Worker Guide
Child Care Roles

1. Workers responsibility

Determine eligibility (ERDC)

- Determine if there is a copay not met (CNM):
  - Review the case to determine if the case was closed because of an unmet copay;
  - Check for a CNM case descriptor on UCMS and an N in the copay met field on DPCS;
  - The ERDC case remains closed until the copay is met, the provider agrees satisfactory arrangements have been made or after three years have lapsed from the month the copay was not met. (See FSM CC-F.10 Requirement to pay copay or make satisfactory arrangements and FSM CC-WG-5: Processing unmet copays.)

- Discuss child care need:
  - What is their work schedule – is it consistent or variable? Do they work daytime, evenings, weekends, overnight? Narrate the work schedule. (See FSM CC-F.3; Child care need: number of allowable child care hours.)

  - Are there two parents in the home – what days/times do their work schedules overlap? Narrate work schedules and overlapping hours. (See FSM CC-F.3; Child care need: number of allowable child care hours for two-parent families.)

  - What are the ages of the children? This will help determine the hours of care and child care cost. For school age children compare the work schedule to the school schedule. Explain DHS requirements for school age children: no billing during school hours (unless the child is sick); cannot bill for home schooled children during school hours. (See FSM CC-F.3; Child care need: number of allowable child care hours.)

  - Understanding the need is important for accurate eligibility – compare copay to cost of care (see FSM-CC-F.8; Child care need; copay less than DHS payment rate, copay calculator https://apps.state.or.us/cf1/ERDC/ and FSM CC-F.20; Provider rate limits; child care provider rate charts.)

  - Explain proper use of child care subsidy, provider can bill for hours at work and travel to and from work only. Note: Authorized work search is allowed if job loss occurs during the certification and good cause exists.
Offer information about high needs care if parent expresses difficulty finding care, keeping child care or has a child with special needs. (See FSM CC-F.6; Child care need; children with special needs and CC F.7; Child care need; supplementing for very high needs.)

- Eligibility decisions are accurate and explained to the customer; a Notice of Income and Benefit Calculation (DHS 7294) is given. (See CC WG-7; ERDC Eligibility Guide.)

- Narrative and computer entry is completed in a timely manner. Delays in processing directly impact provider payment, potentially putting the family at risk of losing child care. The goal is to have the billing form issued before the care is provided whenever possible.

- Reporting requirements are explained – including requirement to report provider changes. (See FSM CC-E.7; Reporting requirements and changes.)

Assess family’s child care arrangements (ERDC and TANF)

- Ask for their provider information (name, address and phone number) – including back up care providers and percentage of care for each provider. Encourage back up care arrangements if not yet established.

- Determine if provider is currently in approved listing status – provider screen guides are available and DPU can also help explain how to use the provider screens.

- If the provider is in approved listing status:

  - Give a completed DHS 7494E and instruct the customer to give it to their provider. This verifies the family’s eligibility for the provider;

  - Send an electronic connection request to your DPU representative. Be sure to include the copay amount (or zero copay for TANF), the authorized hours for the initial and ongoing months, and voucher type (CCB or JCCB). Use the DPU template when sending the connection request;

  - If the case is pended, narrate the provider information and take the above actions as soon as eligibility is cleared.

- If the provider is not in approved listing status (or in-home, “I” status, for another family):

  - Give a Provider Listing form (DHS 7494) with the DHS section completed.
- A pre-listing Provider information Sheet (DHS 7494D) is given if eligibility has not been determined (case is pended);

- Give the Parent Flyer (DHS 7485) and explain the payment effective date. DHS cannot pay for any care provided before the listing approval date – this means the provider must complete the listing form (and any required pre-service training), submit the form to DPU and meet all the provider requirements including passing criminal history and child welfare records checks. Background checks are required for the provider and individuals who may have access to children in care;

- Inform the customer to give the listing form to their provider immediately.

- Offer a Child Care Provider Guide (DHS 7492) – this is a great resource for the provider because it explains the provider requirements, listing process, DHS rates, payment process and includes other resources. If the customer thinks the provider would prefer an electronic version, it’s available on the DHS child care website http://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Pages/Publications-Data.aspx.

- The website is included on the listing form;

- If the provider is in denied (D), failed (F), or in collection (C) status, consult DPU. The customer needs to understand if their provider may not be eligible. If they are in failed status, they can reapply right away and will be reviewed to ensure they meet all requirements. If they are in denied or collection status, they may not be able to reapply and therefore not eligible.

- If the family does not have a provider:

  - Refer to CCR&R and tell them to report provider information when they select one;

  - Explain the benefits of selecting an approved provider – give the DHS 7485;

  - Explain timeframes for ERDC case closure. Once a case is approved online the system will send a closure notice at end of month cut-off. The effective date of the closure is the end of the following month. If no provider is connected the system will close ERDC on the end of month cut-off for the second month. If a provider is connected the auto-closure will not happen.

Example: Case is approved 06/15/15:

06/25/15 – closure notice is sent effective 07/31/15
07/28/15 – ERDC case closes or converts to P2 (for JPI cases)
If a provider is connected before 07/28/15 the case will not close.

