still provide all other verification that is within his or her control. The worker uses the applicant's statement for the verification that is out of the applicant's control to provide. The worker certifies the application for a maximum of 30 calendar days.

(b) The applicant is not automatically assigned a zero family share co-payment because the expedited process is used. The worker still uses the income processes described at OAC 340:40-7-10 through 40-7-13 to determine what income to count and when. In the case of two-parent families, when one parent has been working for some time and the other parent is just starting a new job, the worker counts the income of the parent who has been working to determine the family share co-payment.

(c) The worker gives the client Form ADM-92 showing all verification he or she still needs to provide before further eligibility can be established. The client must provide verification no later than the last day of the 30 day expedited approval period to preserve the same application date.

(d) If the client provides verification within 60 days of the original request date, a new application is not needed. The worker approves the authorization beginning with the date the client provides required verification. If the client does not provide required verification within 60 days, the worker closes the Social Services tab in the FACS Eligibility Notebook unless it must remain open for another reason.

(e) The worker does not approve a new expedited eligibility period unless the client provided all requested verification from the last expedited approval.

(f) To authorize care for only 30 calendar days, the worker enters a

certification action in the Auth.Daycare tab. Immediately after that action clears, the worker enters a closure action.

(g) When the client swipes attendance at the child care facility, the provider can see whether care is approved on the point-of-service (POS) machine tape.

(h) When the client provides requested verification needed to determine continued eligibility, the worker reopens the closed authorization if the client continues to use the same provider. A worker enters a new authorization if the client chooses a new provider or the prior authorization cannot be reopened.

(i) To reopen an authorization the worker enters an R in the "action taken" field (K12) and an A in the "notice indicator" field (K92) of the Auth. Daycare tab as well as any other fields where changes are needed. If the family share co-payment is different than originally determined, enter all necessary information in the Household, Income, and Social Services tabs in the same action or prior to reopening the authorization so the correct family share co-payment maps to the authorization.

(j) An overpayment is not written on the expedited services period unless the worker and supervisor believe the client intentionally provided incorrect information. In those instances, the worker sends an overpayment memo to the Family Support Services Division (FSSD) Overpayment Section.

10.(a) See OAC 340:75-7-65 for Child Welfare (CW) foster care child care requirements and OAC 340:75-6-91 for CW preventive child care cases. Family Support Services (FSS) staff complete the child care application for a foster child when OKDHS does not have an open CW case. This occurs when the foster child is:

(1) under an Interstate Compact on the Placement of Children (ICPC) with another state. The local ICPC worker advises FSS staff whether the foster family is receiving funds for child care from the other state. If funds are available for child care, the worker denies the application; or

(2) in a tribal foster placement. The worker contacts the tribe prior to approving child care to determine whether child care funds are available through the tribe. The foster parent can choose to receive child care through OKDHS or through the tribe.

(b) See OAC 340:40-7-8(f) for information about processing FSSD protective or preventive child care requests.

11.(a) If the applicant chooses a provider that has not yet been granted a contract, see Instructions to Staff 4(b). To certify the child care benefit, the worker enters the Day care, Household and Income tabs of the FACS Interview Notebook as well as the Auth. Daycare and Social Services tabs in the FACS Eligibility Notebook. See OAC 340:40-5-1 for details regarding the plan of service. See OAC 340:40-9-3 for notice requirements. See OKDHS Appendix C-4-B, Guidelines for Weekly Authorizations, for information on when a weekly authorization is approved, the minimum number of days a child must attend to qualify for an absent day payment, and the maximum number of days that can be paid in a given month. See OAC 340:40-10-4 for information about the child care payment process that includes manual claims.

(b) Circumstances beyond the control of the client and/or provider include, but are not limited to, some type of worker or system error.

12.(a) The worker denies the child care request if the applicant does not provide, within the agreed upon time frame, verification necessary to certify a child care benefit, including the name of the child care provider the applicant intends to use. The worker provides information and referral services that may be helpful to the family in developing alternative arrangements.

(b) See OAC 340:40-9-3 for notice requirements. The worker denies the child care request in the FACS Eligibility Notebook, Auth. Daycare tab by entering:

(1) Action Taken (K12);

(2) Child Care Req Date (K9);

(3) Person Number (K4);

(4) Reason (K16);

(5) Begin/Change Date (K45); and

(6) Adult Day Services (K95).

(c) If the child care provider's contract number is known and entered in "Contract Number" field (K40), a notice computer-generates to both the

applicant and the child care provider.

340:40-5-1. Plan of service

(a) **Plan of service.** Providing child care is part of an overall plan of service designed to help the parent(s) or caretaker(s) with whom the child(ren) lives to achieve his or her maximum potential for self-support. Quality child care services assure the parent(s) or caretaker(s) that each child has adequate care which affords developmental and learning experiences while the parent(s) or caretaker(s) is engaged in self-support activities. ■ 1

(b) **Plan components.** The plan of service consists of many components that all link to form a goal-directed plan of care. These components include:

(1) the name, age, and grade level of the child(ren) for whom child care is needed;

(2) need for child care; ■ 2

(3) the days and hours for which care is approved, including travel time; ■ 3

(4) whether care is approved on a weekly, full-time, blended, or part-time care basis; ■ 4

(5) whether there is an appropriate, feasible alternative to Oklahoma Department of Human Services (OKDHS) subsidized child care;

(6) that the plan to increase the client's income is in place;

(7) a back up plan for care when the child(ren) cannot go to the authorized child care provider;

(8) the name, address, and telephone number of a person to call in case of an emergency;

(9) a plan to help the client choose a child care provider;

(10) a discussion about the family share co-payment, if one is required;

(11) a discussion of any other social service needs of the family; and

(12) a discussion of the client's responsibilities and rights when using subsidized child care.

