
POLICY TRANSMITTAL NO. 07-76	DATE: JANUARY 4, 2008
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF LEGISLATIVE RELATIONS AND POLICY

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:40-3-1; 40-5-1; 40-7-9; 40-9-1 through 40-9-2; and 40-13-3.

EXPLANATION: OAC 340:40-3-1 Instructions to staff (ITS) are revised to: (1) no longer specify what application forms are used as they are mentioned in the rule and one application form is being revoked; (2) change form names; (3) remove obsolete language regarding training volunteers to take applications and giving the client a copy of the service plan agreement; and (4) add language that staff must keep the original application forms in the case record or store them in the imaged record.

OAC 340:40-5-1 ITS are revised to: (1) change conditions when the full-time and weekly unit types are approved; and (2) change a form number.

OAC 340:40-7-9 ITS are revised to: (1) remove specific application and review form names and numbers; and (2) change a form name.

OAC 340:40-9-1 ITS are revised to: (1) remove the requirement to complete a new service plan on the review form since it is being removed from the form; (2) show current form numbers and names; (3) remove mention of an application form that is being revoked as it does not comply with citizenship requirements; and (4) add clarifying information.

OAC 340:40-9-2 ITS are revised to: (1) remove the requirement to complete a new service plan when the days and hours care is needed changes since it is being removed from the form; and (2) add information regarding additional citizenship and alien requirements for children being added to the child care benefit after certification.

OAC 340:40-13-3 ITS are revised to change conditions when the full-time and weekly unit types are approved.

Original signed on 1-2-08

Mary Stalnaker, Director
Family Support Services Director

Sharon Neuwald, Coordinator
Office of Legislative Relations and Policy

WF # 07-JJ (NAP)

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 an "OKDHS" number, such as personnel policy at OKDHS:2-1 and personnel rules at OAC 340:2-1. The "340" is the Title number that designates OKDHS 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, OKDHS 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, OKDHS: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 405-521-4326.

<u>REMOVE</u>	<u>INSERT</u>
340:40-3-1	340:40-3-1, pages 1-12, revised 1-1-08
340:40-5-1	340:40-5-1, pages 1-15, revised 1-1-08
340:40-7-9	340:40-7-9, pages 1-11, revised 1-1-08
340:40-9-1	340:40-9-1, pages 1-7, revised 1-1-08
340:40-9-2	340:40-9-2, pages 1-10, revised 1-1-08
340:40-13-3	340:40-13-3, pages 1-5, revised 1-1-08

340:40-3-1. Application process

Revised 6-1-07

(a) **Application process.** The application process for subsidized child care benefits begins with a request for an application form and ends with determining the household's eligibility and entering that determination into the computer system.

(1) **Staff responsible for processing the application.** A Family Support Services (FSS) worker completes all applications when an eligibility determination for a family must be made. FSS workers also complete applications for children in tribal custody, children under an Interstate Compact on the Placement of Children (ICPC) with another state, or when Child Welfare (CW) staff contract with an outside agency to provide protective or preventive child care services. CW staff must process all applications made by CW foster parents for child care. In most instances, CW staff complete protective or preventive child care requests when they are working with the family and recommending protective or preventive child care.

■ 1

(2) **When an application is required.** A new application is required when:

(A) an applicant initially applies for subsidized child care benefits;

(B) expedited eligibility processing was used in accordance with subsection (b) of this Section and requested verification is not returned within 60 calendar days of the application date;

(C) the payee for the subsidized child care benefits changes;

(D) the client's subsidized child care benefits close after approval for 30 calendar days of child care to search for a job in accordance with OAC 340:40-7-8(a)(6);
or

(E) the client's subsidized child care benefits have been closed for more than 30 calendar days.

(3) **Who can apply.** An applicant or the applicant's authorized representative may apply for subsidized child care benefits. If an authorized representative applies on behalf of an applicant, he or she must bring a signed statement from the applicant giving this person permission to act on behalf of the applicant or the applicant must have designated this person as his or her authorized representative on the signed application. ■ 2

(A) If the natural or adoptive parent or stepparent of the child is in the home, he or she is considered the applicant and eligibility is based on that parent's situation regardless of whether he or she has custody of the child.

(B) If both the natural and adoptive parent of the child are living in the same household and the adoption has been finalized, the adoptive parent is considered the applicant and eligibility is based on that parent's situation.

(C) If the natural or adoptive parent or stepparent is not in the home, the person acting in the role of the parent, referred to as the caretaker, is the applicant. The caretaker may or may not be related to the child. ■ 3

(D) If the parent is a minor, either the minor parent or the responsible adult the minor is living with can be considered the applicant for the subsidized child care benefits. Eligibility is based on the minor parent's situation. ■ 4

(E) If the natural or adoptive parent is living in the home but is too incapacitated to apply, someone else living in the home may apply for the natural or adoptive parent. The other person must provide proof of the parent's inability to apply. ■ 5

(4) **Application form.** An applicant or the applicant's authorized representative completes and signs Form 08CC002E, Application for Child Care Services, or Form 08MP001E, Comprehensive Application and Review to apply for subsidized child care benefits. ■ 6 When child care is needed for a child with disabilities, the worker and applicant also complete Form 08AD006E, Certification for Special Needs Child Care Rate. ■ 7

(5) **Date of request.** The date of request is the date the applicant requests subsidized child care benefits verbally or in writing. ■ 8

(6) **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 human services center. This includes providing the name of the child care provider the client wishes to use. ■ 9

(A) The provider must already have a valid Oklahoma Department of Human Services (OKDHS) child care provider contract.

(B) See OAC 340:40-5-1(7) for reasons an applicant cannot choose certain child care providers.

(C) For applicants choosing an in-home provider, see OAC 340:40-13-1 and 340:40-13-2.

(7) **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 protective or preventive child care requests and strongly recommended for special needs requests. ■ 10

(8) **Explanation of eligibility factors.** At the time of the initial interview, the worker advises the applicant or authorized representative of: ■ 11

(A) his or her rights and responsibilities;

(B) all factors of eligibility including which child care providers are eligible to receive subsidy payment;

(C) the plan of service and reason child care may be approved based on the applicant's statements at interview;

(D) the applicant's electronic benefit transfer (EBT) responsibilities that includes viewing the client training video. ■ 12

(E) the earliest date child care can be approved;

(F) the requirement to 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; and

(G) the requirement to report within ten calendar days any changes in his or her circumstances. ■ 13

(9) **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 denies the request within 30 calendar days of the date of request. The worker sends Form 08MP037E, Notice Regarding Social Services, explaining the reason for delay to any applicant whose application is over 30 days old.

(10) **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 per OAC 340:2-5.

(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: ■ 14

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

(2) cannot start a new job.

(c) **Eligibility determination.** 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(8) for more information about income determination.

(1) **Applicant determined eligible.** The earliest date the worker approves subsidized child care benefits 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 of service. ■ 15

(A) The client swipes attendance with his or her EBT card through a point-of-service (POS) machine at the child care facility.

(B) 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. ■ 16

(C) 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.

(2) **Applicant determined ineligible.** The request or application is denied if the applicant is ineligible, does not provide needed verification, or requests cancellation of the application. ■ 17 A new application form is not needed when the applicant completes the application process and provides necessary verification within 60 calendar days of the original request date. ■ 18

INSTRUCTIONS TO STAFF 340:40-3-1

Revised 1-1-08

1. (a) **See OAC 340:40-7-8(e) for information about processing Family Support Services (FSS) protective or preventive child care requests. The county**

director decides which worker, FSS or Child Welfare (CW), completes a protective or preventive child care request when responsibility is unclear.

(b) When a child is in a tribal foster placement, the worker contacts the tribe to determine whether child care funds are available through the tribe prior to approving child care. The foster parent can choose to receive subsidized child care benefits through the Oklahoma Department of Human Services (OKDHS) and the tribe may pay the client's family share co-payment. The child care provider may not file a claim with both OKDHS and the tribe.

(c) When a child is 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.

(d) When the CW worker considers a family at risk for child abuse and neglect but the family is not court involved, the CW worker may contract for Comprehensive Home-Based Services (CHBS) with the Oklahoma Children's Services (OCS). When CW is not maintaining an open CW case, the FSS worker completes the application for protective or preventive subsidized child care benefits.

(e) When a child is placed with a foster parent whose foster care payment is pending, the CW worker is responsible for processing the child care application. If the child is placed in a non-paid foster home and CW has no plans to pay the foster parent, the FSS worker is responsible for processing the child care application.

(f) See OAC 340:75-7-65 for CW foster care child care requirements and OAC 340:75-6-91 for CW preventive child care cases.

