
POLICY TRANSMITTAL NO. 11-35	DATE: OCTOBER 6, 2011
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF INTERGOVERNMENTAL RELATIONS AND POLICY

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

Oac 340:40-5-1; 40-9-2; 40-10-4; AND 40-13-3.

EXPLANATION: OAC 340:40-5-1 Instructions to Staff is amended to add clarifying language regarding the blended traditional and blended extended unit types.

OAC 340:40-9-2 Instructions to Staff is amended to: (1) clarify that workers must document in case notes when a Form 10EB004E, Report of EBT Child Care Payment Adjustments, is submitted; (2) remove worker requirement to complete Form 10EB004E when denied swipes are received; (3) add provider requirement to complete Form 10AD121E, Child Care Claim, when denied swipes are received; and (4) remove outdated language.

OAC 340:40-10-4 Instructions to Staff is amended to: (1) add language that child care providers submit Form 10AD121E when swipes are denied; and (2) clarify workers must document in case notes when a Form 10EB004E is submitted.

OAC 340:40-13-3 Instructions to Staff is amended to add clarifying language regarding the blended traditional and blended extended unit types.

Original signed on 10-4-11

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WF # 11-X (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.

REMOVE

340:40-5-1

340:40-9-2

340:40-10-4

340:40-13-3

INSERT

340:40-5-1, pages 1-17, revised 10-1-11

340:40-9-2, pages 1-11, revised 10-1-11

340:40-10-4, pages 1-4, revised 10-1-11

340:40-13-3, pages 1-6, revised 10-1-11

340:40-5-1. Plan of service

Revised 6-1-11

Providing child care is part of an overall plan of service designed to help the parent or caretaker with whom the child lives 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 per 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. ■ 3

(A) 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 per OAC 340:40-7-7 and 340:40-7-8.

(B) 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. ■ 4

(4) **Alternative to subsidized child care benefits.** The worker and client explore whether there is an appropriate, feasible alternative to Oklahoma Department of Human Services (OKDHS) subsidized child care benefits. ■ 5

(A) 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.

(B) If the alternative is someone else, the client has a choice whether to use this alternative. ■ 5 Possible alternatives include:

(i) 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;

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

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

(iv) 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 household income 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 per OAC 340:40-7-9. ■ 7

(6) **Back up plan.** The worker and client discuss the back up plan for child care if the child cannot go to the usual provider because of illness, school holidays, or other unforeseen emergencies. 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. ■ 8

(7) **Choice of provider.** The worker documents the choice of provider on the application or review form. ■ 9

(A) 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.

(B) The client may choose a family child care home regardless of star level. ■ 10

(C) The client may not choose a child care:

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

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

(iii) home in which the child resides;

(iv) home in which the client also works during the hours his or her child is in care; ■ 11

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

(vi) provider who is receiving state or federal funds, such as Head Start, Early Head Start, or public schools who is not charging all parents for the hours subsidy payment is requested; and ■ 6

(vii) 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 ■ 12

(viii) center, which is a one star facility unless there are no centers with a higher star status 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; ■ 13

(II) care is requested for a child living in the same home as a child already approved for care as described in (7)(C)(viii)(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. ■ 14

(8) **Income determination.** Per 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/Co-payment Chart, 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. ■ 15 The amounts the family and OKDHS pay toward the cost of care varies depending on the plan of service, family size, income, and the number of children receiving 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. ■ 16

(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. ■ 17

(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. ■ 18

(E) The provider may charge the client for any days OKDHS refuses to pay for care when: ■ 19

(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. ■ 20

(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 10-1-11

- 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) When the child is four years of age or older, 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. Refer to OAC 340:40-7-3 and 340:40-7-3.1 for information regarding children with disabilities.
- 3. It is preferable for the client to provide a signed and dated written statement from the employer, school, or training facility verifying the days and hours the parent or caretaker meets a need factor. When a written statement is unavailable, the worker verifies this information by phone contact with the employer, school, or training facility. The worker must clearly document who he or she spoke with and what was verified in the Family Assistance/Client**

Services (FACS) Case Notes.