(c) **Alternative to subsidized child care.** The worker explores with the client whether

there is an appropriate, feasible alternative to OKDHS subsidized child care. The client has a choice whether to use this alternative unless the alternative is a spouse or the natural or adoptive parent of the child(ren) who lives in the home and who does not meet a need factor. ■ 5 Possible alternatives include:

(1) care by a dependable relative who is able and willing to assume responsibility for care and supervision of the child(ren) for part of the day;

(2) care in a free or low cost facility, such as a preschool, pre-kindergarten, kindergarten, Head Start, Early Head Start, or tribal child care program; ■ 6

(3) dependent care expenses paid directly by a Temporary Assistance for Needy Families (TANF) client which are considered as earned income exemptions; and ■ 7

(4) for a school age child(ren), the possible rearrangement of the parent's or caretaker's employment or training schedule to coincide with the hours the child(ren) is in school.

(d) **Plan to increase income.** At each application or review, the client and the worker discuss ways the client can increase income to the household. The client and worker identify together the goals child care helps the family achieve. Together they estimate when the family can assume progressively greater responsibility for the cost of child care. The worker makes referrals to other agencies as appropriate. ■ 8

(e) **Back up plan.** The worker discusses with the client the back up plan for child care he or she has in place if the child(ren) cannot go to the usual provider for some reason such as illness, school holidays, or another unforeseen emergency. The back up plan includes the name and address of a person the client feels he or she can rely on when the normal plan of care cannot be used.

(f) **Emergency contact.** Form FSS-1, Comprehensive Application and Review, or Form K-2, Application for Child Care Services, includes the name, phone number, and address of a person to contact in case of emergency when the primary parent or caretaker cannot be reached. ■ 9

(g) **Choice of provider.** The worker documents the choice of provider on Form FSS-1 or Form K-2. He or she calls the chosen provider to ensure acceptance of the child(ren) does not cause the provider to exceed his or her licensed capacity after describing the days and hours care is needed. If the client does not choose a provider at the time of the request, the worker provides the client with information to help in making the choice. The client can choose a family child care home regardless of star

level. ■ 10 The client cannot choose a child care:

- (1) facility that does not have a valid contract with OKDHS;
- (2) facility in which the client or his or her spouse, including the child's parent or stepparent, has an ownership interest;
- (3) home in which the child resides;
- (4) home in which the client also works during the hours his or her child(ren) is in care;
- (5) center in which the client works and has job responsibilities which include care of the child(ren) for whom child care is requested;
- (6) provider who is related to the client and only accepts a relative's child(ren);
- (7) provider who does not allow parental access during the hours the provider is caring for children;
- (8) provider who is receiving state or federal funds, such as Head Start, Early Head Start, or public schools unless:
 - (A) all parents are charged a fee for the hours subsidy payment is requested; and
 - (B) the program is offering extended day services. Programs operating only during typical school or Head Start hours are not eligible; ■ 6
- (9) provider caring for a school age child during the regular school day when such student could be attending a public or private school during those hours; or ■ 11
- (10) center which is a one star facility unless there are no one star plus, two, or three star centers in the community or one of the special exception criteria are met. Special exception criteria are:
 - (A) the child(ren) was already approved for care at this one star center prior to January 1, 2003. The child(ren) can remain at this facility unless the child(ren) stops attending there for more than 30 days. The child(ren) can also be approved at this same facility again if the only reason the child(ren) did not attend for more than 30 days was because of a school break or due to circumstances beyond the control of the family such as illness of the child; ■ 12

(B) care is requested for a child living in the same home as a child already approved for care as described in (10)(A) of this subsection for the same one star child care provider; or

(C) the parent or guardian demonstrates that there is no other child care option that meets the family's needs. ■ 13

(h) **Income determination.** The worker uses policy in OAC 340:40-7 to determine who must be considered part of household for income determination, what income is countable, and what income is excluded. After determining the amount of countable household income, the worker uses OKDHS Appendix C-4, Child Care Eligibility/Rates Schedule, to determine whether the household meets income guidelines. Clients who are approved for child care prior to September 1, 2004 meet income eligibility guidelines if their income, family size, and number of children in care meet the guidelines stated on the Schedule of Co-payments chart on OKDHS Appendix C-4, as amended from time to time, as approved by the Commission for Human Services, with or without a transition plan as determined by the Commission. If the Commission approves a transition plan to migrate to a new eligibility schedule pursuant to a new Schedule of Co-payments chart on OKDHS Appendix C-4, previously eligible clients continue to be eligible using the previously approved Schedule of Co-payments chart as long as they do not lose eligibility for more than one month. If these clients stop receiving child care assistance or lose eligibility for more than one month, the worker determines their eligibility using the new eligibility Schedule of Co-payments chart. Clients approved for child care on or after September 1, 2004 meet income eligibility guidelines if their income, family size, and number of children in care meet the eligibility standards stated in the Schedule of Co-payments chart which is effective on September 1, 2004, or such other later date as their eligibility is determined which matches the Schedule of Co-payments then in effect. If the income of the family exceeds the eligibility standard of the chart or are off the chart, they are not eligible for child care services. ■ 14

(i) **Family share co-payment.** The worker uses OKDHS Appendix C-4 to determine income eligibility and the family share co-payment for each family. The family share co-payment is applied before OKDHS pays a child care subsidy. ■ 15 The amounts the family and OKDHS pay toward the cost of care varies depending on the plan of service, family size, income, and the number of children receiving child care services.

(j) **Social services requests.** When a client requests help in meeting the social services needs listed on Form FSS-1 or Form K-2, the worker provides all available information to aid a client in meeting these needs. ■ 16

(k) Client rights and responsibilities.