2. (a) 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 determine whether:

(1) the household has freely requested the assistance of the authorized representative;

(2) household circumstances are correctly reported; and

(3) the applicant understands that he or she is held liable for any overpayment that results from erroneous information given by the authorized representative.

(b) 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.

- 3. See OAC 340:40-7-6(c) when the absence of the parent is temporary.**
- 4. Only the minor parent's income and need factor is used to determine the child's eligibility for subsidized child care benefits. See OAC 340:40-7-6(b).**
- 5. This situation can occur if the parent has severe mental retardation or was seriously injured. The person acting on the parent's behalf must provide documentation from a professional working with the parent stating why the parent is incapable of completing the application or designating an authorized representative.**
- 6. A signature submitted through an imaged document by e-mail or a fax machine is acceptable on an initial application if there is an access issue for a client to apply for benefits in person. If an application is e-mailed or faxed and the client comes to the office for an interview, the worker obtains an original signature during the interview.**
- 7. See OAC 340:40-7-3.1 for more information on approving a child with disabilities for the higher special needs rate at the chosen facility.**
- 8. (a) 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.**

(b) When the child care request is mailed or left at the human services center, 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. If the worker cannot reach the client by telephone, he or she sends Form 08AD092E, Client Contact and Information Request, advising the client of the need for an interview and

verification.

9. (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 subsidized 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.

10. (a) 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. Human services center staff are encouraged to develop at least two methods to assist applicants in accessing subsidized 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 application form must be received before the worker approves subsidized child care benefits. The entire application must be completed before the applicant signs the signature page of the application;

(3) outstationing staff where needed to take applications;

(4) 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

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

(b) Human services center 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 human services center, 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. If the worker cannot reach the client by telephone, he or she sends an 08AD092E advising the client of the need for an interview and verification.

11. (a) The worker advises the applicant that the plan of service may change depending on the documentation the applicant provides to verify the applicant's need for child care.

(b) The worker secures the applicant's signature on the appropriate form. The worker keeps the signed original application forms in the case record or stores them in the imaged record. At the end of the interview, the worker gives or mails to the applicant or the authorized representative:

(1) a copy of the application if he or she requests it; and

(2) 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 08AD092E to the applicant when verification must be provided before subsidized child care benefits can be approved. When Form 08AD092E 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. If the worker is able to reach the applicant by telephone, he or she advises the applicant that a child care request is not considered an application until all necessary verification is received.

12. The video explains:

(1) proper care and use of the client's electronic benefit transfer (EBT) card;

(2) the client's responsibility to swipe accurate attendance before OKDHS helps pay for the child's care; and

(3) the need to contact the worker immediately if a problem occurs so that it can be resolved within ten calendar days.

13. See OAC 340:40-9-2 for the types of changes that must be reported.

14. (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 08AD092E 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 calendar 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 calendar 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 within 30 calendar days and the client continues to use the same provider, the worker reopens the closed authorization. The 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 FSSD Overpayment Section.

15. If the applicant chooses a provider that has not yet been granted a contract, see Instructions to Staff 7(b). To certify the subsidized child care benefits, the worker enters the Daycare, 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, Weekly Unit Type Guidelines, for information on when a weekly unit type 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.
16. Circumstances beyond the control of the client and/or provider include, but are not limited to, some type of worker or system error.
17. (a) The worker denies the child care request if the applicant does not provide, within the agreed upon time frame, verification necessary to certify subsidized child care benefits, 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) "Person Number" field K4;
 - (2) "Action Taken" field K12;
 - (3) "Reason" field K16;
 - (4) "Child Care Req Date" field K9;
 - (5) "Begin/Change Date" field K45; and
 - (6) "Adult Day Services" field 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.

18. The client must be determined eligible within 60 calendar days of the original request date. If it takes more time to determine eligibility, a new application is required.

340:40-5-1. Plan of service

Revised 6-1-07

Plan of service. Providing child care is part of an overall plan of service designed to help the parent or caretaker with whom the child lives to achieve his or her maximum potential for self-support. Quality child care services assure the parent or caretaker that each child has adequate care that affords developmental and learning experiences while the parent or caretaker is engaged in self-support activities. ■ 1 The plan of service consists of many components that all link to form a goal-directed plan of care, and includes the components in (1) through (11).

(1) **Child characteristics.** The worker gathers information about the child for whom child care is needed including his or her name, age, grade level, and whether the child has a disability. ■ 2

(2) **Need for child care.** The worker determines whether the parent or caretaker meets a need factor in accordance with OAC 340:40-7-7 and 340:40-7-8.

(3) **Plan hours.** The worker gathers information about the days and hours the parent or caretaker meets the need factor, including travel time. When there are two parents or caretakers in the home, the worker only approves subsidized child care benefits when both parents or caretakers meet a need factor during the same hours in accordance with OAC 340:40-7-7 and OAC 340:40-7-8. Based on the days and hours the child requires care, the worker approves a full-time daily, part-time daily, a combination of full-time and part-time daily, weekly, or a blended unit type. ■ 3

(4) **Alternative to subsidized child care benefits.** The worker explores with the client whether there is an appropriate, feasible alternative to Oklahoma Department of Human Services (OKDHS) subsidized child care benefits. If the alternative is a spouse or the natural or adoptive parent of the child who lives in the home, the client must use the alternative rather than subsidized child care benefits. If the alternative is someone else, the client has a choice whether to use this alternative or not. ■ 4 Possible alternatives include:

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

(B) 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; ■ 5

(C) dependent care expenses that are considered as earned income exemptions, per OAC 340:10-3-33(3); and

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

(5) **Plan to increase income.** At each application or review the client and worker discuss ways the client can increase income to the household and identify 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 and in accordance with OAC 340:40-7-9. ■ 6

(6) **Back up plan.** The worker discusses with the client the back up plan for child care that is in place if the child cannot go to the usual provider because of illness, school holidays, or other 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. ■ 7

(7) **Choice of provider.** The worker documents the choice of provider on the application or review form. If the client does not choose a provider at the time of request, the worker provides the client with information to help in making the choice. The client may choose a family child care home regardless of star level. ■ 8 The client may not choose a child care:

(A) facility that does not have a valid contract with OKDHS;

(B) facility in which the client or his or her spouse, including the child's parent or stepparent, has an ownership interest;

(C) home in which the child resides;

(D) home in which the client also works during the hours his or her child(ren) is in care unless an approval is obtained from the Family Support Services Division (FSSD), Child Care Section; ■ 9

(E) provider who does not allow parental access during the hours the provider is caring for children;

(F) provider who is receiving state or federal funds, such as Head Start, Early Head Start, or public schools, unless:

(i) all parents are charged a fee for the hours subsidy payment is requested; and

(ii) the program offers extended day services. Programs operating only during typical school or Head Start hours are not eligible; ■ 5

(G) 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 ■ 10

(H) center, which is a one star facility unless there are no one plus, two, or three star centers in the community or special exception criteria are met. Special exception criteria are:

(i) the child was already approved for care at this one star center prior to January 1, 2003 or prior to the provider's star status being reduced to one star. The child can remain at this facility unless the child stops attending there for more than 30 calendar days. The child may be approved at this same facility again if the only reason the child did not attend for more than 30 calendar days was because of a school break or due to circumstances beyond the control of the family such as illness of the child; ■ 11

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

(iii) the parent or guardian demonstrates there is no other child care option that meets the family's needs. ■ 12

(8) **Income determination.** Based on OAC 340:40-7, the worker determines who is considered part of the 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. The OKDHS Appendix C-4 is amended from time to time and the Commission for Human Services must approve any changes. If the income of the family exceeds the eligibility standard on the appendix or is above the income level on the appendix, the family is not eligible for subsidized child care benefits.

(9) **Family share co-payment.** The worker uses OKDHS Appendix C-4 to determine the family share co-payment for each family. The family share co-payment is applied before OKDHS pays a child care subsidy. ■ 13 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 subsidized child care benefits.

(10) **Social services requests.** When a client requests help in meeting the social services needs listed on the application or review form, the worker provides all available information to aid a client in meeting these needs. ■ 14

(11) **Client rights and responsibilities.** The worker advises the client of rights and responsibilities listed in (A) through (G).

(A) A child care request is only approved back to the date of request when the interview is conducted and verification is provided on that same date.

(B) The client has the right to ask for a fair hearing if the client disagrees with an action taken on his or her case, per OAC 340:2-5. ■ 15

(C) The provider may charge the client for special fees, such as enrollment or transportation fees, provided these fees are posted and also charged to the general public.

