E. Nonfinancial Eligibility Requirements

NOTE

ERDC nonfinancial eligibility requirements include residency, citizen/noncitizen status of child and age of child. Please refer to the chapters on the Pre-TANF, SNAP and TANF programs if you need information about their nonfinancial eligibility requirements.

1. Residency

Families receiving child care assistance must be residents of Oregon. This means they are residing in the state and intend to remain, although there is no minimum time requirement. Persons on vacation are not considered residents.

Residency Requirements Rule

461-120-0010 — Residency Requirements

2. Citizen/noncitizen status of child

(A) Noncitizen status requirement

In addition to qualified noncitizens specified in Noncitizens A. (NC-A), the following individuals also meet the noncitizen status requirement for ERDC:

- Victims of a severe form of trafficking under the Trafficking Victim’s Protection Act of 2000;
- American Indians born in Canada;
- Noncitizens at risk for domestic violence. If one member of the filing group is at risk, the entire filing group is at risk; the benefit includes all of the members of the filing group;
- For children enrolled in programs that are subject to Head Start Performance Standards and are supported by both Head Start and CCDF funds, parents must submit verification of Head Start enrollment in lieu of other documentation.
(B) Determining and calculating benefits for eligibility groups with ineligible noncitizens

To qualify for ERDC, there must be at least one child with a child care need who meets the citizen or noncitizen status requirements (unless the caretaker relative has a current safety issue related to domestic violence).

**Example:** An ERDC filing group consists of the mother her 5-year-old child and her niece (age 14). The mother and 5 year old are undocumented and do not meet the noncitizen requirements. The niece is a U.S. citizen. Since the niece is 14 years old and does not have a child care need, there is no eligibility; there is no child with a child care need who meets the citizen/noncitizen status requirements.

The mother reports recently leaving an abusive relationship. She fears losing her job or her housing because she will have to choose between paying her child care provider or her rent. She has no family or support system in the area and may have to return to the abuser. Based on this information, the mother is at risk of becoming a victim of domestic violence. Her case can be reconsidered for ERDC to allow child care for the five year old.

**TA-DVS benefits are not a requirement for this policy.** The mother only needed to meet the requirement of being “A noncitizen who is currently a victim of domestic violence or at risk of becoming a victim of domestic violence.” Since the mother meets this requirement, everyone in the filing group now meet the citizen/noncitizen status requirements for ERDC.

The filing group must meet all other eligibility requirements to be eligible for child care benefits.

- Treat the entire filing group as if all members meet citizen/noncitizen status when conducting the income tests;

Compare their countable income to the ERDC Gross Monthly Income Limit Chart (cc-F.6);

**Example:** An ERDC filing group consists of a mother, father and three children. The father and the oldest child do not meet noncitizen status requirements; they are undocumented. The worker compares the family’s countable income to the ERDC chart for a household of five.
The UCMS case will be coded with 5 in the #ERDC field. The father and the oldest child will be coded with “NO” in-grant codes.

- If the countable income exceeds the gross income limit, the filing group is not eligible;

- If the countable income is below the gross income limit, review the copay against the number of children in the benefit group. If the copay amount is more than the child care benefit (subsidy) amount, the family is not eligible for ERDC.

Example: A family of six is applying for ERDC. Both parents are working and their ERDC copay is $620.00 per month. Only the youngest child meets the citizen/noncitizen requirements. The maximum DHS rate for their child is $485.00 per month. Even though they are under the income limits for a family of six, the family does not qualify. The copay is higher than the cost of care.

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3. Age of children

In the ERDC program, children must be younger than 12. In the TANF/JOBS child care program, children must be younger than 13 to receive child care assistance.

(A) Older children:

Special Needs Age (SNA) – Older children (for ERDC, ages 12 through 17, and for all other programs, ages 13 through 17) can be eligible for payment of child care costs.

To authorize payment for an older child (up to the maximum school age rate), the SNA need/resource code is required on UCMS. The SNA coding must be reviewed to determine if there is a continued child care need at reapplication. The SNA is coded with an end date (matching the APR). This means the coding must be updated in order to keep the older child on the billing form. SNA will pay at the school age rate.

DHS must determine the child should not be left unsupervised during the hours the parent is working or participating in authorized self-sufficiency activities. This determination must be verified by one of the following:

- A verbal or written statement by a physician, nurse practitioner, psychologist, social worker, school counselor or other qualified professional who is familiar with the child;
- Eligibility for SSI;
- Supervision by a court;
- Receipt of foster care payments;
- Other unique circumstances where the child’s safety or the caretaker’s ability to work or participate in assigned activities will be significantly compromised if child care is not authorized.