4. (a) The amount of travel time approved varies depending on what is reasonable for the 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. When 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 uses the Oklahoma Department of Human Services (OKDHS) 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 of age 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 is 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. Refer to OKDHS Appendix C-4-B, Child Care Provider Rate Schedule, 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 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 per 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) Refer to OAC 340:40-10-4 for information about how authorizations approved with a weekly unit type are paid.

(5) The worker approves a blended unit type for children four years of age 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. The child care facility must be open on school holidays except summer break for the traditional blended unit type approval.

(i) This unit type pays the blended rate from August 16th through May 15th of each year.

(ii) 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.

(iii) The IMS system continues to show 23 B during the summer, but for payment purposes the electronic benefit transfer (EBT) system pays a weekly unit type.

(iv) If a weekly unit type is not appropriate for the summer because

the child does not require full-time care at least 15 days and no more than 23 days per month, 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 a school with a year round or a continuous learning calendar. Authorizations coded with the extended school year blended unit type receive the extended school year rate for the entire calendar year. The child care facility must be open during school holidays including fall, Christmas, spring, and summer breaks.

(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) requires more full-time care days in addition to school holidays;

(iv) the child uses a different child care facility for school holidays;

(v) the child care facility is not open on school holidays;

(vi) only part-time care is needed;

(vii) more than one child care facility is needed for the child; or

(viii) the child qualifies for a special needs or an 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. When 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 Subsidy Section staff.

5. 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. When another adult is 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. When the client does not want a spouse to care for the child, refer to OAC 340:40-7-8(e) for information required to approve preventive or protective child care.
6. (a) Programs receiving federal grant funds, such as Head Start or Early Head Start, and public schools receiving state funds for education may receive subsidy funds only if all parents are charged for the hours subsidy payment is requested. The worker approves the appropriate unit type based on the parent's schedule and the number of subsidy hours needed.
 - (b) If there is a tribal child care program in the county for which the client might qualify, the worker asks the client if he or she is receiving subsidized child care benefits from the tribe.
 - (1) The client cannot receive benefits from the tribe and OKDHS for the same service.
 - (2) When the client needs child care for different services, it is acceptable for the tribe to cover the cost of one service while OKDHS pays for the other service. An example of this would be when the client works and goes to school. If the tribe pays the cost of child care while the client works, the worker may approve child care through OKDHS for the hours he or she attends school.
 - (3) If the client chooses to receive OKDHS subsidized child care, the same rules governing other clients apply to this client as well.
 - (4) The child care provider must not file a claim with both OKDHS and the tribe for the same service.

7. The worker may talk to the client about how to get a raise in pay at work, 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 veterans benefits. The worker refers the client to other agencies for help when appropriate. Possible referral sources include:
- (1) the Oklahoma Employment Security Commission;
 - (2) a Workforce Investment Act (WIA) contracted entity;
 - (3) Workforce Oklahoma Centers;
 - (4) the local technology center;
 - (5) a community college;
 - (6) the Social Security Administration; or
 - (7) the Department of Veterans Affairs.
8. Helping the client plan in advance for emergencies when a child cannot go to child care may help the client keep a job. Persons who may be willing to provide child care in an emergency include relatives, friends, or neighbors. The client may explore other alternatives with his or her employer such as working from home or working additional hours after the emergency is resolved.
9. When the client chooses to use a provider that he or she is related to, the worker must check the "relative indicator" field on the Auth. Daycare tab in FACS.
10. Refer to 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, OKDHS Pub. No. 98-09, "Your Child Care Resource for Services and Information";

(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 and higher star child care centers and all child care homes that meet the client's search criteria. If there are no one plus and higher star centers in the community, the list includes the one star centers;

(3) how to request case summaries of potential providers from the Oklahoma Child Care Services (OCCS) 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 and higher star centers in the community or the exception criteria described at OAC 340:40-5-1(7)(C)(viii) 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 provider certification for different star levels.

(A) To be certified as a one star plus program, the provider must meet additional quality criteria that include:

(i) additional training;

(ii) reading to children daily; and

(iii) parent involvement.