(D) The provider may charge the client for care provided in excess of OKDHS approved child care plan of service hours when the client chooses to leave the child in care longer. If the provider requires that all children in the facility begin care by a certain time of day and the client's child care plan hours start later, the provider must not charge the client for those additional hours. The client swipes attendance based on the child care plan hours. ■ 16

(E) The provider may charge the client for any days OKDHS refuses to pay for care when: ■ 17

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

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

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

(F) The provider may not charge the client for:

(i) 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

(ii) days the child is not in attendance. ■ 18

(G) The client is required to cooperate with the OKDHS Office of Inspector General in any audit or investigation of possible overpayments by the client or by the client's chosen provider.

INSTRUCTIONS TO STAFF 340:40-5-1

Revised 1-1-08

- 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 children 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. (a) If the child is in school, the worker asks what days and hours the child attends school to help determine how many hours the client needs subsidized child care.**

(b) Child care providers caring for children with disabilities are sometimes eligible for a higher reimbursement rate. See OAC 340:40-7-3 and OAC 340:40-7-3.1 for information about children with disabilities.
- 3. (a) 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 to get to the work or training activity after dropping the child 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.**

(b) To help determine the appropriate unit type, the worker can use the Appendix C-4-C, Unit Type Chart for Child Care Authorizations.

(1) The worker approves a full-time daily unit type when care is needed more than four hours every day authorized for fewer than 15 days per month or more than 23 days per month.

(2) The worker approves a part-time daily unit type when care is needed for four hours or fewer every day authorized.

(3) The worker approves a combination of full-time and part-time unit types when care is needed more than four hours for some of the days and four hours or fewer other days. If the child is four years or older, the worker first determines whether the child qualifies for a blended unit type before approving a combination of full-time and part-time unit types.

(4) Child care authorized with a weekly unit type 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, Weekly Unit Type Guidelines, to determine the minimum number of days a child must attend to qualify for an absent day payment and the maximum number of days OKDHS pays the provider.

(A) The worker approves child care with a weekly unit type when:

(i) the child attends the child care facility for the entire month; and

(ii) the client needs child care more than four hours each day and at least 15 days and no more than 23 days per month. The client can require care for any of the need factors shown at OAC 340:40-7-7.

(B) Child care is not approved with a weekly unit type when:

(i) the same child uses two different child care providers;

(ii) any of the care needed is part-time;

(iii) the need for child care is fewer than 15 days per month or more than 23 days per month; or

(iv) the child is using an in-home child care provider.

(C) See OAC 340:40-10-4 for more information about how authorizations approved with a weekly unit type are paid.

(5) The worker approves a blended unit type for children age four and older when care is needed Monday through Friday part-time for the days school is in session and full-time for school holidays. The rate established by OKDHS for a blended unit type is higher than for a part-time unit type and lower than a full-time unit type. It is based on information from the Department of Education regarding the number of full-time and part-time days the child should need care. OKDHS has established two blended unit types, traditional and extended school year. The worker must determine which blended unit type is appropriate.

(A) The worker approves the traditional school year blended unit type when the child attends a school with a traditional nine-month school calendar. This unit type pays the blended 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 unit type. If a weekly unit type is not appropriate for the summer because the child does not require full-time care five days per week, the worker changes the unit type to match the needs of the child or closes the authorization if care is not needed.

(B) The worker approves the extended school year blended unit type when the child attends school year around. Authorizations coded with the extended school year blended unit type receive the extended school year rate for the entire calendar year.

(C) A blended unit type is not appropriate when:

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

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

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

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

- (v) only part-time care is needed;
 - (vi) more than one child care provider is needed for the child; or
 - (vii) the child qualifies for a special needs or in-home child care rate.
- (6) 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 may not exceed the maximum that would be authorized if care were 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 the worker approves care totals 23 days per month.
- (7) 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 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.
4. The purpose of discussing alternative care with the client is to help the client consider other possibilities to purchased care that might be more suitable for the child. If there is another adult living in the home who is not a spouse or a natural or adoptive parent of the child, he or she can refuse to care for the child. OAC 340:40-7-8(e) contains information on preventive or protective child care if the client does not want a spouse to care for the child.
5. (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 a.m. to 2:00 p.m. 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. The worker may approve a full-time or part-time unit type depending on the parent's schedule and the number of subsidy hours needed.

(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 subsidized child care benefits and the tribe can pay the family share co-payment. The worker authorizes a full-time or part-time unit type depending on the parent's schedule and the number of subsidy hours needed.

- 6. 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, how to increase the client's job skills, or discuss whether the client might be eligible for other money or benefits such as child support, Social Security benefits, Supplemental Security Income, unemployment benefits, or veteran's benefits. The worker refers the client to other agencies for help when appropriate. Possible referral sources include:**

- (1) the Oklahoma Employment Security Commission;**
- (2) Workforce Investment Act (WIA) contracted entity;**
- (3) Workforce Oklahoma Centers;**
- (4) the local technology center;**
- (5) community college;**
- (6) Social Security Administration; or**
- (7) the Department of Veterans Affairs.**

- 7. 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. These might include available relatives, friends, or neighbors or the client may discuss other alternatives with his or her employer.**

- 8. 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) a list of contracted providers. The worker obtains a list by searching the Child Care Locator database available on the InfoNet under OKDHS Tools. The worker prints a list of all one plus, two, and three star child care centers and all child care homes that meet the client's search criteria. If there are no one plus, two, or three star centers in the community, the list includes the one star centers;

(3) how to request case summaries of potential providers from the Division of Child Care (DCC) licensing staff or how 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 plus, two, or three star centers in the community or the exception criteria described at OAC 340:40-5-1(7)(H) is met and the worker's supervisor or county director approves an exception. The client may 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 that includes: additional training, reading to children daily, and parent involvement.

(B) To be certified as a two star program, the provider must be nationally accredited or meet the one star plus criteria, employ master teachers who meet additional educational requirements, and include program evaluation.

(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 OCCS Licensing produces to help clients choose quality care. They are:

(A) "Reaching for the Stars," OKDHS Pub. No. 01-18;

- (B) "Your Child Care Resource for Services and Information," OKDHS Pub. No. 98-09H;
- (C) "The Parent's Guide to Selecting Quality Child Care," OKDHS Pub. No. 87-91; and
- (D) "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."
9. The worker sends an e-mail to daycare@okdhs.org requesting approval to allow the client to choose a home in which the client also works during the hours his or her child is in care. The worker must include why the client is unable to use a different child care provider.
10. A child 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 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 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.
11. The school break can be due to the parent's or the child's school schedule.
- 12.(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 contracted one plus, two, 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 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 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.

13. (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 "co-pay" 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) Children who are exempted from co-pay and those who are not exempted must be authorized for child care in separate case records. The system does not correctly calculate the co-payment when care is authorized in the same case record.

(c) 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 "co-pay 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 "co-pay exempt" field is marked N and maps a zero co-payment to each authorization marked S in the "co-pay 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.

(d) 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 (ITS) 4 for more information about adding children and OAC 340:40-9-2(c) and ITS 5(a)(2) for more information about removing children.

(e) 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.

(f) 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.

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

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

14. Each human services center 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 08MP013E, 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 human services center staff.
15. The applicant may request a fair hearing because of actions taken on a child care request as well as a child care application.
16. There are providers who require that all children be in attendance by a certain time every morning, for instance 9:00 a.m., regardless of the client's work or school schedule. Reasons given by the provider may include limiting disruptions to program content, so all children can participate fully in the quality content of the child care program, or to reduce transportation costs for the provider. If based on the client's work or school schedule care is not needed until 11:00 a.m., the client swipes attendance by entering a previous in for 11:00 a.m. on the point-of-service (POS) machine when the child is picked up at the end of the day. The provider must not charge the client for the additional two hours of care. If the client chooses to drop the child off at the child care provider earlier than the approved plan of service hours or leaves the child later for personal reasons, the provider can charge the client for those additional hours.

17. The worker emphasizes to the client the importance of checking for an approval message on the POS machine and to report any pending or denied messages 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 unit types and absent day payments. See OAC 340:40-10 for more information about EBT.

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

340:40-7-9. Mandatory pursuit of child support and other potential income

Revised 6-1-07

(a) **Mandatory referral to the Child Support Enforcement Division (CSED).** When one or both of the child's parents are absent from the home, the client must agree to pursue child support through CSED for all children that must be included in the same household in accordance with OAC 340:40-7-6 before subsidized child care benefits are approved unless good cause exists as described at paragraph (6) of this subsection. This includes when the parent or caretaker is not requesting subsidized child care benefits for that child, the client is currently receiving court-ordered child support, there is a joint custody agreement and neither parent is ordered to pay support, an additional child whose parent is absent is added to the household, or one or both parents leave the home after certification. ■ 1

(1) **When a CSED referral is not required.** The client is not required to complete child support forms when:

(A) he or she is a foster parent to the child and the CSED referral was completed in the child's Medicaid case; ■ 2

(B) the client is an adoptive parent and provides proof of a single parent adoption;

(C) a parent is temporarily out of the home in accordance with OAC 340:40-7-6(c) and is still considered part of the household;

(D) the child whose parent is absent is not required to be considered part of the household in accordance with OAC 340:40-7-6; or ■ 3

(E) the client is a minor parent and is not living with his or her own parents. The minor parent must pursue child support for his or her own child but not for himself or herself.

