
POLICY TRANSMITTAL NO. 05-23	DATE: MAY 24, 2005
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF PLANNING, POLICY & RESEARCH

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:40-9-2; 40-10, Table of Contents; 40-10-1 through 40-10-4; 40-13, Table of Contents; and 40-13-4.

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

OAC 340:40-9-2 is revised to change the date a worker closes a child care benefit to ten days from the date he or she takes the action.

OAC 340:40-10-1 through 40-10-4 are added to make rules and procedures regarding electronic benefit transfer (EBT) more easily found by county staff and the public. Most of these rules are included in other Sections of child care rules. A new rule is added at 340:40-10-3 to advise staff and the public what procedures to follow when the client is misusing the EBT card.

OAC 340:40-13-4 is revoked as the information included there is moved to the new Subchapter 10.

Original signed on 5-10-05

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WF # 04-38 (DT)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

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

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

REMOVE

INSERT

340:40-9-2

340:40-9-2, pages 1-10, revised 6-01-05

340:40-10, Table of Contents, 1 page only, issued 6-01-05

340:40-10-1, pages 1-2, issued 6-01-05

340:40-10-2, pages 1-3, issued 6-01-05

340:40-10-3, 1 page only, issued 6-01-05

340:40-10-4, pages 1-4, issued 6-01-05

340:40-13, Table of Contents

340:40-13, Table of Contents, 1 page only, revised 6-01-05

340:40-13-4

340:40-9-2. Case changes

(a) **Case changes.** The client must report any changes in his or her circumstances that would result in an increase or decrease in the child care benefit within ten days. ■ 1 The worker acts on changes which increase or decrease the child care benefit 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 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;
- (9) family size; and
- (10) days and hours child care is needed.

(b) **Additional child request.** When an additional child requires child care, the worker completes the request within two working days of the client providing all necessary verification to determine eligibility. The client completes the last page of Form FSS-1, Comprehensive Application and Review, or Form K-2, Application for Child Care Services, only when the days and hours this child needs the child care benefit differs from the current plan of service. If eligible, the child can be approved for a child care benefit beginning with the date of request. Family share co-payment increases due to adding an additional child to the case are effective the month after the month the client requests a child care benefit for that child. ■ 4

(c) **Changes which increase the child care benefit.** When the client reports a change timely that increases the child care benefit, the client and the worker jointly plan

the effective date of the change. ■ 5 When changes are not reported timely, the earliest date the worker increases the child care benefit is the first day of the month in which the client reports the change.

(d) **Changes that decrease the child care benefit.** When possible, the worker plans with the client changes that decrease the child care benefit 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, to determine whether the household meets income guidelines. See OAC 340:40-5-1(h). ■ 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 child care benefit.** When advance notice is required, the worker closes the child care benefit ten days from the date he or she takes action. Ten day advance notice is not required when the client is no longer using the child care benefit or gives written permission to the worker agreeing to an earlier closure date. ■ 8

(g) **Reopen action.** When a client's child care benefit closes, it can be reopened using current eligibility information if policy and procedures were not administered correctly or if county staff receive new or additional information within 30 days of the effective date the benefit terminated that shows the family continues to be eligible. ■ 9 The worker cannot reopen the child care benefit when:

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

(2) expedited eligibility processing is used and requested verification is not returned within 30 days of the application date. See OAC 340:40-3-1(b); or ■ 11

(3) the payee for the child care case changes. A new application must be completed in this instance.

INSTRUCTIONS TO STAFF

1. The worker completes case changes within ten 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 stamps. See OAC 340:40-9-1(b) and (c) for information about the semi-annual 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 an increased child care benefit is requested for a previous period of time.
4. (a) The worker notes in Family Assistance/Client Services (FACS) Case Notes or in red on the most recent application or review form, the date of request, the name and birth date for the child, what days and hours the client needs child care, how child care needs were previously met, and whether child support or any other income must be pursued for the child. See OAC 340:40-7-9 for information about exploration and development of potential income. A copy of this information is given or mailed to the client.

(b) If the child brings additional income to the household, add the child's income to current household income for the next effective month.

(c) 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 for the next effective month a change action 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. 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. This generates a notice to the client. The worker does not make a change in the Auth. Daycare tab for a co-payment 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. Changes 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 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 that 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 340:40-7-8(g) for one of the higher special needs rates.