(B) To be certified as a two star program, the provider must be:

(i) nationally accredited or meet the one star plus criteria;

(ii) employ master teachers who meet additional educational requirements; and

(iii) 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; and

(5) giving the client all or some of the pamphlets OCCS Licensing produces to help clients choose quality care. They are:

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

(B) OKDHS Pub. No. 98-09, "Your Child Care Resource for Services and Information";

(C) OKDHS Pub. No. 87-91, "The Parent's Guide to Selecting Quality Child Care"; and

(D) OKDHS Pub. No. 02-06, "Paying for Child Care Just Got Easier."

11. In rare instances, such as the special health needs of a child, an exception may be granted by FSSD Child Care Subsidy Section staff. To request approval, the worker sends an email to daycare@okdhs.org. The worker must include why the client is unable to use a different child care provider. If approved, the FSSD Child Care Subsidy Section documents the approval in FACS case notes and sends an approval letter to the provider.

12.(a) 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.

(b) A child care provider must not be approved to provide child care in order to home school someone else's child.

(c) The worker must not approve a school age child for child care in order for the parent or caretaker to work or attend school during the hours public or private school is in session because he or she wants to home school his or her child during the evening.

(d) School age is defined as a child enrolled in the first through 12th grade.

(e) Exception: a provider may 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 may 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.

13. The school break may be due to the parent's or child's school schedule.

14.(a) Exceptions may 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 and higher 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 plus and higher 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.

(1) If there are no one plus and higher star centers in the community, the list includes one star centers and an exception is not required.

(2) The worker uses the Child Care Locator, available on the InfoNet under OKDHS Tools, to generate this list.

(3) 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 these locations or why they did not meet the client's needs.

(4) 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 FACS Case Notes if and why an exception was granted.

(5) Exceptions may be granted when none of the providers on the client's list:

(A) have 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;

(B) are 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

(C) are 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 may be approved at that facility.

15. (a) In the Household tab in FACS, the worker chooses "social services" in the "benefit" field F24 and "added to benefit section" in the "status" field F25 to add only the child being approved for child care. All other household members are shown as "not included in benefit. Income and resources are considered in benefit computation" in the "status" field F25. The system calculates the family share co-payment based on information entered 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 Child Care 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 Child Care tab. The family share co-payment is never prorated.

(b) Children who are exempted from co-pay must be authorized for child care in a separate case record from children not exempt from co-pay in order for the system to calculate the co-payment correctly. The worker must document in FACS Case Notes why two case records must be established and what income is being considered or excluded in each case. The family may choose to include all children on one case if this results in a reduced family share co-payment. Examples of situations when separate cases may be required are described in paragraphs (1) through (4).

(1) When a family requests child care for a child who is exempt from co-pay because he or she receives Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF) per OAC 340:40-7-1 and for another child who is not exempt, two separate cases are created to avoid counting household income for the co-pay exempt child.

(2) When an adoptive parent requests child care for a child who meets all five conditions described in OAC 340:40-7-12(6) and is eligible for a zero co-payment and also requests child care for the child's sibling who does not meet these conditions, two case records must be established.

(3) When a client applies for child care benefits for a child for whom the client is not legally and financially responsible, the income of the client is not considered. When there are also children in the household that the client is legally and financially responsible for that require child care, their benefits must be authorized on a separate case so the client's income is considered only for the children for whom he or she is legally and

financially responsible.

(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-B, Child Care Provider Rate Schedule, to determine the daily rate for each child based on that child's service plan. The worker adds 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) When a child's authorization is closed or opened, the system recalculates the family share co-payment after the worker enters a change action in the Child Care 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. Refer to OAC 340:40-9-2(b) and Instructions to Staff (ITS) # 4 for information about adding children and OAC 340:40-9-2(c) and ITS # 5(a)(2) for 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) Refer to OAC 340:40-7-11(c)(5) for information on court-ordered child care payments and third party payments made directly to the child care provider.

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

16. Each human services center (HSC) has a list of community resources that may be given to a client to meet social services needs. The worker ensures 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 the worker is uncertain how to handle questions or other social service needs mentioned by a client, the worker seeks help from his or her supervisor, or HSC staff.