Other unique circumstances

Example: A parent is requesting child care for her 13 year old because she works a graveyard shift from 8pm to 4:30am.
Children with special needs:

**Special Needs Rate (SNR)** - A parent/caretaker who is applying for child care assistance may have a child who requires higher than normal levels of care for their age due to a physical, behavioral or mental disability. The child provider caring for a child who requires and qualifies as a higher level of care, newborn through age 17, may be reimbursed at a special needs rate.

NOTE

This rate offers families more options to child care services in their area. In order for the Special Needs Rate (SNR) to be authorized, the provider’s rates for all of their families need to be more than the DHS maximum rate for their area.
To authorize the special needs rate, the parent/caretaker will need to provide proof of the child’s physical, mental or behavioral disability. Verification can be from:

- A physician, osteopath, nurse practitioner, physician assistant, psychiatrist, licensed or certified psychologies, optometrist, ophthalmologist or clinical social worker;
- Eligibility for Early Intervention and Early Childhood Special Education programs or school-age Special Education programs;
- Eligibility for SSI.

**Example:** Rose has a child with special needs and is having difficulty finding child care. She has found a provider, but they bill higher than the current DHS rate for her preschool age child. Rose can have her child approved for the special needs rate. This allows DHS to cover more of her child care cost.

The **Special Need Child Care Rate Request** (DHS 7486) form is given to the caretaker as a tool listing the verification that is needed. The form provides information regarding the Americans with Disabilities Act (ADA) information. The ADA states that child care providers may not charge parents of children who have disabilities more than other families are charged to cover any increased costs the program incurs in making the reasonable accommodations necessary to comply with ADA.

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When authorizing the Special Need Rate, the SNR need/resource code is required on UCMS. The SNR is coded with a “C” for continuous instead of an end date. A TRACS narration is needed indicating that the SNR is authorized and the necessary documentation is on file.

If the SNR is requested at initial application or at recertification, the effective date of the SNR will be the same as the ERDC approval date.
At recertification, the SNR coding must be reviewed to determine if there is a continued need of a higher level of care. A conversation is needed with the caretaker to make a determination. The continuous SNR rate must be removed when the child no longer needs higher level of care. Narrate the conversation and action in TRACS narrative.

If the SNR is requested during the certification period, pend with a DHS 210A and give 10 days for the caretaker to submit the appropriate documentation. The effective date will be the month after the documentation has been submitted.

**NOTE**

If the provider’s rates are lower than DHS rates, the Special Needs rate will not be authorized.

**Example:** A registered family provider in group area A charges $750.00 to all families for full time care. The provider starts providing care for a 3 year old who needs a higher level of care. The provider enters $750.00 on the child care billing form. Since the SNR is coded on UCMS for the 3 year old, the system will pay the provider the SNR rate of $670.00 instead of the $610.00 for the preschool rate.

**Example:** A registered family provider in group area A charges $550.00 to all families for full time care. The provider starts providing care for a 3 year old who needs a higher level of care. The Special needs rate is not authorized since the provider’s rate is lower than the DHS SNR rate of $670.00.

**Example:** A registered family provider in group area A charges $650.00 to all families for full time care. The provider starts providing care for a 3 year old who needs a higher level of care. The provider enters $650.00 on the child care billing form. Since the SNR is coded on UCMS for the 3-year-old, the system will pay the provider $650.00 instead of the $610.00 preschool rate.

**Note:** The system will not pay the full SNR rate of $670.00 in this example because the provider charges less.

**Age Requirements for Clients to Receive Benefits Rule**

461-120-0510 — Age Requirements for Clients to Receive Benefits
(C) **Supplementing for very high needs:**

In some cases, the Special Needs Rate does not adequately cover the cost of caring for children who have very high needs and require a much higher level of care than other children of the same age. This includes, but is not limited to, children diagnosed as having extreme developmental delays, very high medical needs, severe physical limitations or significant mental health issues.

For these children, DHS can pay an additional amount above the Special Needs Rate. The amount of this High Needs rate payment is determined by how much additional care the child requires in the child care setting and is different for each child.

To qualify, the child must be eligible for the Special Needs Rate as described in subsection (B) above. In addition, the child must be enrolled or in the process of being enrolled, with Early Intervention, Early Childhood Special Education, Special Education programs, or mental health services. The amount that can be approved is up to a maximum of $5.00 additional per hour. The maximum amount per month is $840.00.