(2) **Required forms.** 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 subsidized child care benefits and paternity has not been established; and

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

(3) **Centralized Support Registry (CSR).** After the worker approves the client for subsidized child care benefits, all future child support payments must be made to the CSR. Form C-16 contains the address for the CSR.

(4) **Termination of parental rights.** The termination of parental rights does not eliminate the obligation of either parent to provide financial support for his or her minor child. 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 except in the case of adoption. An adoptive parent's legal obligation continues even if a child is returned to the care of the natural parent.

(5) **Establishment of paternity.** 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

(6) **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.

(A) 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 or recipient's request for good cause. The worker does not deny, delay, or discontinue subsidized 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

(B) OKDHS determines that the client has good cause for refusing to cooperate

only if:

- (i) there is possible physical or emotional harm to the child;
- (ii) there is possible physical or emotional harm to the parent or caretaker;
- (iii) the child was conceived as a result of incest or forcible rape;
- (iv) legal proceedings for adoption of the child are pending before a court; or
- (v) 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.

(C) 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:

- (i) birth certificate or medical or law enforcement records which indicate that the child was conceived as a result of incest or forcible rape;
- (ii) court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction;
- (iii) 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;
- (iv) 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;
- (v) 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
- (vi) sworn statements from individuals other than the client with knowledge of

the circumstances which provide the basis for the good cause claim.

(D) 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 (C)(i) through (vi) 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.

(E) Under limited conditions the parent 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. This can occur when the judge from the juvenile court states that no child support is to be pursued.

(b) 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 subsidized child care benefits effective ten calendar days from the date action is taken. ■ 7

(c) Cooperation with CSED following closure of the subsidized child care benefits. The client must verify that he or she is cooperating with CSED before subsidized child care benefits can be approved again. ■ 8

(1) If the client cooperates with CSED within 30 calendar days of the closure of the subsidized child care benefits and the worker is notified of this cooperation within this time frame, the worker can reopen the benefits back to the date they closed without imposing a penalty period. ■ 9

(2) If the client does not to cooperate with CSED or waits to inform the worker of this cooperation for more than 30 calendar days from the date the subsidized child care benefits closed, the client must complete a new application before care can be approved. The earliest date subsidized child care benefits can be approved is the

date the client completes a child care interview and provides all necessary verification in accordance with OAC 340:40-3-1.

(d) Exploration and development of potential income other than child support.

The worker explores all other potential sources of income such as Social Security benefits, Supplemental Security Income (SSI), unemployment benefits, veterans benefits, and increased wages at the time of application and at each review for all members of the household whose income must be considered in accordance with OAC 340:40-7-6. ■ 10 The client must apply for or continue to pursue all potential sources of income for which it appears likely he or she may be eligible except for SSI. The client is encouraged but not required to apply for SSI when the client indicates that a household member has a disability. The worker gives the client 90 calendar days from the date potential income is identified to pursue such income. ■ 11

(1) If the client refuses to pursue available income at the time of request, 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 subsidized child care benefits effective ten calendar days from the date the worker takes action. ■ 12

(3) If the client is approved for the potential income or offered a raise in pay and refuses to accept it, the worker closes the subsidized child care benefits effective ten calendar days from the date the worker takes action.

(4) If the client's pay is decreased either in rate of pay or number of hours worked, the worker explores why the decrease occurred. If the client requested the decrease to avoid a family share co-payment increase or to maintain eligibility for the subsidized child care benefits, the worker closes the subsidized child care benefits. ■ 13

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

(A) If the client begins receiving previously identified potential 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 client must verify this. The worker records in the case record the verification provided and stops exploring this potential income with the client.

(C) If the client stops pursuing the income and was not determined ineligible for

it, the worker closes the client's child care benefit for failure to cooperate effective ten calendar days from the date the worker takes action.

(6) If the client's subsidized child care benefits were closed because of failure to cooperate, 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.

(A) If the client verifies cooperation within 30 calendar days of the closure of subsidized child care benefits, the worker can reopen the benefits back to the date they were closed without imposing a penalty. ■ 9

(B) If the client does not cooperate or waits to verify cooperation for more than 30 calendar days from the date the subsidized child care benefits close, the client must complete a new application before care is approved. The earliest date subsidized child care benefits can be approved is the date the client completes a child care interview and provides all necessary verification in accordance with OAC 340:40-3-1.

INSTRUCTIONS TO STAFF 340:40-7-9

Revised 1-1-08

1. (a) **If the child is a sibling to other children that must be included in the child care household, the client must be willing to pursue child support for all children in order to be eligible for subsidized child care benefits for some of the children.**

(b) If the client is receiving court-ordered child support, he or she must still complete required child support forms. Once the referral is sent to Child Support Enforcement Division (CSED), the client can call CSED and request that the child support case be closed because he or she is receiving court-ordered child support. CSED staff decide whether the child support case can be closed without penalty to the client. When CSED staff decide no penalty is required, they use the closure reason code of 01 on the CCPI screen.

(c) When there is a court order stating that child support was not ordered, CSED staff determine whether the order is being followed as written and whether it is feasible to pursue support. If CSED staff determine it is not feasible to pursue child support, they use the closure reason code of 01 on the CCPI screen.

(d) When child support forms are required after certification because an

additional child request is received, the worker informs the client that he or she must be willing to pursue child support for that child and arranges for a time to complete required forms with the client. As long as the client does not refuse to complete these forms, certification for the child is not held up pending completion of these forms. Instead, the worker authorizes the child for subsidized child care benefits and sends Form ADM-92, County Client Contact and Information Request, to set an appointment to complete required child support forms. If the client does not complete required forms, the worker closes child care benefits for the additional child and all siblings of this child.

(e) When one parent leaves the home, Form ADM-92 is sent to set an appointment to complete required child support forms. If both parents leave the home, a new child care application is required that would include completion of child support forms.

2. The worker documents in Case Notes the case number where child support is being pursued and cross references that case number on the system.
3. An example is when a client's household consists of his or her own children as well as other children such as nieces, nephews, or grandchildren. If the client only wants child care for the other children, he or she is not required to pursue child support for his or her own children.
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. The client must give enough information so that the referral crosses over to CSED. Required entries in the Deprivation tab include:
 - (1) the "name of the absent parent" field I4. This can be shown as unknown;
 - (2) "sex" field I13;
 - (3) "deprivation factor" field F48;
 - (4) "client assignment of child support" field I25. This is marked "refused to assign support" for child care;
 - (5) "cooperation" field I26. This is marked as "agreed to cooperate" or

- "pending determination of good cause";**
- (6) "person number for the child" field I61; and**
- (7) "absent parent legal status" field I64.**
- 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. 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 human services center staff and CSED district office staff concur with the client's claim for good cause, the worker updates the appropriate entries on the Deprivation tab of FACS.**
- (3) If the human services center staff and CSED district office staff 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 human services center staff and CSED district office staff do**

not concur with each other in a determination of good cause, the worker 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 staff returns Form C-15 with Section V completed to the worker 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 to determine if any changes have occurred 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 worker.

(7) If the human services center 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 is added to the case and good cause has already been approved for the same parent, the worker codes the "cooperation" field I26 of the Deprivation tab to show "good cause for not cooperating

has been determined" unless good cause circumstances have changed.

7. (a) CSED staff can inform a worker of non-cooperation by calling or e-mailing the worker. The CSED system also sends data to FSSD by computer match twice per month. The FSSD Data Exchange and Management Reports Unit sends a CSED Non-Cooperation Report to human services center staff twice per month.

(b) The worker checks the CCPI transaction to see the client's current cooperation status before closing the subsidized child care benefits. The worker accesses the CCPI transaction by entering CCPI space the client's family group number (FGN). The worker can find the client's FGN by entering SSN space and the client's Social Security number. If the "cooperation" field is marked Y, the client is cooperating and a penalty is not applied. If the "cooperation" field is marked O, the client is not cooperating and the subsidized child care benefits are closed. The worker enters a Case Note stating why the subsidized child care benefits were closed.