(1) The client has the right to an explanation by the worker of the "Client Child Care Responsibilities and Service Plan Agreement" listed on Form FSS-1 or Form K-2 before signing the form.

(2) The worker must advise the client that a child care request is not approved back to the date of request unless the interview is conducted and verification is provided on that same date.

(3) The client has the right to ask for a fair hearing if he or she disagrees with an action taken on his or her case. ■ 17

(4) The client is advised by the worker that the provider may charge the client extra for special fees such as enrollment or transportation fees as long as these fees are posted and also charged to the general public. The provider may also charge the client for any days OKDHS refuses to pay for care because: ■ 18

(A) the client did not swipe attendance for the correct days and times his or her child(ren) attended child care;

(B) swipes were denied and the client did not get them corrected within ten days;
or

(C) the provider loses the absent day payment for a child(ren) approved for a weekly authorization because the client did not swipe correct attendance for every day the child(ren) attended that month.

(5) The worker advises the client that the provider is not allowed to charge him or her for:

(A) days and hours covered in the child care plan when all attendance was correctly swiped even if the hours are more than customary for a full-time day;
and

(B) days the child(ren) is not in attendance. ■ 19

(6) The client is advised he or she is required to cooperate with the OKDHS Office of Inspector General in any audit or investigation of possible overpayments by the client or by his or her chosen provider.

INSTRUCTIONS TO STAFF

1. A major focus of all client contacts is to establish a good relationship with the family. Establishing a relationship of mutual trust helps to identify the family's needs, strengths, and goals. Actually seeing and talking to the child(ren) in the family also helps in developing a true picture of the family and its dynamics. The worker helps the client become more independent by suggesting ways to increase household income and identifying strengths in the client's life. The Family Support Services (FSS) worker and the Child Welfare (CW) staff freely share information to develop a plan that best meets the needs of the family when both are working with the family.
2. See OAC 340:40-7-7 for information on establishing the need factor.
3. The amount of travel time approved varies depending on what is reasonable for that client. The worker asks the client how much time it takes him or her to get to the work or training activity after dropping the child(ren) off at child care and then how long it takes to get from the work or training activity to the child care facility. If extra care is approved because the client must ride with another person whose schedule varies from the client or the client lives a long distance from his or her job, the worker documents this in Case Notes. See OAC 340:40-7-8 for information on defining need and travel time.
4. (a) The worker approves a full-time daily authorization when care is needed more than four hours per day unless the child qualifies for a blended or weekly authorization.

(b) If care is needed for four hours or less in a given day, child care is approved for a part-time rate unless the child qualifies for a blended authorization.

(c) Child care authorized on a weekly basis is paid at a full-time daily or part-time daily rate for the days the child attends care. An absent day payment may be made to the child care provider for days the child does not attend care only if the child attends the minimum number of days required in the month to qualify. See Oklahoma Department of Human Services (OKDHS) Appendix C-4-B, Guidelines for Weekly Authorizations to determine the minimum number of days a child must attend to qualify for an absent day payment and the maximum number of days the OKDHS can pay the provider.

(1) The worker approves child care on a weekly basis when the child attends the child care facility for the entire month and:

- (A) the client works only three or four days per week and works at least 40 hours per week or 80 hours every two weeks and also needs child care for all of the work hours. When the client needs care three or four days per week but is not working 40 hours per week or 80 hours in a two week period, a daily rate is approved; or
- (B) the client needs child care on a regular basis five, six, or seven days per week more than four hours each day. The client can require care for any of the need factors shown at OAC 340:40-7-7.
- (2) Child care is not approved on a weekly basis when:
- (A) the same child uses two different child care providers;
- (B) any of the care needed is part-time;
- (C) the need for child care fluctuates. For example, if the client needs care three to five days per week, the worker approves a daily authorization;
- (D) the child is using an in-home child care provider; or
- (E) the child care provider prefers a daily authorization.
- (3) See OAC 340:40-13-3, and OAC 340:40-10-4 for more information about weekly authorizations and how they are paid.
- (d) The worker approves a blended authorization for children age four and older during the school year when care is needed Monday through Friday part-time for the days school is in session and full-time for school holidays. A blended authorization is a "blend" of the number of full-time and part-time days the child should need care based on information from the Oklahoma State Department of Education. OKDHS has established two blended authorization types, traditional and extended school year. The worker must determine which blended authorization type is appropriate.
- (1) The worker approves the traditional school year blended authorization when the child attends a school with a traditional nine month school calendar. This authorization pays the blended rate which is one dollar per day higher than the part-time rate from August 16 through May 15th of each

year. During the summer months if the child continues to attend the same child care facility, the provider is paid the full-time daily rate with an absent day payment if applicable. The IMS system continues to show 23 B during the summer but for payment purposes the electronic benefit transfer (EBT) system shows a weekly authorization type. If a weekly authorization is not appropriate for the summer because the child does not require full-time care five days per week, the worker changes the authorization to match the needs of the child or closes the authorization if care is not needed.

(2) The worker approves the extended school year blended authorization when the child attends school year around. It is calculated for the entire calendar year. Authorizations coded extended school year receive the extended school year rate for the entire calendar year.

(3) A blended authorization is not appropriate if:

(A) the child requires more full-time care days in addition to school holidays during the school year;

(B) the child does not need care for school holidays;

(C) the child uses a different provider for school holidays;

(D) the facility is not open on school holidays;

(E) only part-time care is needed;

(F) more than one child care provider is needed for the child; or

(G) the child qualifies for a special needs or in-home child care rate.

(e) Care may only be authorized at one facility per day per child. When the client advises the worker that he or she plans to use two different providers for the same child, the worker determines what days of the week care is needed at each provider. If care is needed on different days, the worker can authorize care at both providers. The total number of units or days authorized for both providers cannot exceed the maximum that would be authorized if care was only needed at one provider. For example, the client wishes to use one provider three days per week and another provider two days per week. In this instance, the maximum number of days that the worker approves for care totals 23 days per month.