The determination that it may cost an additional amount to care for a child with very high needs is made by one or more designated High Needs Specialists in each district. When staff become aware of children with high needs in their caseloads they should contact the specialist in their area. The district office will have the contact information for the High Needs Specialist. If appropriate, the High Needs Specialist will refer the case to the Inclusive Child Care Program (ICCP). Staff from ICCP will complete an assessment with the parent and the child care provider to determine the need for a higher payment level. This assessment must be supported by additional documentation. ICCP staff will coordinate this documentation.

Some parents may not recognize that their child may be eligible for high needs payments. Workers should be aware of this and inform families about the Inclusive Child Care Program. Some situations to watch for include:

- A child who has experienced repeated loss of child care placements;
- Loss of any child care placement due to medical, developmental or behavioral issues;
- A parent/caretakers regularly misses work due to their child’s behavior or medical condition(s);
- A provider reports needing a specialist to come in to provide medical care for a child; or
- Children over 11 that still need a significant level of supervision and care due to a disability.

**CALCULATING HIGHER PAYMENT**

*The high needs payments are issued by the Direct Pay Unit (DPU) using the special pay process. The Inclusive Child Care Program calculates the supplemental payment. This calculation is sent to DPU for processing.*

*If you have any questions, contact ICCP at: [http://oregoninclusivecc.org/](http://oregoninclusivecc.org/).*

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4. **Child care need**

Child care need is defined as the gap between the family’s resources versus what the family needs to maintain safe, dependable child care that supports children's development and family self-sufficiency. Child care need means the care is necessary to maintain employment or participate in self-sufficiency activities. Child care related to employment means the nature of the parent’s work makes it necessary for someone else to provide care for the child during working hours. Ordinarily, there is no child care need if the caretaker works at home and can care for their own child without significantly affecting their work.

For example, resident apartment managers whose main duties consist of answering the phone and collecting rent would not generally require child care. Likewise, self-employed child care providers do not generally require child care for their own children.

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**Specific Requirements; ERDC Rule**

*461-135-0400 — Specific Requirements; ERDC*
(A) **Requirement to be employed or in self-sufficiency activities:**

The Employment Related Day Care (ERDC) program can help pay child care expenses only for persons who are employed or participating in DHS-approved self-sufficiency activities. Employment normally means work that results in earned income. For ERDC, self-sufficiency activities are limited to approved retention activities and student child care hours. For information about JOBS Program activities see the TANF Section of the Family Services Manual, Chapter M (TF-M).

**Employment:** This includes paid work experience, paid practicum assignments, work study and self-employment. At least one caretaker must be receiving income from employment at the time of application in order to qualify for child care benefits.

**Retention:** Some types of employment require the employee to take ongoing classes or trainings to retain their current position, certification, or license. A child care need is considered a retention activity if the employer does not pay the employee for class time. The caretaker is allowed to use authorized child care hours or have additional hours added to cover class time (see CC-H). If the employer pays the employee wages while they are attending classes and training, this is treated the same as regular employment hours.

**Example:** Ann is an assistant teacher at a certified child care center. She is required to be certified in First Aid and CPR. She is not paid for the time it takes for her to complete her certifications, but the class time can be covered as a retention activity by her authorized child care hours for ERDC.

**Example:** Thorson is an EMT. He is required to take six hours of Airway Management/Ventilation classes in order to be eligible to renew his certification. His employer does not pay him during class time. He is allowed to use his ERDC child care to cover the time he is required to be in these classes. He calls his worker because he needs more child care hours for this month to cover the training. The worker emails DPU to cancel and replace the current month billing form, including the additional six hours.

**Example:** (adding hours for ongoing)

Student hours for career advancement: Additional child care hours may be authorized for working students. The caretaker must be able to show that the coursework will lead to a certificate, degree or job-related knowledge and skills. The caretaker must request student
(B) Copay less than DHS payment rate

When the family's income is less than the ERDC income standard it does not always mean they are financially eligible for ERDC. Eligibility also depends on the maximum amount DHS will pay. You must determine if the copay is higher than the cost of care. Families with higher income and less of a child care need may have a copay that is more than what DHS will pay. If so, the family is not eligible.

- Determine the copay amount by entering the customer’s monthly income amount and number of persons in the ERDC filing group using the internet copay calculator: https://apps.state.or.us/cf1/ERDC/.