8. The worker checks the CCPI transaction to confirm cooperation before reopening the subsidized child care benefits. The "cooperation" field must show a Y before the penalty is lifted. If CSED staff contact the worker to confirm cooperation but CCPI has not been updated, the worker asks CSED staff to update the CCPI transaction before subsidized child care benefits can be approved.

9. If the worker reopens the subsidized child care benefits more than ten calendar days from the date of the closure action, see OAC 340:40-10-4(e) regarding the manual claim process.

10.(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 the application or review form 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 3 for information about counseling with the client to increase income.

11. The worker sets a 90-day reminder to determine whether potential income is being pursued and sends Form 08AD092E, Client Contact and Information Request, at the time of certification advising the client what income must be

pursued within 90 days.

12. If the worker has not received information verifying that the client is now pursuing potential income, he or she sends Form 08AD092E 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.
13. If the client tells the worker he or she decreased pay to reduce the family share co-payment or to remain eligible for child care, the child care benefit is closed. If the client tells the worker that pay was decreased for other reasons, the worker contacts the employer to gather information about why the client's pay was decreased. The worker consults with his or her supervisor prior to closing the client's subsidized child care benefits for this reason. Case Notes must clearly document why subsidized child care benefits were closed.

340:40-9-1. Review of child care eligibility

Revised 6-1-07

(a) **Child care review.** The worker completes a review of all conditions of eligibility for subsidized child care benefits no later than 12 months from the date of approval of the application or from the last review. When the need factor for child care is for a protective or preventive reason, child care is reviewed more often in accordance with OAC 340:40-7-8(e). The client or the client's authorized representative completes and signs Form 08MP001E, Comprehensive Application and Review, or Form 08CC002E, Application for Child Care Services. If the client is a benefit reporter as described in subsection (b) of this Section, Form 08MP004E, Benefit Review Report, may also be used as a review form for subsidized child care benefits. ■ 1 When circumstances change between review months, the worker evaluates whether to make a change to the client's family share co-payment and/or plan of service or to complete Form 08MP001E or 08CC002E. ■ 2

(b) **Benefit reporter households.** If a client receiving subsidized child care benefits is also receiving food benefits and/or Medicaid and is considered a benefit reporter for one or both of these programs, the client is considered a benefit reporter for the Child Care Program.

(1) Benefit reporter households are sent a computer-generated Form 08MP004E in the fifth or the 11th month of certification depending on whether the client is a semi-annual or an annual reporter for the other program. The client will continue to receive a 08MP004E every fifth or 11th month thereafter as long as the subsidized child care benefits remain active and the client remains in benefit reporting status.

(2) Form 08MP004E asks households to report changes in the household's circumstances that could affect their benefits. Form 08MP004E must be completed and returned to the human services center, along with all required verification, by the last day of the sixth or 12th month of the review period or the subsidized child care benefits automatically close.

(3) If the household fails to provide sufficient information regarding a deductible expense, continued eligibility is determined without regard to the deduction.

(4) The worker must act on any changes reported on the 08MP004E in a timely manner. ■ 3

(c) **Synchronization of benefits.** When the client is receiving other benefits from the Oklahoma Department of Human Services (OKDHS) in addition to the subsidized child

care benefits, certification and review dates must be coordinated with the other programs. ■ 4

INSTRUCTIONS TO STAFF 340:40-9-1

Revised 1-1-08

1. (a) The worker reviews the client's eligibility for child care in the same manner as the initial eligibility determination. See OAC 340:40-3-1 for initial eligibility procedures. Conditions of eligibility which must be reviewed are found at OAC 340:40-7. The worker enters information in the Family Assistance/Client Services (FACS) Interview Notebook under the Income, Household, and Day Care tabs and in the FACS Eligibility Notebook under the Auth. Daycare and Social Services tabs.

(b) A face-to-face interview is recommended if one was not completed at the most recent application or review unless there are extenuating circumstances that are documented in FACS Case Notes. However, a face-to-face interview is always required when child care is approved for a protective or preventive reason. The child is seen at the face-to-face interview, whenever possible, to help determine if other social services are needed. Examples of extenuating circumstances include when the client:

(1) has had a face-to-face interview for another program in the interim;

(2) states he or she cannot take off work or miss class; or

(3) completes Form 08MP004E, Benefit Review Report, as the review form unless child care is approved for a protective or preventive reason.

(c) If the review is completed on Form 08MP004E and the client reports changes have occurred in the days and hours care is needed, the worker enters the new plan of service in the FACS Day Care tab of the Interview Notebook and documents the changes in FACS Case Notes. The worker sends Form 08AD092E, Client Contact and Information Request, with this page to the client to sign and return acknowledging the new plan hours. When the client returns this page, two copies are returned to the client: one copy for the client and one copy for the child care provider.

(d) If the client is using a one star child care provider at the time of the review interview, the worker gives the client the "Reaching for the Stars" pamphlet,

OKDHS Pub. No. 01-18, and discusses the benefits of choosing a provider who is licensed as a one star plus, two star, or three star facility. See OAC 340:40-5-1(7) for more information on helping a client choose an appropriate child care provider.

(e) When the worker determines that the family continues to meet all conditions of eligibility and remains eligible at the same benefit level, the worker verbally advises the client of the decision. When the client continues to meet all factors of eligibility but at a different benefit level, notification is computer-generated to the client and the child care provider. See OAC 340:40-9-3 for actions requiring computer notice.

(f) When the worker determines that the family is no longer eligible for subsidized child care benefits, the worker closes the benefits. A computer-generated closure notice is sent to the client and the child care provider. If the family continues to need child care services, the worker asks the client whether he or she needs help with budgeting to pay this expense or with information concerning lower cost child care alternatives. The worker gives needed information to the client and records this discussion in FACS Case Notes.

(g) If subsidized child care benefits are closed and the worker reevaluates this action within 30 calendar days of the closure date, see OAC 340:40-9-2(g) for rules regarding when subsidized child care benefits can be reopened.

2. (a) A complete application/review form is required when:

(1) the payee on the child care benefit changes;

(2) the client's subsidized child care benefits closed because a period of job search was given in accordance with OAC 340:40-7-8(a)(6) and the client finds employment; or

(3) subsidized child care benefits must be synchronized with the client's food benefits or Medicaid benefits in accordance with subsection (c) of this Section.

(b) The worker may complete the application or review form in person or over the telephone. If it is completed over the telephone, the worker sends Form 08MP003E, Responsibilities and Signature for Benefits, with Form 08AD092E to the client for his or her signature. After this form is signed, if requested, the

worker gives or sends the client a copy of the application. The worker keeps the signed original application forms in the case record or stores them in the imaged record.

(c) When the client's TANF benefit closes and there is a continued need for subsidized child care benefits, the worker must:

(1) evaluate what, if any, changes need to be made since the client is no longer involved in TANF Work activities;

(2) advise the client that he or she is no longer exempt from paying a family share co-payment;

(3) advise the client of the amount of his or her family share co-payment, if any. If the client expresses concern about his or her ability to pay this co-payment, the worker offers budgeting assistance to the client; and

(4) complete a full application for subsidized child care benefits if they are not open at the point the TANF benefit closes in accordance with OAC 340:40-3-1.

(d) If a change is needed to the plan of service or to the family share co-payment, the worker makes the change in accordance with OAC 340:40-9-2 regarding the effective date of when changes can be made and documents the changes in FACS Case Notes.

3. (a) The worker is responsible for determining which households are identified as benefit reporter households. Households receiving only subsidized child care benefits are not considered benefit reporters. See OAC 340:50-9-5(i) and (j) for information on who is considered a semi-annual or annual reporter for food stamps. Non-public assistance Medicaid households are annual reporters. See OAC 340:40-9-2 for information regarding which changes must be reported and when action must be taken on these changes for the Child Care program.

(b) When Form 08MP004E is returned to the human services center (HSC), the worker determines if the form is complete and all required verification is received. Required verification includes verification of income for the month specified on the form and proof of the client's current work or school schedule. If more than that month's income is received, the worker evaluates all income provided to determine what is most indicative of future earnings. If

the days and hours child care is needed have changed, see Instruction to Staff #1(c) in these Instructions. The worker updates the system to show the status of the review.

(1) If complete, the worker processes all changes, updates the "date of last review" field E7, the "benefits report action" field E135 with a C, and enters the "benefit report date" field E136. The worker also enters benefit reporting fields in other sections of the case if applicable.

(2) If incomplete or lacking all required verification, the worker updates the "benefits report action" field with an I indicating an incomplete form, and enters the date action is taken in each applicable section of the case.

(3) If the benefits report form is not returned to the HSC, the "benefit report action" field E135 remains blank. When this field remains blank or shows an I at negative action deadline, all semi-annual reporting sections automatically close with the next effective date showing a reason code of 36S. The child care authorization section shows a closure reason code of 36.