(A) The change is made 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 ADM-123, 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.

(b) The child care provider must submit Form ADM-12-S, 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 do 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.

(c) The worker submits Form EBT-4, 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 EBT-4 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 EBT-4.

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 a child care benefit. If the client requests a child care benefit for an additional child, see (b) of this Section and Instruction to Staff 4. If the worker is removing a child from the child care benefit, 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 policy at 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.

(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 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.

8. (a) The earliest date the worker can close the child care benefit 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 child care benefit 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 child care benefit 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 child care benefit ten days from the date he or she is taking the action. This can happen when the client provides income information for benefit reporting.

(c) When the worker closes the child care benefit for any other reason that requires advance notice such as lack of cooperation, no longer meeting the need factor for child care, or change in payee, he or she closes it ten days from the date he or she is taking the action. See OAC 340:40-7-8(a)(5) when the client requests a 30 day period of job search after losing a job or completing a formal education or training program.

(d) The system automatically closes the child care benefit on the last day of the current month when the client fails to timely return the computer-generated Form FSS-BR-1, Benefit Review Report.

9.(a) See OAC 340:65-5-6 for examples of an incorrect administrative action or an adverse action that was not the result of an administrative error.

(b) 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 days that increases the family share co-payment. The worker applies the increase effective the first of the month after child care reopens. If child care closes on the last day of the month, the worker applies an increased co-payment for the first of the next month. If child care closes on the 13th of the month and reopens on the 14th, the increased co-payment applies to the first of the next month.

(c) When there is a change in the days and hours the client needs child care, the client must sign the last page of Form FSS-1, Comprehensive Application and Review, or Form K-2, Application for Child Care Services, agreeing to the new days and hours prior to reopening the child care benefits. The worker gives a copy of this form to the client for his or her records and to share with the provider.

(d) To reopen child care benefits the worker enters R in the "action type" field E3 of the Social Services section and enters 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. To reopen the child care authorization the worker must enter R in the "action type" field K12, "application approval" in the "notice indicator" field K92, as well as any other fields requiring changes in the Auth.Daycare tab.

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

(f) If the client does not meet the criteria to reopen the child care benefit, the

client must reapply using the processes described at OAC 340:40-3-1.

10. See OAC 340:40-7-8(a)(5).

11. See OAC 340:40-3-1 Instruction to Staff 9.

SUBCHAPTER 10. ELECTRONIC BENEFIT TRANSFER (EBT) SYSTEM FOR CHILD CARE

Section

- 340:40-10-1. Electronic benefit transfer (EBT) system for child care
- 340:40-10-2. Client, worker, and provider electronic benefit transfer (EBT) responsibilities
- 340:40-10-3. Misuse of the electronic benefit transfer (EBT) card
- 340:40-10-4. Child care electronic benefit transfer (EBT) payment process

340:40-10-1. Electronic benefit transfer (EBT) system for child care

(a) The EBT system for child care is used to track time and attendance for a child using subsidized child care and to process child care payments sent to child care providers. This system involves use of an EBT card by a client to document attendance by swiping the card through a point-of-service (POS) machine at the child care facility. The client is able to swipe real time attendance or can enter previous in and out times for up to ten days, the current day and nine previous days. The system works best if all or most of the client's swipes are completed real time.

(b) The child care applicant is issued an EBT card at the time a request is made for a child care benefit. ■ 1

(c) Only two EBT cards can be issued per Family Support Services Division (FSSD) child care case; one card for the parent or caretaker and one for an authorized representative. The authorized representative can be the other parent or someone else who helps the client take the child to and pick up the child from the child care facility. The client is responsible for all swipes made by the authorized representative. The authorized representative cannot be the child care provider or anyone who is employed by the child care provider. ■ 2

(d) Two EBT cards can be issued per child in a Child Welfare case if each child in the case is residing with different foster parents. ■ 3

INSTRUCTIONS TO STAFF

1. The worker must put the Family Assistance/Client Services (FACS) Eligibility Notebook, Social Services tab in application status before an electronic benefit transfer (EBT) card can be issued. Prior to issuing an EBT card, the client must watch an EBT client training video. See OAC 340:40-3-1 for initial application information.

