

J. Payment Process

1. Child care payment general provisions

- A payment is made only for child care provided on or after the date the provider has met the listing requirements and is in approved status (see [CC-WG#3](#) for additional details);
- Child care payments are made directly to the provider;
- Child care payments made to a provider are made on behalf of the family and do not constitute a contractual obligation or place DHS in an employer relationship with the provider;
- Child care payments cover only child care already provided;
- Payments are limited to the rates described in Section I ([CC-I](#)) of this chapter.

NOTE



No provider payments will be authorized unless an approved primary provider has been designated. The primary provider is usually the one who provides most of the care. For ERDC, the primary provider is responsible for collecting the copay.

Direct Provider Payments; General Information Rule

[461-165-0160](tel:461-165-0160) — Direct Provider Payments; General Information

2. ERDC and JOBS Plus Child Care Billings (CCBs)

Payments for ERDC child care are paid directly to the provider using billing forms issued by the Provider Pay (PP) and Service Authorization (SA) system.

The following is a brief summary:

- **ERDC Case:** The branch worker updates UCMS with ERDC eligibility information, such as authorized hours, income, number in the ERDC group (#ERDC field) and all children eligible for child care coded “CH” on CMS;
- **Provider connection:** The provider is connected to the family’s case on the situation screen (WCCS,SC,case#). DPU makes the connection between the

provider and case through the electronic connection or listing process (see [CC-WG#3](#));

- The situation screen shows the link between the case and all current and past providers (press F9 to scroll to the next situation);
- **Billing forms:** A child care billing (CCB) is issued to the approved provider. From the situation screen type BU (billing update) in the Fast Path and hit enter to view the CCB information. To view previous months, change the date in the “Ben mo” (benefit month) field.

For ongoing cases, the CCB for the following month is issued at end of month cutoff. End of month cutoff is the fourth business day before the end of the month;

- **Provider payment:** The provider must wait until after all of the care is provided for the month before they complete the CCB and send it to DPU;
- The CCBs are sent directly to data entry for imaging and payment. Some CCBs will be pulled out for manual review. These include billings with a reported change, copay not met, missing signatures or other errors. When the payment is issued, it is recorded on the provider pay (PPS) system and notices are sent to the parent and the provider.

NOTE



CCBs are also used for JOBS Plus child care. (See [ES-B.15](#) for more information on JOBS Plus.)

3. The JCCB – JOBS Child Care Billing

The *JCCB – JOBS Child Care Billing* is generated online by a branch worker or DPU using WSIT. The process is similar to the CCB process for ERDC clients.



FOR A DETAILED DESCRIPTION OF THIS PROCESS, SEE THE *JCCB WORKER GUIDE* ([CC-WG#8](#)) (IN PROCESS).

The following is a brief summary of the JCCB process:

- **Case Plan:** The worker and client develop an employment or self-sufficiency plan that includes authorizing child care;
- The provider must be listed and approved for DHS payments or be given a listing form to become listed (see [cc-wg#3](#)). JCCBs cannot be issued until the provider passes the background check and is approved by BCU – the effective date for payment cannot be earlier than the date the provider met the listing requirements and is in approved status;

If you are unsure of when a provider became eligible for child care payments, contact your DPU representative for assistance.

- **Billing forms:** The worker authorizes child care on the JOBS Child Care Situation screen (WSIT) or requests DPU to set up WSIT and issue a JOBS Child Care billing to the approved provider. This screen is accessed from JAS and can be used to authorize ongoing monthly billings as well as billings for a specific period. The WSIT screen pulls information from three different computer systems – CMS, PP/SA and JAS – to determine the amount authorized on the billing form;
- Once the child care situation is established on WSIT, the system sends the billing form to the provider. Cases should be coded to automatically issue to ensure that billings are sent timely. The JCCB is issued at end of month cutoff for the following month;
- **Provider payment:** After the care is provided, the provider completes the billing form and sends it to DPU;
- The JCCBs are batched and sent to data entry for imaging and payment. The payment is issued and recorded on the provider pay (PP) system. Notices are sent to the client and the provider.

Direct Provider Payments; General Information Rule

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4. Payments for employed TANF clients participating in JOBS

Families that are working and receiving TANF can receive child care through either a JCCB or a CCB with a zero copay. To determine which type of billing is correct, you must determine if more than half of their planned hours are from employment or not.