(f) A child care plan is normally not approved to cover an entire 24-hour calendar day. If due to the nature of the parent or caretaker's work he or she must leave the child(ren) in child care over 24 hours on an occasional basis, the worker may authorize care after receiving approval from the Family Support Services Division (FSSD) Child Care Section.

5. The purpose of discussing this with the client is to help a client consider other possibilities to purchased care that might be more suitable for the child(ren). If a natural or adoptive parent is living in the home and is not a spouse, he or she can refuse to care for the child(ren) for whom he or she is not the natural parent. OAC 340:40-7-8(g) contains information on preventive or protective child care if the client does not want a spouse to care for the child(ren).
6. (a) Programs receiving federal grant funds, such as Head Start or Early Head Start, and public schools receiving state funds for education may receive subsidy funds only if offering extended day services. Extended day means care is provided beyond the hours covered by other state or federal funds. For example, if a Head Start program's hours are defined between 8:00 am to 2:00 pm daily, the provider must also be open before or after these hours in order to qualify for a subsidy payment. Head Start, Early Head Start, kindergarten, or pre-kindergarten programs must only charge the child care subsidy program for the hours not covered by their federal grant or state funds. This may be a full-time or part-time rate depending on the number of subsidy hours needed based on the parent's schedule.

(b) If the client's tribe is paying the cost of child care, the provider cannot charge both OKDHS and the tribe for the cost of care. The child who has dual eligibility for both programs can be approved for the child care subsidy program and the tribe can pay the family share co-payment. The worker can authorize full-time or part-time care depending on the number of subsidy hours needed based on the parent's schedule.
7. See OAC 340:10-3-33(3) for more information regarding Temporary Assistance for Needy Families dependent care expenses.
8. See OAC 340:40-7-9 for more information on pursuing available income. The worker may talk to the client about how to get a raise in pay at work or how to look for another job with better earning potential. The worker may refer the client to other local resources for help in increasing his or her earning potential by either looking for another job or obtaining new job skills. Local

resources include the Oklahoma Employment Security Commission, Workforce Investment Act (WIA), Workforce Oklahoma Centers, the local technology center, or community college. The worker advises the client of any other OKDHS programs or community resources that might help meet the needs of the family.

9. Helping a client plan in advance for emergencies when a child cannot go to child care may help a client keep a job. The worker brainstorms with the client for possible alternatives, including available relatives, friends, or neighbors; or the client may discuss possible alternatives with his or her employer.
10. See OAC 340:40-13-1 for information regarding out-of-home and in-home child care arrangements. Information the worker gives the client to help make this choice includes:

- (1) the name and address of the area Child Care Resource and Referral agency for the county. This information is listed in the pamphlet, "Your Child Care Resource for Services and Information," OKDHS Pub. No. 98-09H;

- (2) giving the client a list of contracted providers. A list is obtained by searching the Child Care Locator database available on the InfoNet under OKDHS Tools. The worker prints a list of all one star plus, two star, and three star child care centers and all child care homes that meet the client's search criteria. If there are no one star plus, two, or three star centers in the community, the list includes the one star centers. If the client expresses an interest in a child care facility on a military base, the worker prints a list of these contracted providers from the Outlook Public Folder/ All Public Folders/ STO.Child Care/ Subsidy/ Out of State/ Military folder;

- (3) advising a client to request case summaries of potential providers from the Division of Child Care (DCC) licensing staff or to make an appointment to look at the licensing files;

- (4) explaining to the client that the "Star" status of a facility is an indicator that the facility meets additional quality criteria. The worker advises the client that care is not approved at a one star child care center unless there are no one star plus, two, or three star centers in the community or the exception criteria described at OAC 340:40-5-1(g)(10) is met and the worker's supervisor or county director approves an exception. The client can choose a family child care home regardless of the star level. OAC

340:110-1-8.3 describes how a provider is certified for the different star levels.

- (A) To be certified as a one star plus program, the provider must meet additional quality criteria which includes: additional training, reading to children daily, parent involvement, and program assessment.**
- (B) To be certified as a two star program, the provider must be nationally accredited or meet the one star plus criteria and also employ master teachers who meet additional educational requirements.**
- (C) To be certified as a three star program, the provider must meet all two star quality criteria and be nationally accredited;**
- (5) giving the client all or some of the pamphlets DCC Licensing produces to help clients choose quality care. They are:**
- (A) "Choosing a Day Care Center for Your Child," OKDHS Pub. No. 87-50;**
- (B) "Reaching for the Stars," OKDHS Pub. No. 01-18;**
- (C) "Your Child Care Resource for Services and Information," OKDHS Pub. No. 98-09H;**
- (D) "Child Care: Check it Out," OKDHS Pub. No. 85-60;**
- (E) "The Parent's Guide to Selecting Quality Child Care," OKDHS Pub. No. 87-91; and**
- (F) "Paying for Child Care Just Got Easier," OKDHS Pub. No. 02-06; and**
- (6) encouraging the client to watch the video, "Choosing Quality Child Care."**

- 11. A child(ren) receiving home schooling must receive this instruction from his or her own parent or caretaker except for the time a tutor might be hired. A child care provider cannot be approved to provide child care in order to home school someone else's child. The parent or caretaker cannot be approved for child care for a school age child during the hours public or private school is in session during work or school hours because he or she wants to home**

school his or her child(ren) during the evening. School age is defined as a child enrolled in the first through 12th grade. Exception: a provider can be approved to provide child care for a school age child(ren) with disabilities during the hours public or private school is in session if the child receives shortened day services from the local school system. Care can also be approved if a child is suspended or expelled from school and the school system verifies there is no other educational alternative available to the child.