17. The applicant may request a fair hearing because of actions taken on a child care request as well as a child care application.

18. 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 participate fully in the quality content of the child care program, or to reduce transportation costs for the provider. When 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 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 may charge the client for those additional hours.

19. 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. Refer to OKDHS Appendix C-4-B for information about weekly unit types and absent day payments and OAC 340:40-10 for EBT information.

20. Refer to OAC 340:40-13-5(g) for a list of provider contract violations.

340:40-9-2. Case changes

Revised 6-1-11

(a) **Case changes.** The client must report any changes in his or her circumstances that would result in an increase or decrease in subsidized child care benefits within ten calendar days. ■ 1 The worker acts on changes that increase or decrease the subsidized child care benefits within ten calendar days of the reported change. ■ 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) **Change of payee.** When a change of payee is reported, the worker refers to policy at OAC 340:40-7-6(c) regarding temporary absence. If the situation is not temporary, a new application must be taken. Refer to OAC 340:40-3-1 for application processes.

(c) **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

(d) **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.

(e) **Changes that decrease the subsidized child care benefits.** When possible, the worker and client plan 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/Co-payment Chart, to determine whether the household meets income guidelines per OAC 340:40-5-1(8). ■ 6

(f) **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 the client reports this change timely. ■ 7 The worker completes provider changes within two working days of the date the client reports the change.

(g) **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

(h) **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 showing the family continues to be eligible. ■ 9 The client must complete a new application per OAC 340:40-3-1(a)(1) when:

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

(2) the payee for the subsidized child care benefits changes; or

(3) family income was not considered because policy at OAC 340:40-7-12(6) applied and one or more of the affected adopted children turned six years of age unless there is already a separate open income eligible case and the child can be added to that case per OAC 340:40-9-2(c).

INSTRUCTIONS TO STAFF 340:40-9-2Revised 10-1-11

1. (a) The client is not required to come into the human services center (HSC) to report changes. Changes may be reported in person, by phone, fax, or e-mail.

(b) The worker confirms with the client any case changes reported by persons other than the client before processing the change.
2. When the client also receives food benefits per OAC 340:50-9-5, the system determines which changes affect food benefits. Refer to OAC 340:40-9-1 for information on child care reviews.
3. Refer to OAC 340:40-15-1 for information regarding overpayments, and (c) of this Section and Instruction to Staff (ITS) # 5 for 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 of 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) 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 described at OAC 340:65-3-1(g).

(c) When one or both of the child's parents is absent from the home, the worker informs the client that he or she must complete required child support forms prior to adding the child to the child care benefits. If the client does not complete required forms, the worker closes child care benefits for all siblings

of this child. Refer to OAC 340:40-7-9 for information about the mandatory pursuit of child support and other potential income.

(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 Child Care 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 co-pay for the current month from the Child Care tab to the "copay" field K70 for the new authorization. After this action is cleared, the worker must make one more change to the Child Care 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 Child Care tabs and in the FACS Eligibility Notebook under Auth. Daycare and Child Care 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 FACS Eligibility Notebook Child Care tab (Section E) is the first day of the current month;

(2) a change in the number of persons needing child care. Refer to (b) of this Section and ITS # 4 for additional child requests. The change in family

share co-payment is effective the month after the child is removed.

- (A) When 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. When 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 Child Care 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 approval process described at OAC 340:40-7-3.1 is completed 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 Oklahoma Child Care Services (OCCS) licensing staff's approval on Form 08AD006E, Certification for Special Needs Child Care Rate.

- (B) **When** the child waits to start child care until after OCCS 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 Claim, to request supplemental payment for any increase because the client did not correctly record attendance. Unless extenuating circumstances beyond the client's 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 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, or an incorrect rate given. The worker enters correct data into the system for the current month prior to submitting Form 10EB004E. After submitting the form to the Finance Division Electronic Payment Services (EPS) Unit, the worker documents in case notes what month(s) are included in the supplement, the reason the form was needed, and the date it was submitted.
6. (a) The worker enters a change action in the Child Care tab. **When** 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 Child Care tabs and in the FACS Eligibility Notebook under Auth. Daycare and Child Care tabs. Refer to 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 per 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. **When** the client requests subsidized child care benefits for

an additional child, refer to (b) of this Section and ITS # 4. If the worker is removing a child from the subsidized child care benefits, refer to ITS # 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) When 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 electronic benefit transfer (EBT) Daycare system.