(c) If the child care authorization and social services sections were automatically closed, during the period between negative action deadline and the last day of the sixth month or 12th month, the worker may reopen these sections when the completed Form 08MP004E and required verification are received by the last day in the seventh or 13th month. Any required changes are processed along with the action to reopen subsidized child care benefits.

(1) To reopen subsidized child care benefits the worker enters an R in the "action type" field E3 of the Social Services section and the number of children for whom care is approved in the "children in day care" field E52. It is also necessary to update the "benefit type" and "status" fields F24, and F25 for those persons included in the benefit household in each person's Household tab in the FACS Interview Notebook.

(2) To reopen the child care authorization the worker must enter an R in the "action type" field K12 and an A in the "notice indicator" field K92 as well as any other fields requiring changes. A worker must enter a new authorization instead of using a reopen action when the client reports a change in child care provider.

(3) If the reopen action is entered more than ten calendar days from the

closure date of the authorization and the client has been swiping attendance and receiving a denied message, the worker completes Form 10EB004E, Report of EBT Child Care Payments Adjustments, in accordance with OAC 340:40-10-4(e).

(d) If the worker fails to take action in a timely manner and subsidized child care benefits close, the worker can reopen the subsidized child care benefits within 30 calendar days of the effective date of the closure by reopening the Social Services and authorization sections in the same manner described in (c) of this Instruction. If the authorization has been closed longer than 30 calendar days from the effective date of the closure before the worker takes action, a new authorization must be entered to approve benefits.

(e) In the event the completed Form 08MP004E and verification indicates that the client is no longer eligible for child care, the worker closes subsidized child care benefits effective ten calendar days from the date the worker takes action with the appropriate reason code. If subsidized child care benefits were already closed because Form 08MP004E was not returned timely, the worker sends Form 08MP037E, Notice Regarding Social Services, to advise the client of his or her ineligibility.

(f) A CWA Report 17 is shown as a result of the issuance of the benefits report form. This serves as a tracking tool. As the "report action" field E135 is updated with C for complete, the related case sections are removed from the report. The related case sections are also removed from CWA Report 17 when they are automatically closed by the system due to failure to return Form 08MP004E or required verification timely.

4. (a) When a client is a benefit reporter, it is especially important to synchronize certification and review dates with other benefits the client receives to limit the number of review forms issued and to avoid inappropriate closure of one or more of the client's benefits.

(b) To ensure that reviews are due at the same time for all programs, a child care review must be completed at the same time the application for other benefits is completed when subsidized child care benefits are open prior to the application for food stamps or Medicaid. If an application for subsidized child care benefits is approved for a later effective date than food benefits or Medicaid benefits, the "date of last review" field E7 is shortened to match the other benefits. If food benefits are open and the household is considered a reporter, "Medicaid" and "subsidized child care benefits review date" fields E7

and D10 must match the certification date shown for food benefits.

(c) To determine whether a child care review must be completed in order to coordinate benefits, the worker looks at the "reporter status" field C37 in the Food Stamp section or field D137 in the Medical Services section. If an S for "semi-annual reporter" or A for "annual reporter" is shown there, the child care portion of the case is also a reporter. If food benefits or Medicaid is shown as a reporter, the system automatically places an S in the "reporter status" field E137 in the Social Services section to indicate the household is a benefit reporter for subsidized child care benefits. The "date of last review" field E7 of the Social Services section must equal the "certification date" field C2 in the Food Stamp section and the "last redetermination date" field D10, if those benefits are open, or the worker receives a synchronicity edit advising him or her that these dates must match as the household is a reporter.

340:40-9-2. Case changes

Revised 6-1-07

(a) **Case changes.** The client must report within ten calendar days any changes in his or her circumstances that would result in an increase or decrease in subsidized child care benefits. ■ 1 The worker acts on changes that increase or decrease the subsidized child care benefits regardless of whether the client is a semi-annual reporter or not. ■ 2 Failure to report changes timely may result in an overpayment assessment against the client. ■ 3 Examples of changes the client must report include:

- (1) household income;
- (2) household composition;
- (3) names and number of household members in child care;
- (4) the reason child care is needed;
- (5) parent's or caretaker's work or school schedule or any other change affecting the days and hours child care is needed;
- (6) the client's address or telephone number;
- (7) the child care facility the child is attending;
- (8) child care is no longer being used or needed; and
- (9) family size.

(b) **Additional child request.** When an additional child requires subsidized child care benefits, the worker completes the request within two working days of the client providing all necessary verification to determine eligibility. If eligible, the child can be approved for subsidized child care benefits beginning with the date of request. Family share co-payment increases due to adding an additional child to the subsidized child care benefits are effective the month after the month the client requests subsidized child care benefits for that child. ■ 4

(c) **Changes that increase the subsidized child care benefits.** When the client reports a change timely that increases the subsidized child care benefits, the client and the worker jointly plan the effective date of the change. ■ 5 When the client does not report changes timely, the earliest date the worker increases the subsidized child care

benefits is the first day of the month in which the client reports the change.

(d) **Changes that decrease the subsidized child care benefits.** When possible, the worker plans with the client changes that decrease the subsidized child care benefits before implementing the change. When the client reports an increase in income, the worker uses Oklahoma Department of Human Services (OKDHS) Appendix C-4, Child Care Eligibility/Rates Schedule Eligibility/Co-payment Chart, to determine whether the household meets income guidelines in accordance with OAC 340:40-5-1(8). ■ 6

(e) **Change in provider.** When a client reports a change in provider, the change is effective the date the change in provider occurs, regardless of whether or not the client reports this change timely. ■ 7 The worker completes provider changes within two working days of the date the client reports the change.

(f) **Closure of the subsidized child care benefits.** When advance notice is required, the worker closes the subsidized child care benefits ten days from the date action is taken. Ten day advance notice is not required when the client gives written permission agreeing to an earlier closure date. ■ 8

(g) **Reopen action.** When a client's subsidized child care benefits close, they can be reopened using current eligibility information if policy and procedures were not administered correctly or if human services center staff receive new or additional information within 30 calendar days of the effective date the benefits terminated that shows the family continues to be eligible. ■ 9 The client must complete a new application when:

(1) a 30 calendar day period of job search was given because the client lost his or her job or successfully completed school and the subsidized child care benefits were closed; ■ 10

(2) expedited eligibility processing is used and requested verification is not returned within 30 calendar days of the application date. See OAC 340:40-3-1(b); or

(3) the payee for the child care case changes.

INSTRUCTIONS TO STAFF 340:40-9-2

Revised 1-1-08

- 1. The worker completes case changes within ten calendar days of receiving notification of the change. The worker confirms with the client any case changes reported by persons other than the client before processing the**

change.

2. The worker acts on all reported case changes whether the household is considered a semi-annual reporting household or not. The system determines which changes affect benefits in other programs. See OAC 340:50-9-5(i) for information about the semi-annual reporting process for food benefits. See OAC 340:40-9-1(b) and (c) for information about the benefit reporting process for child care.
3. See OAC 340:40-15-1 for information regarding overpayments. See (c) of this Section and Instruction to Staff 5 for more information when the client requests increased child care benefits for a previous period of time.
4. (a) The worker notes in Family Assistance/Client Services (FACS) Case Notes:
 - (1) the date of request;
 - (2) the name and birth date for the child;
 - (3) what days and hours the client needs child care;
 - (4) how child care needs were previously met; and
 - (5) whether child support or any other income must be pursued for the child.

(b) If one or both of the child's parents is absent from the home, the worker informs the client that he or she must be willing to pursue child support for that child and arranges for a time to complete required child support forms with the client. As long as the client does not refuse to complete these forms, certification for the child is not held up pending completion of these forms. Instead, the worker authorizes the child for subsidized child care benefits and sends Form 08AD092E, Client Contact and Information Request, to set an appointment to complete required child support forms. If the client does not complete required forms, the worker closes child care benefits for the additional child and all siblings of this child. See OAC 340:40-7-9 for information about the mandatory pursuit of child support and other potential income.

(c) The client must also declare the citizenship or lawful alien status of the child by signing Form 08MP022E, Declaration of Citizenship Status, prior to

adding the child to the child care benefits. If the child is 14 years of age or older, he or she is also subject to additional citizenship requirements at OAC 340:65-3-1(g).

(d) If the child brings additional income to the household, the worker adds the child's income to current household income for the next effective month.