(C) Second parent or spouse available to provide care

In a two-parent household, the second parent or spouse is ordinarily considered available to provide child care, unless both parents are at work or participating in DHS-approved activities. Both parents’ schedules must overlap in order for the hours to be approved.
There may be a child care need if the second parent is physically or mentally unable to provide adequate care. The inability of the second parent to provide adequate care must be documented.

**Example:** Sam and Diane are applying for ERDC. Sam is working full time and Diane is receiving SSI. Receipt of SSI alone does not mean Diane cannot provide adequate care for their children. Diane provides medical documentation stating that she cannot lift more than 10 lbs. She has a 15-month-old child and a 5 year old. ERDC is approved because the worker can determine that the 15 month old requires a caregiver to lift them and the child weighs more than 10 lbs.

Child care can also be approved if the Office of Child Welfare has confirmed that the unemployed caretaker or spouse cannot be left unsupervised with the child.

**Medical Documentation; Disability and Other Determinations Rule**

461-125-0830 — Medical Documentation; Disability and Other Determinations

**Specific Requirements; ERDC Rule**

461-135-0400 — Specific Requirements; ERDC

5. **Caretaker/relationship**

A caretaker is the person who is responsible for the care, control and supervision of the child. To be eligible for child care assistance, the child must live with the caretaker.

- The child does not have to be related to the caretaker;
- Caretaker status ends when the responsibility for care, control and supervision is given to another person for 30 days or more, unless the caretaker is called to active duty – see below.

A parent is still considered the caretaker even though he/she is gone for 30 days or more if he/she is a U.S. military member and has been called to active duty away from the child’s home.

**Example:** A single mom with two kids, ages 7 and 8, asks her neighbor to provide care for her children while she is away on active duty. Mom still has custody, even though she is out of the home for more than 30 days. In this case, you can authorize up to 172 hours of child care. Do not authorize more than full time hours. The provider should not bill for the time children are in school.
6. **Copay; ERDC**

The copay represents the financial investment the parent (or caretaker) makes in the care provided to their children. The copay increases as the family’s income increases.

7. **Requirement to pay copay or make satisfactory arrangements; ERDC**

It is required for a parent to pay their ERDC copay. When copays are not paid or other satisfactory arrangement is not made, a family will lose their eligibility for the ERDC program and their case will be closed.

Satisfactory arrangements may include bartering or income in-kind. For example, a parent may provide child care for a provider's children instead of paying the copay. Parents and providers should be encouraged to put any agreement in writing. The parent should receive a receipt when the provider is paid, whether the payment is bartered or in cash.

If the parent has more than one provider, the copay should be paid to the one who provides the most care. This provider is called the primary provider – the other(s) are called the secondary provider(s).

If the copay exceeds the billed amount or the maximum allowed by DHS, the copay amount owed by the parent may be less than the copay. DPU will determine the total amount owed. DPU may change the primary provider designation or split the copay on future billing forms among all the providers who bill for care.

If a provider indicates on the Child Care Billing form (CCB) that a parent did not pay the required copay or make satisfactory arrangements to pay it, the Direct Pay Unit (DPU) will end benefits and send a closing notice as soon as timely notice requirements allow. DPU also codes a copay not met (CNM) case descriptor on the family’s case (on UCMS) and an "N" is coded in the copay met field on the DPCS screen. If the parent later requests ERDC, they cannot qualify until past copays are paid or satisfactory arrangements are made with the provider.
The period of ineligibility ends in either of the following circumstances:

- On the first day of the month in which the customer makes the copayment or makes satisfactory arrangements with the provider; or

- On the first day of the month after three years have lapsed from the date the customer failed to make payment.

The provider has up to 60 days after the CCB is processed to notify DHS that the copay or satisfactory arrangements have not been made. If not reported within 60 days, DHS will consider the copay requirement met.

8. Determining when payment arrangements are satisfactory

If an ERDC case has been closed because of an unpaid copay, it can be reopened under any of the following circumstances:

- The provider agrees that the copay has been met or that satisfactory arrangements have been made;

- The parent submits evidence that payment has been made, such as a receipt or canceled check;

- The parent verifies the debt was discharged by a bankruptcy filing;

- The parent has attempted to pay the provider but the provider refuses payment. This can occur when the copay is part of a larger bill that includes charges above the maximum rates. The case can be reopened if the parent presents evidence of an attempt to pay the entire copay;

- The parent attempts to pay the provider, but the provider cannot be located.