2. (a) The worker must enter information about the authorized representative in the Information Management System (IMS) using the computer transaction EBTU before an EBT card can be issued to an authorized representative. Instructions on how to complete an EBTU transaction can be found in the EBT Handbook available on the InfoNet at the Family Support Services Division (FSSD) Child Care web page.

(b) If the client wants to change authorized representatives, the old authorized representative must be deactivated on EBTU before the new authorized representative can be entered. The new authorized representative must watch

the client training video before receiving the EBT card.

- 3. Prior to issuing an EBT card to a foster parent, the worker must enter information about that foster parent in IMS using the EBTU transaction. Instructions on how to complete an EBTU transaction can be found in the EBT Handbook available on the InfoNet at the FSSD Child Care web page.**

340:40-10-2. Client, worker, and provider electronic benefit transfer (EBT) responsibilities**(a) Client EBT responsibilities.** Client EBT responsibilities include:

(1) watching the client training video;

(2) swiping correct attendance days and times with his or her EBT card through the provider's point-of-service (POS) machine within ten days, current day and previous nine days;

(3) checking the message on the POS machine after each swipe to see if it is approved, denied, or pending. If the message shows denied or pending, the client is responsible to report the problem to the worker right away; ■ 1

(4) not swiping attendance for any day the child does not attend child care;

(5) not giving the EBT card or personal identification number (PIN) to anyone else, including the child care provider; and

(6) paying for care the Oklahoma Department of Human Services (OKDHS) does not pay because:

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

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

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

(b) Worker EBT responsibilities. Worker EBT responsibilities include:

(1) ensuring that the client reads and states he or she understands the EBT responsibilities shown on the last page of the child care application;

(2) arranging for the client to receive his or her EBT card and watch the training video as soon as possible after the child care request is signed;

(3) if the client chooses an authorized representative, arranging for that person to

receive his or her EBT card and watch the training video as quickly as possible;

(4) acting on swipe errors reported by the client as soon as they are reported; ■ 1

(5) acting on reports of misuse of the EBT card per policy at OAC 340:40-10-3 as soon as they are reported.

(c) Provider EBT responsibilities. Provider responsibilities include:

(1) never being in possession of or swiping client's EBT card through the POS machine;

(2) never moving the POS machine to another location without receiving prior written approval from OKDHS Family Support Services Division (FSSD) Child Care Section;

(3) requiring clients to swipe attendance as care is used;

(4) never asking or requiring a client to swipe attendance for a day the child does not attend; and

(5) ensuring that claimed attendance submitted via the EBT system is correct and voiding any incorrect transactions within the ten day swipe limit, current day and previous nine days.

INSTRUCTIONS TO STAFF

1. (a) An approved message means the system accepted the swipe for payment processing. A pending message is saved by the system for possible future payment if care is authorized within 90 days. A denied message is not saved and can never be paid electronically. When a problem is fixed, the client must always swipe attendance again for any denied time before care can be approved.

(b) If the client calls or comes to the county office to report denied or pending error messages, the worker checks the EPPIC system to see what error is occurring. Different error codes involve different solutions so it is vital that the worker know the exact error that is occurring. The EBT Handbook is available on the InfoNet at the Family Support Services Division (FSSD) Child Care web page. It gives information about how to use the EPPIC system, what error codes mean, and how to fix them.

(c) If it is past the ten day swipe limit before a problem is fixed, see OAC

340:40-10-4 for manual claim procedures.

340:40-10-3. Misuse of the electronic benefit transfer (EBT) card

(a) When the worker becomes aware that the client or the authorized representative of the client is misusing his or her EBT card, he or she cancels that EBT card.

(b) Misuse can occur when the client or authorized representative gives his or her EBT card to another person such as the child care provider to swipe attendance or when he or she knowingly swipes incorrect attendance dates and times. ■ 1

(c) Before the EBT specialist issues a new EBT card, the client or authorized representative must view the EBT training video regarding the proper use of the EBT card again and sign Form EBT-5, Access Oklahoma Card Violation.

INSTRUCTIONS TO STAFF

1. (a) The worker can become aware that the client is misusing his or her electronic benefit transfer (EBT) card in several ways. The most common ways are:

(1) the client reports the problem him or herself;

(2) someone observes EBT cards in the possession of the provider and reports it to the Oklahoma Department of Human Services (OKDHS) staff;
or

(3) the worker notices that swipes are occurring at different days and times than care is authorized.