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

(C) When 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 Child Care 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; and

(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) When 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 Subsidy Section or the Office of the Inspector General for assistance.

(e) When 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) In most instances when the child care authorization closes on a reason code other than "change of providers" before the new provider is authorized, the worker must enter a new authorization using "application approval" rather than "change of providers" in the "notice indicator" field. The system only

accepts "change of providers" in the "notice indicator" field when the reason code on the closed authorization is:

- (1) 4 – change in providers;
- (2) 7 – ineligible provider;
- (3) 7A – provider contract terminated – State Office use only;
- (4) 36 – FSS BR-1 (Form 08MP004E) not completed; or
- (5) 99 – State Office use only.

(g) When 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 closes 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. When 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/Co-payment Chart, the worker must first determine whether the client's income for the current month exceeds the levels on OKDHS Appendix C-4.

(1) When the client will not receive enough income during the current month to cause the client 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) When 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.

(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;

(C) cooperate with Oklahoma Child Support Services (OCSS); or

(D) cooperate with the Office of Inspector General (OIG);

(2) no longer meeting the need factor for child care. Refer to 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 complete the review.

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. When 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. When 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 Child Care 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) The worker must reopen benefits within ten calendar days of the date he or she receives new or additional information or realizes benefits were closed in error. When the worker does not take action timely, he or she must enter a new authorization.

(d) When 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 provider must complete and submit Form 10AD121E (ADM-12-S), Child Care Claim, to the Finance Division EPS Unit.

(e) If the client reports a change in child care providers, the worker enters a new authorization rather than using the reopen action.

(f) 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.

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

Revised 6-1-11

(a) **Child care payments.** The Oklahoma Department of Human Services (OKDHS) makes payments for child care services to providers electronically using the electronic benefit transfer (EBT) system unless the provider is an in-home provider. These providers are paid manually via the EBT system after submitting Form 10AD121E, Child Care Claim. ■ 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, the provider may submit Form 10AD121E or ask the client's worker to submit

Form 10EB004E, Report of EBT Child Care Payment Adjustments, to the Electronic Payment Services (EPS) Unit of the Finance Division for a manual adjustment. ■ 4
EPS staff evaluate whether to adjust payment to the provider based on the reason 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 or provider's control exist. These extenuating circumstances must be documented on Form 10AD121E. ■ 5

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

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

(4) If the provider was paid the wrong rate because of incorrect coding of the child care plan, an incorrect birth date shown for a child, or an incorrect star status paid, EPS staff makes 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 a weekly unit type. 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 unit type and attend the minimum number of full-time days shown on OKDHS Appendix C-4-B, Child Care Provider Rate Schedule, 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 also shown on OKDHS Appendix C-4-B. ■ 9

INSTRUCTIONS TO STAFF 340:40-10-4

Revised 10-1-11

1. In-home providers are not issued point-of-service (POS) machines. Staff in the Family Support Services Division (FSSD) Child Care Subsidy Section mails a pad of Form 10AD121E, Child Care Claim, 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 or prints copies from the Provider Web at www.ebt.acs-inc.com/provider/ok.

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. Refer to OAC 340:40-13-5 for contracting information. The child care liaison contacts staff in the Electronic Payments Systems (EPS) of the Finance Division to report any delay in installation of the POS machine.
3. Form 08CC001E, Child Care Provider Contract, advises providers of their responsibility to ensure accurate attendance is recorded by clients. Providers void transactions for care given on the current day and the previous nine days.
4. (a) EPS staff makes manual adjustments once payments are made for the time period for which the manual claim is requested.

(b) The provider completes Form 10AD121E when swipes are denied or attendance information was not correctly swiped on the system. An example of when Form 10AD121E must be completed, if care was authorized and given but ACS did not install a POS machine timely.