12. The school break can be due to the parent's or the child's school schedule. The worker documents in Case Notes why the exception is being granted.

13.(a) Exceptions can be granted on a case-by-case basis by the supervisor or county director. Prior to granting an exception, the worker gives the parent or caretaker a list of all possible contracted one star plus, two star, and three star centers and, if the client wants to use a child care home, all contracted child care homes that meet the client's search criteria. The client is not required to choose a one star plus, two star, or three star child care home before considering a one star center if the client states he or she does not want to use a child care home. If there are no one star plus, two, or three star centers in the community, the list includes one star centers and an exception is not required. The worker uses Child Care Locator, available on the InfoNet under OKDHS Tools, to generate this list. The worker can also print a list of all military base providers from the Outlook Public Folder/ All Public Folders/ STO.Child Care/ Subsidy/ Out of State/ Military folder. The worker instructs the parent or caretaker to contact all providers on the Child Care Locator list to see if care is available during the hours needed. The client notes on the list why care is not available at any of these locations or why they did not meet the client's needs. If the client does not find care from the providers on the list, the supervisor or county director reviews the client's notes on this list to determine whether to grant an exception. The supervisor or county director documents in Case Notes on the Family Assistance/Client Services (FACS) system whether an exception was granted and why. Exceptions may be granted when none of the providers on the client's list:

(1) has an opening during the times care is needed. For example, the client works during the evening or overnight and no one else provides care during those hours;

(2) is willing to meet the special needs of the child. For example, the other providers are unable to meet the needs of a child with disabilities or provide transportation to and from the child's school; or

(3) is within a reasonable distance from the parent's or caretaker's home because of transportation issues.

(b) When the supervisor or county director agrees that an exception is warranted under (a) of this Instruction, the worker gives the parent or guardian a list of one star center providers. If the client then finds a one star center that meets the family's needs, care can be approved at that facility.

14. See OKDHS Appendix C-4, Child Care Eligibility/Rates Schedule, for details concerning income eligibility guidelines.

15. (a) In the Household tab in FACS, the worker chooses "social services" in the "benefit" field (F24) and "added to benefit section" in the "status" field (F25) to add only the child being approved for child care. All other household members are shown as "not included in benefit. Income and resources are considered in benefit computation" in the "status" field (F25). The family share co-payment is calculated by the system based on information shown in the Household and Income tabs of FACS and the "number of children receiving child care" field (E52) and is shown in the "Family Co-pay" field (E53) in the Social Services tab. The system maps this family share co-payment to the "copay" field (K70) of the authorization section when a change action is entered in the Social Services tab. The family share co-payment is never prorated.

(b) The family share co-payment is assigned to one provider per case. When more than one provider is used by the family, the worker must determine which provider gives the most costly care to the family. The worker must use OKDHS Appendix C-4 to determine the daily rate for each child based on that child's service plan. The worker adds up the monthly cost of care per child and then per provider. The worker assigns the family share co-payment to the provider giving the care that results in highest total cost.

(1) The worker chooses N for non-exempt in the "copay exempt" field (K78) of the Auth. Daycare tab for each authorization approved for the provider giving the most costly care to the family.

(2) For all other providers, the worker chooses S for second provider in field (K78) "Co-Pay Exempt."

(3) The system maps the entire family share co-payment to each child's

authorization where the "copay exempt" field is marked N and maps a zero co-payment to each authorization marked S in the "copay exempt" field.

(4) The authorization(s) for the non-exempt provider must be open on the system without edits before the worker enters the authorization(s) for the provider exempted from co-pay. If the worker tries to enter both authorizations at the same time, the authorization coded S in (K78) edits as it cannot find an open authorization for another provider.

(c) If a child's authorization is closed or opened, the family share co-payment is recalculated by the system after the worker enters a change action in the Social Services tab and enters the correct number of children in the "children in daycare" field (E52). The system maps the family share co-payment to each open authorization and generates a notice to the client. See OAC 340:40-9-2(b) and Instructions to Staff 4 for more information about adding children and OAC 340:40-9-2(c) and Instructions to Staff 5(a)(2) for more information about removing children.

(d) The entire monthly family share co-payment appears on the tape from the point-of-service (POS) machine each time the client swipes attendance at the child care facility. The only time the amount of co-pay showing on the tape changes is when the worker reduces the family share co-payment for that month.

(e) When a child is removed from licensed child care, the worker assesses whether that child's current care arrangement places the child at risk of abuse, neglect, or exploitation. A referral is made to Child Welfare (CW) if appropriate.

(f) See OAC 340:40-7-11(c)(5) for information on handling court-ordered child care payments.

(g) See OAC 340:40-9-2(e) for information regarding calculation of the family share co-payment when the client changes child care providers.

16. Each county has a list of community resources that can be given to a client to help meet social services needs. The worker checks to ensure the identified agency can help before sending the client to that agency. When information is requested to prevent domestic violence or child abuse, the worker determines whether to complete a referral to CW on Form K-13, Information/Referral – Social Services. If questions arise that the worker is unsure how to handle

regarding this or any other social service needs mentioned by a client, the worker seeks the help of his or her supervisor, if available, or other county staff.

17. See OAC 340:2-5 for more information about filing for a fair hearing. The applicant may request a fair hearing because of actions taken on a child care request as well as a child care application.

18. It is important that the worker emphasizes to the client the importance of making sure the POS machine is showing swipes are approved and if there is any problem, to report it to his or her worker immediately. The video the client must watch emphasizes this responsibility. See OKDHS Appendix C-4-B for information about weekly authorizations and absent day payments. See OAC 340:40-10 for more information about EBT.