(b) The worker:

(1) talks to the client about any such allegation to determine why the violation happened and to ensure the client is aware of correct procedure;

(2) asks the client to put all comments in written form; and

(3) sends Form OIG-1, Referral Form, to Office of Inspector General (OIG) regarding misuse of the EBT card and attaches any written documentation to the referral.

340:40-10-4. Child care electronic benefit transfer (EBT) payment process

(a) Child care payments. The Oklahoma Department of Human Services (OKDHS) makes payments for child care services to providers electronically using the EBT system unless the provider is an in-home provider, a provider on a military base, or an out-of-state provider. These providers are paid manually via the EBT system after submitting Form ADM-12-S, Child Care Claims. ■ 1

(b) Point-of-service (POS) machines. Contracted child care providers are issued a POS machine within ten days of the date the worker authorizes care for a child and the provider notifies the OKDHS contractor that he or she is beginning to care for a child eligible for an OKDHS subsidy. ■ 2

(c) Attendance swiping. Clients record actual times their child attends child care by swiping an EBT card through the POS machine. Providers can charge clients for care provided on days they fail to bring their EBT card or when the machine message shows care is denied. If care is later approved for that date(s), the provider must reimburse the client for any care paid for by the client above the family share co-payment.

(1) Providers must monitor the POS machine to ensure correct attendance times are recorded. If incorrect times are recorded, the provider can void the incorrect transaction and ask the client to start over. ■ 3

(2) When clients forget to swipe their EBT card for a day their child attends care, record incorrect times that are voided by the provider, or receive a denied error message, the system allows the client to swipe previous in and out times for the current day and the previous nine days.

(3) Based on attendance recorded and the level of care authorized, electronic settlements to providers are made weekly.

(d) EBT payment week. The EBT payment week begins every Sunday at 12:01 A.M. and ends every Saturday at midnight. Electronic settlements are made each week in the provider's designated financial institution account on Tuesday morning for services provided two weeks prior to the current week. If the financial institution is closed on Monday or Tuesday or Monday is a holiday, the electronic settlement is deposited on Wednesday morning.

(e) Manual claims process. When the provider reports he or she was not paid correctly, he or she can submit Form ADM-12-S or ask the client's worker to submit Form EBT-4, Report of EBT Child Care Payment Adjustments, to the Finance Division for a manual adjustment. The provider waits to submit Form ADM-12-S until

approximately the 20th of the next month. ■ 4 Finance Division staff evaluate whether to adjust payment to the provider based on why care was not paid electronically.

(1) If the client did not attempt to record attendance electronically, no payment is made to the provider for days swipes are not recorded unless extenuating circumstances beyond the client's and/or provider's control exist. These extenuating circumstances must be documented on Form ADM-12-S. ■ 5

(2) If the client swiped correct attendance times but swipes were denied in error, Finance Division staff make manual adjustments. ■ 6

(3) If the family share co-payment applied by the EBT system was incorrect, Finance Division staff make manual adjustments. ■ 7

(4) If the provider was paid the wrong rate either because of incorrect coding of the child care plan, an incorrect birth date shown for a child, or an incorrect star status paid, Finance Division staff make manual adjustments. ■ 8

(f) **Absent day payments.** Providers can be paid an absent day payment for a child who misses some days of scheduled attendance and is authorized for care on a weekly basis. An absent day payment is electronically deposited in the provider's account in their weekly settlement received after the tenth of the month following the month care was given. To be eligible to receive this additional payment, the child must be approved for a weekly authorization and must attend the minimum number of full-time days shown on OKDHS Appendix C-4-B, Guidelines for Weekly Authorizations, for that month. The provider is not eligible for an absent day payment if the child did not attend the minimum number of full-time days for that calendar month or attended the maximum days paid that is also shown on OKDHS Appendix C-4-B. ■ 9 The formulas used to determine the minimum number of days the child must attend to qualify for an absent day payment are:

(1) three-day work week equals the number of days in the individual month minus the greater number of days for four days per week minus three;

(2) four-day work week equals the number of days in the individual month minus the greater number of days for three days per week minus four;

(3) five-day week equals the number of days in the individual month minus the greater number of days for two days per week minus five;

(4) six-day week equals the number of days in the individual month minus the greater number of days for one day per week minus five; or

(5) seven-day week equals the number of days in the individual month minus five.