(c) The worker completes Form 10EB004E, 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 and the worker concurs. Prior to completing Form 10EB004E, the worker makes changes to the family share co-payment or the authorization for the current month, if appropriate. This may reduce or eliminate the need for an adjustment. Instructions to Form 10EB004E include a chart showing needed action. After submitting the form to EPS staff, the worker documents in case notes what month(s) is included in the supplement, the reason the form was needed, and the date it was submitted.
5. Extenuating circumstances are rare and may include worker or system error. The provider must give a detailed explanation why it was beyond the client's control to record attendance.
6. This may occur when child care benefits are reopened back to the first of the month after the tenth day of that month. The provider submits Form 10AD121E to EPS for a manual adjustment.
7. This may occur 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 Child Care 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 10EB004E to the EPS for a manual adjustment. After submitting the form to EPS staff, the worker documents in case notes what month(s) is included in the supplement, the reason the form was needed, and the date it was submitted.

- 8. When the provider reports a problem with the rate he or she was paid, the worker sends Form 10EB004E to EPS requesting a manual adjustment. Prior to sending the form, the worker corrects the problem. For a star status problem, the worker asks staff in the FSSD Help Desk 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 10EB004E. After submitting the form to EPS staff, the worker documents in case notes what month(s) is included in the supplement, the reason the form was needed, and the date it was submitted.**
- 9. The OKDHS Appendix C-4-B, Child Care Provider Rate Schedule, shows the minimum number of days a child must attend to receive an absent day payment. If the child is approved for a weekly unit type, he or she must attend a minimum of 15 full-time days in a 30 day month 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.**

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

Revised 6-1-09

(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 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 shown on OKDHS Appendix C-4-B, Child Care Provider Rate 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-B.

(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 Oklahoma Child Care Services (OCCS) licensing staff approves the provider for the rate. The rate is designated on OKDHS Appendix C-4-B 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 10-1-11

1. **Refer to 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 may use the Appendix C-4-C, Unit Type Chart for Child Care Authorizations. The worker chooses the most appropriate unit type described in (b) through (f) of this instruction based on the amount of care required, not by the reason care is needed.**
 - (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. When the child is four years of age 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 when the child attends the minimum number of days required in the month to qualify. Refer to Oklahoma Department of Human Services (OKDHS) Appendix C-4-B, Child Care Provider Rate Schedule, 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.**

(1) The worker approves a weekly unit type when the client needs child care more than four hours each day and at least 15 days and no more than 23 days per month.

(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 holidays. OKDHS has established two blended unit types, traditional and extended school year. The worker must determine which blended unit type is appropriate.

(1) The worker approves the traditional school year blended unit type when the child attends a school with a traditional nine-month school calendar. The child care facility must be open on school holidays except summer break for the traditional blended unit type to be approved.

(A) This unit type pays the traditional blended rate from August 16th through May 15th of each year.

(B) 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, when applicable.

(C) The IMS system continues to show 23B during the summer but for payment purposes the electronic benefit transfer (EBT) system pays a weekly unit type.

(D) If a weekly unit type is not appropriate for the summer because the child does not require full-time care at least 15 days and no more than 23 days per month, the worker changes the unit type to match the needs of the child or closes the authorization when care is not needed.

(2) The worker approves the extended school year blended unit type when the child attends a school with a year round or a continuous learning calendar. Authorizations coded with the extended school year blended unit type receive the extended school year rate for the entire calendar year. The child care facility must be open during school holidays including fall, Christmas, spring, and summer breaks.

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

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

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

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

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

(E) only part-time care is needed;

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

(G) 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) Refer to 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. Refer to OAC 340:40-13-1(b) and 340:40-13-2 for information regarding approving an in-home child care provider. Refer to 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 the worker approves for care totals 23 days per month.

5. Refer to OAC 340:40-7-3 for age requirements.
6. Refer to OAC 340:40-7-3.1 for information on the approval process for the higher special needs rate and refer to 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. Refer to OAC 340:110-1-8.3 for information on the criteria Oklahoma Child Care Services (OCCS) licensing staff uses to approve this differential quality rate.