19. See OAC 340:40-13-5(g) for a list of contract violations by a provider.

340:40-7-9. Exploration and development of potential income

(a) **Exploration and development of potential income.** The worker explores all potential sources of income such as court-ordered child support from a noncustodial parent(s), Social Security benefits, Supplemental Security Income (SSI), unemployment benefits, and veterans benefits at the time of application and at each review. ■ 1 The client is encouraged but not required to apply for SSI when the client indicates that a household member has a disability. The client must agree to pursue child support through the Child Support Enforcement Division (CSED) at the time of application when one or both of the child(ren)'s parents are absent from the home as indicated at (b) of this Section. For all other types of potential income identified at application or review, the client must pursue such income within 90 calendar days of the income being identified. ■ 2

(1) If the client refuses to pursue available income at the time of request and good cause as described in (c) of this Section does not exist, the worker denies the child care request.

(2) If the client agrees to pursue all potential income and then fails to do so, the worker closes the child care benefit for the next negative action deadline. ■ 3

(3) At each review the worker determines whether the client continues to pursue potential income.

(A) If the client begins receiving such income, the worker considers the income for the next negative action deadline after it is reported.

(B) If the client was determined not eligible for the income, the worker records this in the case record and stops exploring this potential income with the client.

(C) If the client stops pursuing the income and good cause as described in (c) of this Section does not exist, the worker closes the client's child care benefit for failure to cooperate for the next negative action deadline.

(4) If the client reapplies after closure because of non-cooperation regarding pursuit of potential income, the client must verify receipt or pursuit of such income or that such income is no longer potentially available before child care can be approved.

(b) **Mandatory referral to CSED.** When one or both of the child(ren)'s parents are absent from the home, the worker makes a mandatory referral to CSED to pursue child support at the time child care is certified. The worker makes this referral whether or not the client is currently receiving court-ordered child support. After the worker approves

the client for child care, all future child support payments must be made to the Centralized Support Registry (CSR).

(1) The client must provide the name(s) of the person(s) alleged as responsible for the support of a child(ren) and provide identifying information such as name, address, and the employer(s) of the person(s), if known.

(2) The termination of parental rights does not eliminate the obligation of either parent to provide financial support for his or her minor child(ren). Per Section 7006-1.3 of Title 10 of the Oklahoma Statutes, termination of parental rights affects the parent's rights, not his or her responsibility to support the child(ren) except in the case of adoption. An adoptive parent's legal obligation continues even if a child(ren) is returned to the care of the natural parent.

(3) The worker makes the referral to CSED by completing with the client Form FSS-AP-1-A, Absent Parent (AP) Information Sheet, for each absent parent. ■ 4 The worker gives Form C-16, Child Support Services and Responsibilities, to the client. The form explains CSED services and client expectations. Supplemental information sent to the appropriate CSED district office by the worker includes:

(A) a signed and completed Form CSED-1-A, Affidavit of Child Support Payments Received;

(B) a signed and completed Form CSED-1-B, Mother's Affidavit of Paternity. This form is only completed if the mother is applying for child care benefits and paternity has not been established; and

(C) copies of any legal documents concerning custody or child support.

(4) If paternity has not yet been established, the worker discusses the voluntary acknowledgment of paternity process with the alleged father when he is located. If the alleged father admits paternity, the worker secures the alleged father's and the mother's signature on Form CSED-209, Affidavit Acknowledging Paternity, per instructions under the Notice of Rights and Responsibilities on the form. ■ 5

(c) **Good cause.** Although the client's cooperation in the pursuit of child support through CSED is required as a condition of eligibility for child care, good cause for refusal to cooperate may be granted when such cooperation is not in the best interest of the child. The Oklahoma Department of Human Services (OKDHS) may determine that child support activities can be safely conducted without the cooperation of the client.

(1) The client must sign Form C-9, Cooperation Agreement and Request for Good Cause, at the time of the initial application, at the time of an additional child request, or when circumstances result in an applicant's or recipient's request for good cause. The worker does not deny, delay, or discontinue child care benefits pending a determination of good cause for refusal to cooperate if the applicant or recipient has complied with the requirements to furnish evidence or information. ■ 6

(2) OKDHS determines that the client has good cause for refusing to cooperate only if:

- (A) there is possible physical or emotional harm to the child;
- (B) there is possible physical or emotional harm to the parent or caretaker;
- (C) the child was conceived as a result of incest or forcible rape;
- (D) legal proceedings for adoption of the child are pending before a court; or
- (E) the client is currently being assisted by a public or licensed private social agency to resolve the issue of whether to keep the child or relinquish the child for adoption.

(3) It is the responsibility of the applicant or recipient who makes a claim for good cause to supply documentary evidence to establish the claim, or to furnish sufficient information to permit OKDHS to investigate the circumstances of good cause for refusing to cooperate. Uncorroborated statements of the applicant or recipient are not acceptable documentation. The evidence must be of probative value and supported by written statements to the extent possible. Examples of acceptable written statements include:

- (A) birth certificate or medical or law enforcement records which indicate that the child was conceived as a result of incest or forcible rape;
- (B) court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction;
- (C) criminal, medical, child protective services, social services, psychological, or law enforcement records indicating that the putative or absent parent might inflict physical or emotional harm on the child or caretaker;
- (D) medical records indicating the emotional health history and present emotional health status of the caretaker or child, or a written statement from a

mental health professional indicating a diagnosis or prognosis concerning the emotional health of the caretaker or child;

(E) a written statement from a public or licensed private social agency that the applicant or recipient is being assisted by OKDHS to resolve the issue of whether to keep the child or relinquish the child for adoption; and

(F) sworn statements from individuals other than the client with knowledge of the circumstances which provide the basis for the good cause claim.