INSTRUCTIONS TO STAFF

- 1. In-home providers, providers on military bases, and out-of-state providers are not issued point-of-service (POS) machines. Staff in the Family Support Services Division (FSSD) Child Care Section mails a pad of Form ADM-12-S, Child Care Claims, to each provider when he or she is first approved for an Oklahoma Department of Human Services (OKDHS) contract. The provider contacts the child care liaison when additional supplies of this form are needed.**
- 2. The telephone number for the OKDHS contractor, Affiliated Computer Services (ACS), is in the provider handbook issued to new providers once their contract is approved. The child care liaison can also give this number to the provider. See OAC 340:40-13-5 for contracting information. The child care liaison contacts staff in the Electronic Benefits Disbursement (EBD) Unit of the Finance Division to report any delay in installation of the POS machine.**
- 3. Form CCDF-1-E, Child Care Provider Contract, advises providers of their responsibility to ensure accurate attendance is recorded by clients. Void transactions can be completed for care given on the current day and the previous nine days.**
- 4. (a) The Finance Division waits to make manual adjustments until all money has been issued electronically for that month.**
(b) Form ADM-12-S must be completed by the provider when attendance information was not correctly swiped on the system. An example of when Form ADM-12-S must be completed, is when care was authorized and given but ACS did not install a POS machine timely.
(c) The worker completes Form EBT-4, Report of EBT Child Care Payment Adjustments, when attendance was correctly recorded but the provider states he or she is owed more money for a specific reason for which the worker concurs.
- 5. Extenuating circumstances beyond the client's and/or provider's control are rare and include, but are not limited to, worker or system error. The provider must give a detailed explanation about why it was outside the control of the**

client to record the attendance.

6. An example is when the worker, in error, approves five days of care per month rather than five days per week of care. The client or the provider reports the error message timely, but the worker takes more than ten days to correct the authorization. Another example is when child care is reopened back to the first of the month after the tenth day of that month. The worker sends Form EBT-4 to Finance Division for a manual adjustment.
7. An example is when the client reports that income has terminated or reduced after the month starts. The worker changes the Income tab of the Family Assistance/Client Services (FACS) Interview Notebook and the Social Services tab of the Eligibility Notebook effective for the current month so the system reflects the correct co-payment. If too much co-payment has already been applied, the worker sends Form EBT-4 to the Finance Division for a manual adjustment.
8. When the provider reports a problem with the rate he or she was paid, the worker sends Form EBT-4 to the Finance Division asking for a manual adjustment. Prior to sending the form, the worker corrects the problem. For a star status problem, the worker asks staff in the Systems or Child Care Sections of Family Support Services Division (FSSD) to push the authorization across to the OKDHS contractor. If the birth date or child care plan is incorrect, the worker corrects the case before submitting Form EBT-4.
9. For example, a 30 day month on the OKDHS Appendix C-4-B, Guidelines for Weekly Authorizations, shows the minimum number of days a child must attend to receive an absent day payment for a three day per week weekly authorization is nine days. If the child attends nine days, the provider receives an absent day payment to equal the 22 maximum days the provider can be paid. In this example the provider receives 13 days of absent day payment after the tenth of the following month. The absent day payment is high because OKDHS pays the same amount of money for a child approved a three day per week weekly authorization as it does for a child approved for a five day per week weekly authorization. If the child is approved for a five day per week weekly authorization, he or she must attend a minimum of 15 full-time days to qualify for an absent day payment. If the child attended exactly 15 days, the provider receives an absent day payment for seven days of care. If the child attended 22 days of care, no absent day payment is made since the provider would have already received the maximum payment for that month.

SUBCHAPTER 13. CHILD CARE RATES AND PROVIDER ISSUES

Section

- 340:40-13-1. Child care arrangements
- 340:40-13-2. Guidelines for use in approving in-home child care
- 340:40-13-3. Child care payments and rates
- 340:40-13-4. Child care payment process **[REVOKED]**
- 340:40-13-5. Child care provider contracts