(e) The worker chooses "social services" in the "benefit" field F24 and "added to the benefit" in the "status" field F25 to add the child in the Household tab of FACS. The worker enters in the Social Services tab a change in the "action taken" field E3, the following month in the "effective date" field E5, and the correct number of children in care in the "number of children receiving child care" field E52. The system recalculates the family share co-payment. The worker enters the authorization for the child in the Auth. Daycare tab. The system maps the copay for the current month from the Social Services tab to the "copay" field K70 for the new authorization. After this action is cleared, the worker must make one more change to the Social Services tab so the system maps the new family share co-payment for the next effective month.

- 5. (a) The worker documents changes, if applicable, in the FACS Interview Notebook under the Income and Day Care tabs and in the FACS Eligibility Notebook under Auth. Daycare and Social Services tabs. If the change action results in a change in family share co-payment, the system maps the co-payment change to the authorization. This generates a notice to the client. The worker does not make a change in the Auth. Daycare tab for a co-payment only change. The worker must enter a change action in the Auth. Daycare tab when the unit type or number of days and hours the client needs child care changes.**

(b) Changes that increase subsidized child care benefits include, but are not limited to:

(1) a change in income resulting in a decrease in family share co-payment. The client's family share co-payment for the month he or she reports the change is based on actual income. Prior to reducing the family share co-payment for the current or earlier month, the client must provide verification of the actual income for that month. The earliest date the change is made in the "effective date" field E5 of the Social Services section is the first day of the current month;

(2) a change in the number of persons needing child care. See (b) of this

Section and Instructions to Staff 4 for additional child requests. The change in family share co-payment is effective the month after the child is removed.

- (A) If the child left the home, he or she is "removed from the benefit section" in the "status" field F25 of the Household tab in FACS. If the child is still in the home, he or she is "not included in benefit - income and resources are considered in benefit computation" in the "status" field F25.**
- (B) The worker closes the authorization in the Auth. Daycare tab with the appropriate reason code. The earliest date the worker closes the child care authorization is the date action is taken.**
- (C) The worker enters a change action to the Social Services tab for the next effective month and the correct number of children in care in the "number of children receiving child care" field E52. This change action causes the system to recalculate the family share co-payment and map it to the "copay" field K70 for the remaining authorizations;**
- (3) an increase in the unit type or number of days or hours the client needs child care.**
- (A) The worker makes the change as needed and planned for each affected child when the client reports the change within ten calendar days.**
- (B) When the change is not reported timely, the earliest date the worker increases days and hours is the first day of the month the client reports the change.**
- (C) The number of days approved for the first month may be less than a full month of care if the increased level of care was not needed for the entire month; and**
- (4) an increase in the rate paid by the Oklahoma Department of Human Services (OKDHS) after the worker completes the approval process described at OAC 340:40-7-3.1 for one of the higher special needs rates.**
- (A) The worker makes the change effective the first of the month following the month of the OKDHS Division of Child Care (DCC)**

- licensing staff's approval in Section IV of Form 08AD006E, Certification for Special Needs Child Care Rate.
- (B) If the child waits to start child care until after DCC licensing staff approves the facility for the special needs rate, the special needs rate begins effective the first day the child enters the facility.
- (c) The child care provider must submit Form 10AD121E, Child Care Claims, to request supplemental payment for any increase because the client did not correctly record attendance. Unless extenuating circumstances beyond the client's and/or provider's control exist, OKDHS Finance Division staff does not supplement the provider when the client fails to swipe attendance correctly. Circumstances beyond the client's and/or provider's control include, but are not limited to, some type of worker or system error.
- (d) The worker submits Form 10EB004E, Report of EBT Child Care Payment Adjustments, to OKDHS Finance Division to request a supplement for the child care provider to correct problems not associated with correct attendance swiping. Some examples of when the worker completes Form 10EB004E include a decrease in the family share co-payment, an incorrect birth date being entered, an incorrect rate being given, or when the client correctly recorded the times of attendance but the swipes were denied. The worker enters correct data into the system for the current month prior to submitting Form 10EB004E.
6. (a) The worker enters a change action in the Social Services tab. If the change action results in a change in family share co-payment, the system maps the co-payment change to the authorization, which generates a notice to the client. The worker must enter a change action in the Auth. Daycare tab when the unit type or days and hours the client needs child care changes.
- (b) The worker documents changes, if applicable, in the FACS Interview Notebook under the Income and Day Care tabs and in the FACS Eligibility Notebook under Auth. Daycare and Social Services tabs. See OAC 340:40-9-3 (e) for changes requiring advance notice. Changes include:
- (1) a change in income resulting in an increased family share co-payment. The worker makes the change in accordance with deadline changes requiring advance notice shown on OKDHS Appendix B-2, Deadlines for Case Actions;

(2) a change in the number or names of children requiring subsidized child care benefits. If the client requests subsidized child care benefits for an additional child, see (b) of this Section and Instruction to Staff 4. If the worker is removing a child from the subsidized child care benefits, see Instruction to Staff 5(a)(2);

(3) a decrease in the number of days the client needs child care or a change between part-time, full-time, blended, or weekly authorized care. The earliest date the worker makes the change is the first day of the current month as long as care was not given.

(A) If the client and provider differ on their report of the dates and amounts of care actually given, the worker checks time and attendance through the EBT Daycare system.

(B) If care was given, the worker makes the change in accordance with deadline changes requiring advance notice as shown in OKDHS Appendix B-2.

(C) If OKDHS has already paid for care for which the client was not eligible, the worker completes an overpayment memo per OAC 340:40-15-1;

7. (a) A change in provider is considered a non-adverse action when no other change occurs in the plan of service.

(1) The worker closes the authorization for the first provider using "change in providers" in the "reason" field K16 and "advance notice not required" in the "notice indicator" field K92 in the Auth. Daycare tab. The earliest date the authorization can be closed is the date action is taken.

(2) The worker opens the authorization for the new provider beginning with the date the change occurs and uses "change of providers" in the "notice indicator" field K92.

(b) The worker enters a change action in the Social Services tab. If the number of children in care changes, the worker also enters the correct number of children in the "number of children receiving child care" field E52 so that the system recalculates the family share co-payment. This maps the co-payment to the "copay" field K70 of each open authorization that has "N" in the "copay exempt" field K78.

(c) The point-of-service (POS) machine for the new provider shows the entire family share co-payment owed for the month. The worker calls the new provider and explains:

(1) the client used a different provider for part of the month so the entire family share co-payment is probably not owed for the initial month;

(2) the provider cannot determine exactly how much, if any, co-payment is owed until he or she receives the Totals Report for the first week the children start care with him or her. Prior to receiving payment for that payment week, the provider has the option of:

(A) requiring the client to pay the entire co-payment again until the provider knows how much of that month's co-payment was actually applied at his or her facility; or

(B) accepting a receipt from the client showing how much co-payment he or she paid to the first provider and waiting until the Totals Report confirms part of the co-payment is still owing before charging the client for that co-payment.

(3) if the provider requires the client to pay the entire co-payment again, he or she must reimburse the client for the amount of co-payment that was not applied to his or her facility after receiving payment from OKDHS.

(d) If the client pays the entire family share co-payment to the first facility and that much care was not given, the first provider reimburses the client for the difference. If the provider refuses to do so, the worker contacts Family Support Services Division Child Care Section or the Office of the Inspector General for assistance.

(e) If the first provider reports to the worker the client left without paying the full family share co-payment owed, the provider is advised OKDHS is only able to pay for services provided after the family share co-payment is deducted. It is the provider's responsibility to collect the family share co-payment from the client. The worker counsels with the client about the importance of paying his or her family share co-payment.

(f) If the change in provider comes to the attention of the worker after subsidized child care benefits were closed and benefits are not reopened, the worker only authorizes care for this provider through the date of the original

closure. In this instance, the worker enters a begin and end date on the authorization.

8. (a) The earliest date the worker can close the subsidized child care benefits when advance notice is not needed is the date action is taken. Closures effective for the current month must be entered in the system by the 27th day of that month. If a closure action is taken between the 28th and 31st of the month, the earliest date the worker enters a closure action is the first day of the next month.

(b) When the worker closes the subsidized child care benefits because the client's income exceeds the levels on OKDHS Appendix C-4, Child Care Eligibility/Rates Schedule, the worker must first determine whether the client's income for the current month exceeds the levels on OKDHS Appendix C-4.

(1) If the client will not receive enough income during the current month to cause him or her to become ineligible, the earliest date the worker closes the subsidized child care benefits is the last day of the current month. This can happen when the client starts new employment.

(2) If the client provides income information showing he or she has already received enough income to make him or her ineligible for the current month, the worker closes the subsidized child care benefits ten calendar days from the date the worker takes the action. This can happen when the client provides income information for benefit reporting.