(4) Upon request, the worker assists the client in obtaining evidence that is not reasonably obtainable. This requirement is limited to the specific documentary evidence in (3)(A) through (F) of this subsection. The client must specify the type of document or record needed, as well as provide sufficient identifying information to make it possible to be obtained.

(5) Under limited conditions the parent(s) of a child removed from the home by a custody order may be exempt from the required referral to the CSED district office as a condition of the child's eligibility. The Children and Family Services Division (CFSD) or Office of Juvenile Affairs (OJA) worker must send a referral that includes reasons for the request of an exemption to the requirement to cooperate in the development of child support.

(d) **Failure to cooperate in the pursuit of child support.** Failure to cooperate in pursuit of child support without good cause may be indicated at the time of application or at any time further action by the client is necessary.

(1) Actions indicating failure to cooperate include refusals to:

(A) identify and assist in locating a known parent;

(B) establish paternity; or

(C) establish, modify, or enforce a support order.

(2) When the worker is informed by CSED that the client is not cooperating, the worker closes the child care benefit for the next negative action effective date. ■ 7

INSTRUCTIONS TO STAFF

1. (a) The worker and the client jointly determine which sources of income may be available to the client and develop a plan to pursue identified potential

income. The worker records this plan on Form FSS-1, Combined Application and Review, Form K-2, Application for Child Care Services, or in the Family Assistance/Client Services (FACS) Interview Notebook under the Day Care tab.

(b) See OAC 340:40-7-8(a) and Instruction to Staff 2 for information about counseling with the client to increase income.

(c) The client must be willing to pursue available income for all household members whose income is considered in the child care case whether or not that person requests a child care benefit. For example, a parent may not choose to only pursue child support from the absent parent(s) of the child(ren) requesting a child care benefit and refuse to pursue from another absent parent(s) of a child(ren) in the home. See OAC 340:40-7-6 for information regarding household composition and income consideration.

(d) When a minor parent requests child care for his or her child and is not living with his or her parents, child support does not need to be pursued for the minor parent. The minor parent is considered an emancipated adult per OAC 340:40-7-6(c)(1). The minor parent must pursue child support for his or her child(ren) if a parent is absent from the home.

2. The worker sets a 90-day tickler to determine whether potential income is being pursued and sends Form ADM-92, County Client Contact and Information Request, at the time of certification advising the client what income must be pursued within 90 days.
3. If the worker has not received information verifying that the client is now pursuing potential income, he or she sends Form ADM-92 giving the client ten additional calendar days to provide proof that potential income is being pursued. If verification is not provided, the worker closes the child care benefit for the next negative action deadline date shown on OKDHS Appendix B-2, Deadlines for Case Actions, Section III.
4. The worker enters information from Form FSS-AP-1-A, Absent Parent (AP) Information Sheet, in the Deprivation tab of the Family Assistance/Client Services (FACS) Interview Notebook.
5. The worker sends the original and one copy of Form CSED-209, Affidavit Acknowledging Paternity, to the Oklahoma State Department of Health (OSDH), Division of Vital Records and gives a copy to the mother and the alleged father. Completion and filing of Form CSED-209 legally establishes

paternity for a child. If either parent, within 60 calendar days of completing Form CSED-209, changes his or her mind about acknowledging paternity, he or she signs Form CSED-209-R, Rescission of Affidavit Acknowledging Paternity. Copies of the form are distributed as indicated on the form.

6. When a claim for good cause is made, the worker updates the Deprivation tab in the Interview Notebook of FACS to indicate that a good cause determination is pending. Child Support Enforcement Division (CSED) forms are completed but not submitted until a good cause determination is made. The good cause determination process is completed when Form C-15, Good Cause Report, and appropriate documentation supporting the good cause claim are forwarded to the appropriate CSED district office.

- (1) On an application without a previous good cause request, the worker and supervisor determine whether good cause is justified after evaluating all of the information.

- (2) If the county office and CSED district office concur with the client's claim for good cause, the county office updates the appropriate entries on the Deprivation tab of FACS.

- (3) If the county office and CSED district office do not concur with the client's claim of good cause, the worker advises the client that if he or she continues to refuse to cooperate, the child care benefit must be closed. If the client agrees to cooperate at this point, he or she signs a new Form C-9, Cooperation Agreement and Request for Good Cause. The worker submits the appropriate CSED forms to the appropriate CSED district office and updates the Deprivation tab to indicate the client is cooperating.

- (4) When the county office and CSED district office do not concur with each other in a determination of good cause, the county office submits all pertinent information, including Form C-15 to the Family Support Services Division (FSSD) where a final determination regarding good cause is made. The two offices make every effort to reconcile their decisions before referring the decision to FSSD. FSSD returns Form C-15 with Section V completed to the county office for appropriate action and sends a copy to the CSED district office.

- (5) When the client reapplies for child care and good cause has previously been approved, the worker interviews the client regarding what changes, if any, there are from the circumstances that resulted in the previous good

cause determination. If there are no changes, the worker completes Sections I, II, and III of Form C-15 and forwards it to the CSED district office for concurrence. If changes have occurred that might affect the good cause determination, the worker asks the client to furnish sufficient documentary evidence to substantiate the reported changes. Upon receipt of the documentation, the worker completes Sections I, II, and III of Form C-15, attaches a copy of the documentation, and forwards it to the CSED district office for concurrence.

(6) At each child care review, the worker asks the client whether any circumstances have changed regarding good cause. If circumstances have not changed, the worker takes no further action regarding good cause. If it appears circumstances have changed and good cause may no longer exist, the worker completes Section VI of the original Form C-15, attaches documentation of the change(s), and sends it to the CSED district office for concurrence of the good cause consideration. If there is no Form C-15 in the case record, the worker completes Sections I and VI of a new Form C-15. The CSED district office completes Section VI and returns the form to the county office.