If a client needs child care for both JOBS activities and employment, and the work hours are:

- Less than the JOBS activity hours, the work hours are coded on JAS as a “WO” activity and a JCCB is used.
- More than the JOBS activity hours, the work hours are coded on JAS as a “WO” activity and a CCB is used. The worker will need to (1) close the WSIT situation or request DPU close the situation, (2) code both the work “WO” and other JOBS activities hours on UCMS (CC hours) and (3) request DPU to issue a CCB.



SEE CC WORKER GUIDE #2 ([CC-WG#2](#)) FOR ADDITIONAL INFORMATION.

5. Branch-authorized child care payments

Payments to providers typically should never be issued out of the branch office. There are a limited number of situations where a child care payment can be made by a branch-authorized check instead of by CCB or JCCB; however, most of these situations are handled directly by DPU.

A Special Pay check can be written:

- (1) **DPU issued:** To the approved provider for an interim check to meet the provider’s emergency.

A provider’s emergency is normally defined as a 72-hour eviction notice, shut-off notice or unexpected expenses due to a domestic violence situation. The emergent situation must be caused by circumstances outside of the provider’s control especially when there has either been a DHS delay in issuing the billing form, UCMS not updated, or the client did not turn in paperwork timely for continued eligibility, etc.

Providers with an emergent need should be directed to contact DPU for assistance. DPU will discuss the provider’s options to help the provider determine how we can best help to meet their needs. Emergent provider payments should only be issued by DPU and not out of the branch office.

- (2) **Branch issued:** To the client and the approved provider (as a dual-payee check), for a one-time deposit to secure child care (from TANF JOBS funds – if approved following the JOBS support services guidelines).

This is the one situation where the local branch office can issue a payment to a provider. The provider should be listed in an approved status on DPPM.

Use pay reason 76 (do not use 89 or 70);

- (3) **DPU issued:** To the client and the approved provider (as a dual-payee check), when the *computer system* support is not available to make full payment. This is used to issue special high needs payments for children approved through the Inclusive Child Care Program.

To process a request for branch payment:

- (1) The worker must confer with DPU before any branch child care payments are issued. No branch check can be written if a garnishment has been received by DHS or an overpayment has been written against the provider;
- (2) Payment can only be made for care that has already been provided, as documented by attendance logs submitted by the provider. (No payment will be made for child care provided prior to the date the provider met the listing requirements and was in approved status. See [cc-wg#3](#) for additional details);
- (3) Calculation of the payment due must include the deduction of the full copayment.

The provider will need to complete a billing form at the end of the month for all care provided during the month and a check for the balance still due will be sent.

Child care payments should never be issued directly to the parent. This practice is not allowed. Payments for child care can only be made directly to a provider who has been listed and approved with DHS. This assures that the provider, and anyone with access to the children, have had appropriate background and Child Protective Service history checks and that the care is being provided at a site that has met all basic health and safety requirements.

Direct Provider Payments; General Information Rule

[461-165-0160](#) — Direct Provider Payments; General Information

Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF Rule

[461-190-0211](#) — Case Plan Activities and Standards for Support Service Payments; JOBS, Post-TANF, Pre-TANF, REF, SFPSS, TA-DVS, TANF

6. Billing form time limits

CCBs and JCCBs: Expire 90 days from the issue date. If they are received after that time, DPU must determine if the provider had good cause for returning the form late, before any replacement billing form is issued.

7. Canceling and reissuing Child Care Billings (CCBs)

In most circumstances, CCBs are not canceled and reissued once they have been sent to the provider. A billing form should never be canceled and reissued if this results in a decrease in the authorized hours or an increase in the copay amount. However, there are limited situations where a billing form can be canceled and reissued to increase the authorized hours or decrease the copay amount. These situations include:

- **Administrative error** – The original billing form was incorrect because of an administrative error;
- **Job loss or reduction of income** – The client reported a good cause job loss or an ongoing reduction in pay timely, and the parent does not have enough income in that month to pay the copay. The change must make a difference of at least \$25 or more in the copay amount;
- **Increased work hours** – The client reported and verified an increase in work hours in the current month and the parent does not have enough income in that month to pay the additional cost of child care caused by the increased hours;
- **Reported after CMS cutoff** – The client reported a change during compute deadline and the CCB has already been issued for the next month.;
- **Reported timely in the beginning of the next month** –A change that will benefit the family occurs toward the end of a month is effective the month after the change occurs when it is reported timely (within 10 days).