(c) When the worker closes the subsidized child care benefits for any other reason that requires advance notice, the worker closes the benefits ten calendar days from the date he or she takes action. Possible reasons include:

(1) lack of cooperation. This can include when the client does not:

(A) respond to a request for an interview or verification;

(B) pursue potential income or refuses to accept increased income; or

(C) cooperate with Child Support Enforcement Division (CSED);

(2) no longer meeting the need factor for child care. See OAC 340:40-7-8(a)(6) when the client requests a 30 calendar day period of job search after losing a job or completing a formal education or training

program;

(3) not using care for more than 30 calendar days as evidenced by a lack of swiped attendance at the child care facility; or

(4) change in payee.

(d) The system automatically closes the subsidized child care benefits on the last day of the current month when the client fails to timely return the computer-generated Form 08MP004E, Benefit Review Report.

9. (a) Using current eligibility information means negative action notice time frames do not apply. For example, the client's case closed on lack of verification. The client provides current income information within 30 calendar days that increases the family share co-payment. The worker applies the increase effective the first of the month after subsidized child care benefits reopen. If subsidized child care benefits close on the last day of the month, the worker applies an increased co-payment for the first of the next month. If subsidized child care benefits close on the 13th of the month and reopen on the 14th, the increased co-payment applies to the first of the next month.

(b) To reopen subsidized child care benefits, the worker enters in the Social Services tab an R in the "action taken" field E3 and the "children in day care" field E52. The worker must also update the "benefit" and "status" fields F24 and F25 for those persons included in the benefit household in each person's Household tab in the FACS Interview Notebook. To reopen the child care authorization, the worker must enter R in the "action taken" field K12, "application approval" in the "notice indicator" field K92, as well as any other fields requiring changes in the Auth. Daycare tab.

(c) If the client reports a change in child care providers, the worker enters a new authorization rather than using the reopen action. If the worker does not complete the administrative reopening within 30 calendar days of the effective date of the closure, a new authorization must be entered rather than a reopen action.

(d) If the client does not meet the criteria to reopen the subsidized child care benefits, the client must reapply using the processes described at OAC 340:40-3-1.

10. See OAC 340:40-7-8(a)(6) and OAC 340:40-3-1(a)(2)(D).

340:40-13-3. Child care payments and rates

Revised 6-1-07

(a) The Oklahoma Department of Human Services (OKDHS) contracts to purchase out-of-home child care services for children only with licensed providers who:

- (1) post rates and fees;
- (2) sign and comply with all the terms of Form 08CC001E, Child Care Provider Contract;
- (3) have participated in mandatory contract training; and
- (4) have access to an account at a financial institution for electronic benefit transfer (EBT) purposes.

(b) In accordance with Section 85.44B of Title 74 of the Oklahoma Statutes, OKDHS cannot make advance payments to child care providers.

(c) The rates paid by OKDHS are determined by:

- (1) the child's age;
- (2) settings in which the care is provided:
 - (A) the child's own home;
 - (B) a child care center; or
 - (C) a child care home;
- (3) whether the child has disabilities and the provider is approved for the special needs rate unit type. The special needs rate is added to the applicable rate a child care provider receives for a typical child of the same age after the Form 08AD006E, Certification for Special Needs Child Care Rate, approval process is followed; ■ 1
- (4) whether the care is provided full-time, over four hours per day or part-time, four hours or less fewer per day;
- (5) whether the worker approves a full-time daily, part-time daily, a combination of full-time and part-time daily, blended, or a weekly unit type; ■ 2

(6) the county in which the provider is located; and

(7) whether the facility qualifies for a differential quality rate.

(d) The in-home child care rate is paid for children cared for in their own homes. The in-home rate is 90% of the one star child care home daily rate shown on OKDHS Appendix C-4, Child Care Eligibility/ Rates Schedule, for the child's age. If a child is eligible for the severe or moderate special needs rate, this additional amount is added to the applicable in-home rate for that child. ■ 3

(e) When the child is cared for in an out-of-home child care center or home, the allowable rate is the amount as shown on OKDHS Appendix C-4.

(f) Care may only be authorized at one facility per day per child. If the client uses care at two different providers for the same day for the same child, OKDHS staff approves care at only one of the facilities. The parent or caretaker can use care at two different providers for the same child when care is needed on different days of the week. ■ 4

(g) Charges are authorized and payment is made only when the care provided is in accordance with the jointly developed plan of service between the client and OKDHS.

(h) Age-driven rate changes are effective the first of the month following the child's birth date except as shown in (i) of this Section.

(i) Eligibility for a child stops the day before:

(1) a typical child reaches age 13; or

(2) a child with disabilities or a child in OKDHS custody reaches age 19. ■ 5

(j) A change to add the higher special needs rate to the applicable daily rate is effective the first of the month following the month eligibility for this rate is determined. ■ 6

(k) A child care provider may be approved for a differential quality rate if he or she meets the criteria for this rate. This rate is given effective the first of the month following the month Division of Child Care (DCC) licensing staff approves the provider for the rate. The rate is designated on OKDHS Appendix C-4 by its star status. ■ 7

(l) The traditional school year blended rate may be approved for children age four and older from August 16th through May 15th each year for children attending public school, a pre-kindergarten program, or Head Start during the traditional school year. The extended school year blended rate may be approved for the full calendar year when

children attend school the entire year. ■ 2

INSTRUCTIONS TO STAFF 340:40-13-3

Revised 1-1-08

- 1. See OAC 340:40-7-3.1 for information about Form 08AD006E, Certification for Special Needs Child Care Rate, approval process. Until the entire process is completed, the worker approves the child at the usual rate for a typical child of the same age. The provider must keep a copy of Form 08AD006E at the facility.**
- 2. (a) To help determine the appropriate unit type, the worker can use the Appendix C-4-C, Unit Type Chart for Child Care Authorizations.**

(b) The worker authorizes a daily part-time unit type when care is needed four hours or fewer every day authorized.

(c) The worker authorizes a daily full-time unit type when care is needed more than four hours every day authorized and the child does not qualify for weekly unit type.

(d) The worker approves a combination of full-time and part-time unit types when care is needed four hours or fewer for some of the days and more than four hours for other days. If the child is four years or older, the worker first determines whether the child qualifies for a blended unit type before approving a combination of full-time and part time unit types.

(e) Care authorized on a weekly unit type 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, Weekly Unit Type Guidelines, to determine the minimum number of days a child must attend to qualify for an absent day payment and the maximum number of days OKDHS can pay the provider.

(1) The worker approves a weekly unit type when the child attends the child care facility for the entire month and the client needs child care more than four hours each day and at least 15 days and no more than 23 days per month. The client can require care for any of the need factors shown at

OAC 340:40-7-7.

(2) Care is not approved for a weekly unit type when:

(A) the same child is using two different child care providers;

(B) any of the care is needed part-time;

(C) the need for child care is fewer than 15 days per month or more than 23 days per month; or

(D) the child is using an in-home child care provider.

(f) The worker approves a blended unit type 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 holiday. OKDHS has established two blended unit types, traditional and extended school year. The traditional school year blended unit type is approved when full-time care is needed during the summer months. It is calculated from August 16th through May 15th of each year. The extended school year blended unit type is for year around school and is calculated for the entire calendar year. The worker must determine which blended unit type is appropriate. During the summer months, the provider is paid the full-time daily rate with an absent day payment if applicable for authorizations coded with a traditional blended unit type. The blended unit type is not appropriate if:

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

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

(3) only part-time care is needed;

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

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

(g) When a blended, part-time, or full-time unit type is authorized, OKDHS only pays for those days the child actually attends child care. When a weekly unit type is approved, OKDHS pays for absent days per month as shown on OKDHS Appendix C-4-B.

- (h) See OAC 340:40-5-1 for information regarding completing a plan of service and OAC 340:40-7-7 for information on determining the need factor for child care.
3. See OAC 340:40-13-1(b) and 340:40-13-2 for information regarding approving an in-home child care provider. See OAC 340:40-7-3.1 for procedures to approve the moderate or severe special needs rate.
 4. 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. Authorizations for both providers cannot exceed the maximum that would be authorized if care were 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. The maximum number of days that the worker approves for care is a total of 23 days per month.
 5. See OAC 340:40-7-3 for age requirements.
 6. See OAC 340:40-7-3.1 for information on the approval process for the higher special needs rate. Also see OAC 340:40-13-1(b) when in-home care is approved. If the provider does not qualify for this higher rate, the worker may authorize child care with a part-time daily, full-time daily, or a weekly unit type for this provider.
 7. See OAC 340:110-1-8.3 for information on the criteria Division of Child Care licensing staff uses to approve this differential quality rate.