The effective date for reopening the case is the first of the month in which the copay requirement was met.

**Example 1:** Julie reapplies on August 15. On September 5, the worker receives verification that the copay was met on August 25. If all other eligibility factors are met for August, the case would be reopened effective August 1.

**Example 2:** Dan’s case closed September 30 because he did not pay the August copay. Dan paid the August copay December 10 and reapplies. If all other eligibility factors are met, the case would be reopened.
effective December 1. There is no eligibility for October or November because the copay was not paid in those months.

Requirement to Make Copay or Satisfactory Arrangements; ERDC Rule

461-135-0415 — Requirement to Make Copay or Satisfactory Arrangements; ERDC

Refer to the Processing Unmet Copays Worker Guide, (CC-WG#5), at the end of this chapter for detailed information on how to process unmet copays.

9. Listable provider

The parent must use a provider that is listed and approved or in the process of becoming listed. No payment will be made for care that is provided prior to the provider meeting all of the listing requirements and being placed in an approved status with DHS.

Families approved for ERDC have up to two calendar months to have an approved provider connected to their case. If they do not have a provider connected, their case will automatically close. Here is an example of how the auto-closure process works:

Example: On 12/27, the computer system tries to send a billing form out on the parent’s case. When no provider is found, a close notice is sent to the parent that day stating that their case will close 2/28. A second notice is sent to the parent at the end of February stating that their case has been closed.

If the parent contacts their worker within 30 days of their ERDC case closing to report an approved provider, the family is not required to reapply and their case can be reopened. The parent will need to reapply if the ERDC case has been closed for more than 30 days.

NOTE

If the parent had connected a provider in the month of January, the case would not have closed. Auto-closures typically happen four days before the end of the month. If a provider is connected in the last four days of the month, the worker will need to reopen the case manually.

Specific Requirements; ERDC Rule

461-135-0400 — Specific Requirements; ERDC

Eligibility of Child Care Providers Rule

461-165-0180 — Eligibility of Child Care Providers
10. **Immunization requirements**

The intent of the requirement is to protect the health and safety of children. This requirement will ensure that children in child care situations paid through DHS are immunized or have started the immunization series according to a schedule approved by the Oregon Health Authority. The state requirement allows for exemptions due to a medical condition or nonmedical reason. The immunization schedule and a list of county health departments can be found at:

[https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/index.aspx](https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/index.aspx)

This website address can also be found in the *Child Care Provider Guide* (DHS 7492).

If the caretaker marks on the application that the immunizations are not up to date DHS Child care policy allows the parent 45 days in a pend status to show that they are moving forward in the immunization process. The parent will need to do the following:

- Show that they have applied/obtained medical coverage (if they do not have medical coverage for their child(ren); or

- Show proof that the immunization series has started; or

- Submit a completed copy of their medical or nonmedical exemption form with documentation from a health care practitioner or the vaccine educational module approved by the Oregon Health Authority.

  - Information regarding the exemption process can be found at:

    [https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/index.aspx](https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/index.aspx)

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**NOTE**

*Up-to-date means the child has received the first dose of each vaccine required for a child of their age.*

**Example:** Parent marks on the application their child is not up to date on the immunizations. In the interview, the parent states they will take their child to receive the needed immunization. The application is pended.
The pend notice may be extended beyond 45 days if needed. The extension cannot be more than the additional 45 days and is only allowed when a situation has occurred beyond the caretaker’s control, inhibiting their ability to get the needed verification within the 45 days.

At reapplication, if the caretaker marks again on the application that the immunizations are not up to date, their application would be denied. The caretaker may apply again at any time and would be approved if all other criteria are met. The caretaker will need to show the following:

- Proof that the series of needed immunization has started, or
- Show a completed copy of their medical or nonmedical exemption form with documentation from a health care practitioner or the vaccine educational module approved by the Oregon Health Authority.

Example: Parent marks on the application their child is up to date on the immunizations. In the interview, it is unclear whether the immunizations are up to date. Since it is unclear that the immunizations are up to date, the DHS worker can pend the application to show proof that the immunization series has started. Narrate clearly what was unclear and caused the application to be pended.

The conversation continues and the parent states they do not believe in immunizations for their child. A copy of a medical or nonmedical exemption form is needed to continue to process the application. The application is pended for 45 days for the exemption form. You give the parent the website address to the Oregon Health Authority. [https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/index.aspx](https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/index.aspx) for more information on the exemption process of immunizations and the documentations required.
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