(7) If the county office staff and CSED staff jointly agree that good cause no longer exists, the client is advised he or she must pursue child support through CSED or the child care benefit must be closed. If the client agrees to cooperate, he or she signs a new Form C-9. The worker mails appropriate CSED forms to the CSED district office and updates the Deprivation tab in FACS.

(8) If an additional child(ren) is added to the case and good cause has already been approved for the same parent, the worker codes the Deprivation tab to show good cause exists unless good cause circumstances have changed.

7. (a) The CSED district office sends a message via the G3 discrepancy transaction to inform the worker when a client is not cooperating. The same process is used to notify the worker when the client resumes cooperation. See Appendix B-2 to determine the next negative action effective date.

(b) To confirm cooperation, the worker looks at CSED's CCPI transaction. The worker accesses the CCPI transaction by entering CCPI space the client's family group number (FGN). If the cooperation field is marked Y, the client is cooperating. The worker can find the client's FGN number by entering SSN

space and the client's Social Security number.

(c) If the CCPI screen's cooperation field is marked N or O for non-cooperation and the client states he or she has cooperated with CSED, the worker contacts the CSED office to confirm or deny this.

340:40-9-3. Notices regarding child care eligibility

(a) **Computer-generated notice required.** A computer-generated notice is sent to inform the client of any:

(1) initial eligibility decision; ■ 1

(2) decision regarding continued eligibility if a change occurs that increases or decreases the level of child care services; ■ 2

(3) decision to terminate child care services; and ■ 2

(4) decision to reopen child care services. ■ 1

(b) **Form FSS-37, Notice Regarding Social Services, required.** The worker must send Form FSS-37 when the system does not provide a notice. The worker also sends Form FSS-37 to notify the client and provider when any additional co-payment is being paid by someone other than the client directly to the provider or is being discounted by the child care provider for an employee. ■ 3

(c) **Notice not required.** A written notice is not required for:

(1) information and referral services; and

(2) protective intervention services.

(d) **Returned notices.** When a notice of a proposed case action is returned, the worker makes at least one attempt to locate the client. ■ 4

(e) **Advanced notice required.** Advanced notice is required on case actions that decrease or terminate the level of child care services when such services are still needed by the client. ■ 5

(f) **Advance notice not required.** Advance notice is not required on case actions that increase the level of child care services or when child care services are no longer being used. ■ 6

INSTRUCTIONS TO STAFF

1. **The worker updates the Family Assistance/Client Services (FACS) Eligibility Notebook under the Auth. Daycare tab to computer-generate a notice to the client and the child care provider of the approval, denial, or reopen action.**

Providers receive one consolidated notice showing all actions taken on a specific day for all children at their facility. The system only sends a child care provider a computer-generated notice denying child care benefits when the name of the child care provider is known and entered in the authorization at the time the denial action is taken.

2. See OAC 340:40-9-2 for changes that increase or decrease the level of child care services. The worker updates the FACS Eligibility Notebook, Auth. Daycare tab to computer-generate a notice to the client and the child care provider of these changes. The system does not send a notice on change actions that do not affect the benefit level or family share co-payment amount.
3. (a) Form FSS-37, Notice Regarding Social Services, is sent by the worker when:
 - (1) the client dies. Form FSS-37 is sent to the person who assumes responsibility for the client's affairs. The worker also contacts the child care provider;
 - (2) there is a delay in decision on an initial application beyond two working days of the worker receiving all necessary verification to determine eligibility. Form FSS-37 explains the reason for delay;
 - (3) the client requests the higher special needs rate and it is not approved. The worker sends Form FSS-37 to both the client and provider;
 - (4) the system fails to send a computer-generated notice and one is needed. The worker sends Form FSS-37 to both the client and provider; or
 - (5) the client's case closes due to Form FSS-BR-1, Benefit Review Report, not being returned. The client provides the form and needed verification within 30 days but the verification shows the client is no longer eligible for child care benefits. The worker sends Form FSS-37 to notify the client the reason benefits are not being reopened.
- (b) See OAC 340:40-7-11(c)(5) and Instruction to Staff 15 for more information on when to send Form FSS-37 because an additional co-payment is being paid.
4. Attempts to locate the client are documented in the case record or in FACS Case Notes. If the client is located within 30 days, he or she is given another

opportunity to provide required information without reapplying.

5. This time period allows time for planning with the client and for notifying the child care provider of these changes before they take place. Refer to OKDHS Appendix B-2, Deadlines for Case Actions, for negative action deadline schedules for child care changes and closure actions. The recipient has 30 days following receipt of the notice to appeal the decision. If the client appeals the decision within ten calendar days, the worker reinstates the child care benefit at the prior level when requested by the client pending the outcome of the hearing. Case actions that require advance notice include:

(1) non-cooperation from the client in providing verification and completing a scheduled interview;

(2) increasing the family share co-payment;

(3) decreasing the days and hours child care is needed or closing child care services when there is less or no compensable need and the client continues to use child care;

(4) when a client is no longer eligible for subsidized child care because of countable income;

(5) a change in payee; and

(6) failure to return the computer-generated Form FSS-BR-1 or required verification timely for semi-annual reporters.

6. Refer to OKDHS Appendix B-2 for non-negative action deadline dates if applicable. Also see OAC 340:40-9-2 for possible alternative dates. Case actions that do not require advance notice include:

(1) decreasing the family share co-payment;

(2) increasing the days and hours child care is needed;

(3) the client requesting closure of the child care benefit, reduction in the number of days child care is needed, or a change between care authorized on a part-time, full-time, blended, or weekly basis;

(4) a client voluntarily waiving his or her right to an advanced notice in

writing;

(5) closing a child's child care benefit because he or she reaches the maximum allowable age; [OAC 340:40-7-3] and

(6) a change in child care provider.