Example of administrative errors:

The workers received pay stubs on August 24 showing an increase in hours and income. The worker put a note to process the increased income on SNAP effective 10/01, but took no action on the increase in authorized child care hours. The September billing form can be canceled and reissued with higher authorized hours due to the administrative error.

Example for job loss:

Meg lost her job on May 4, her copay is \$250. She will receive a check in May for \$518. With no other income, the family is not able to meet the copay amount of \$250 for May. The worker can contact DPU and have the CCB for May canceled and reissued. Based on the income of \$518, the copay would be \$27; this is more than a \$25 change in the copay amount. This CCB can be canceled and reissued.

Example for job loss:

Don lost his job on May 27; his copay is \$74. His total expected income for May is \$1,125. With three people in the ERDC filing group, the

copay would be \$60. This does not meet the requirement of \$25 or more. The CCB is not canceled and reissued.

Example for reduction in income:

John's hours were cut from full time to 15 hours a week on June 5. His income dropped from \$400 a week to \$150. His gross income for June is verified as \$720:

June 6 - \$270

June 13 - \$150 ongoing income is anticipated to be \$150 a week.

He will not have enough income to pay his \$187, the copay would be \$27; this is more than a \$25 change in the copay amount. This CCB can be canceled and reissued.

Example of increased hours:

Georgia submits an employer letter on May 5 reporting her hours are increasing from 20 to 30 hours a week. She cannot afford to pay her child care provider the difference between the part-time monthly and full-time monthly rate. This CCB can be canceled and reissued.

Example of increased hours:

Paulette submits a pay stub on September 22 showing her weekly hours have increased from 37 to 40 hours. She is requesting more child care hours. Paulette's September CCB was issued with 200 child care hours (including travel time); this is a sufficient number of hours to cover her full child care need for September. The September CCB will not be canceled and reissued. Paulette's authorized hours will be increased on the system for October 1.

Example reported after CMS cutoff:

Ringo reported on 1/29 that he lost his job. The worker reviews the situation and determines good cause. AWS is approved for February through April. The February billing form was already issued out with a \$300 copay. The worker emails DPU to request the February CCB be canceled and reissued with a waived, \$0 copay.

NOTE



*Changes occurring toward the end of a month which benefit the family are effective the next month when **reported timely (within 10 days)**, even if the report date falls in that month.*

Example when reported timely in the beginning of the month:

Nonie went into labor on February 27. She contacted the DHS branch office on March 2, to report the birth of the baby and her maternity leave. Nonie also states she will have less income for March. The March billing form can be adjusted. Verification of actual March income and her expected income during her maternity leave is needed. Pend using a [DHS 210A](#) for required verification. Once it is received, the March billing form can be canceled and reissued with the lower copay. The AML coding is N/R AML 5/2016.

Example when reported timely in the beginning of the next month:

Sam lost his job on December 30. He had a new job lined up to start on December 31. He reported the job change to DHS on January 4. At his new job, he is working more hours but is paid at a lower rate causing his monthly income to be less. Because Sam reported timely, his case can be updated effective January and the January CCB can be canceled and reissued with the higher hours and lower copay.

NOTE

When a family has Authorized Work Search (AWS) or Authorized Military Transition (AMT), do not adjust income. Determine expected income in the month the change occurred. Use the copay calculator to determine the correct amount.

To cancel and reissue a CCB:

- Reduce income or increase hours on CMS for all situations except AWS or AMT;
- Email the DPU branch representative (for all situations);
- DPU will need to know the case number, provider, month and new copay amount or new number of authorized hours. Include information about any special coding like AWS or AMT when the case cannot be updated.

Use the electronic form Child Care Billing Change/Issue Request. If you would like a template to copy and paste to your e-mail system, contact your branch representative at DPU.

8. Canceling and reissuing JOBS Child Care Billings (JCCBs)

Exact duplicates of the original JCCB can be re-sent by the worker or DPU from the WJSS screen. This can be done to replace a lost billing form.

JCCBs can also be canceled and replaced from the WJSS screen as long as the replacement JCCB is for an equal or larger number of child care hours.

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