Discuss the importance of quality care (ERDC and TANF) – even if they already have a provider

- Quality child care can be so much more than just supporting a working parent. It is important for the success of the entire family and can be vital in helping children to succeed in school. Quality early childhood education is linked to higher graduation rates, higher employment rates and lower crime rates;

- Safe, reliable child care is important for parents to feel secure when they go to work. It helps them to focus on their job rather than being worried about their children;

- Quality child care means the provider offers an environment that helps the children by meeting their emotional, developmental and educational needs;

- Early learning is important for kindergarten readiness. Many providers offer preschool curriculum and educational activities;

- Quality care for school age children can include enriching activities and homework help;

- DHS offers contracted child care slots in some areas through local Head Start or Oregon Program of Quality designated child care sites for children ages 0 to 6. The contracted slots offer many benefits including protected ERDC eligibility, reduced copay, and children can still attend full-time even if the parents’ work hours drop.

Share local CCR&R information (ERDC and TANF) – even if they already have a provider

- Explain the services available to families through your local CCR&R:
  - Help finding providers who offer contracted child care slots;
  - Help finding a back-up provider;
  - Information about quality child care;
  - Training opportunities for their provider (First Aid/CPR, Food Handlers, Recognizing and Reporting Child Abuse).

- Offer informational handouts from the local CCR&R so the customer can make an informed choice about child care arrangements that will work best for their family;

- Offer local CCR&R contact information.
Billing (ERDC and TANF)

- Explain how DHS child care payments work, including how to properly utilize the approved hours, when to sign the billing form and how much the family is responsible to pay. They will need to know if there is a copay (and how much) plus any overage amount;

- Offer the Parent Guide to Child Care (DHS 7478) – this is a great resource for your customer. Show them how to determine the DHS maximum payment amount and the worksheet to help them determine their out of pocket costs. This also has information about locating quality care, provider requirements, billing processes and a lot of other resources. The parent guide is available on the DHS child care website http://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Pages/Publications-Data.aspx if the customer prefers an electronic version;

- Encourage families to talk to their provider about how much they charge for child care, if they accept DHS rates, and any other fees the provider may charge. This is an important conversation to have before care begins.

Actions during the certification (ERDC and TANF)

- Act on reported changes (following policy guidelines; for ERDC, see FSM CC-E.7; for TANF, see FSM-TANF-K);

- Provider changes need to be acted on immediately;
  - Send electronic connection to DPU for new provider who is in approved listing status (include percentage of care if multiple providers and date care ended if replacing a provider);
  - When there are outstanding billing forms for a previous provider, DPU will issue a billing form to the new provider for the remaining hours in that month. DPU may not be able to issue a billing form to the new provider if payment has already been made to the previous provider. Consult DPU for help.

- Sometimes a billing form will need to be reissued. This occurs when a change is not acted on before the billing form is mailed or when an agency error occurred. Update changes on the case and send the replacement request to DPU and include details about the reason for replacement, copay amount, authorized hours and month(s) needed. Billing forms can only be replaced if the benefit is increasing or when a child is being added. Consult DPU if the billing has already been paid – a payment adjustment may be needed.
Communications with child care providers (ERDC and TANF)

- Verify the provider/family connection before releasing any information. This can be verified through the provider connection in the system, in TRACS or the recent application if the provider is not yet connected and the family reported their provider information;

- Share information needed to confirm the family is eligible for child care benefits and which children are eligible (including authorized hours and the copay amount). When explaining the authorized hours, be sure to include the 25 percent for travel and meal time. Explain DHS can pay up to the max rate and let them know where to find this information if they need it (DHS 7492). Also explain the payment effective date, (consider provider listing date and multiple providers – DPU can help);

- Share information on the billing form, when it was mailed or when they can expect to receive the billing form (consult DPU if needed). Refer to DPU if they have questions about the payment process. Also mention the Provider Guide (DHS 7492) as another resource for information.

- Disputes with the number of hours:
  - Explain the amount authorized is based on the work hours or approved self-sufficiency activities and includes the 25 percent added for travel/meal time;
  - You may need to review the hours to determine if they were calculated correctly. Review potential need for extra hours. Are they working more than 40 hours a week, do they need sleep time (single parent households only), are they working a split shift or do they have excessive travel time?
  - Ask the provider to have the family report if there has been a change or if they have questions about how the hours were calculated
  - Let them know the family will be responsible for hours that exceed the amount authorized by DHS (in addition to the copay and any other overage such as when the provider charges more than the DHS max rate).

- **If the family has not reported their provider you cannot share information.** Let the provider know you do not have them listed as a provider with the family they have indicated. Ask them to have the family contact their worker if they are eligible for child care subsidy to report their provider. Also explain the family may contact their local office to apply for child care subsidy if they are not currently eligible.
Considerations for TANF case planning and child care:

- Discuss child care arrangements and allow time to locate appropriate care. Stable quality child care is important as they transition to employment. They should feel comfortable leaving their children and know they are in a healthy and safe environment, (refer to CCR&R);

- Case plan and child care needs are in balance
  - Individual district support service budgets may have limits on the amount of support services for child care that can be offered.
  - Consider the child care need, cost of care and how much DHS can cover when developing the case plan. Be sure to include time for travel:
  - The plan activity hours cannot exceed the authorized child care hours unless there is no child care need. For example, if the family has school age children, they will not need child care during the school day. In this instance the activity hours can exceed the support services for childcare. They still may need some child care hours for any activities that are outside the school day or for days when school is not in session.

- Explain authorized hours, the amount DHS will pay, and any out-of-pocket costs for which they will be responsible. Out-of-pocket costs occur when the provider charges more than the DHS rates. Also explain proper use of authorized child care hours (for authorized plan activities and travel/meal time);

- Billing forms are issued to the provider before care begins: WSIT Situation Screen needs to be in “A” status for auto issuance. They should not be in “R” status to review a customer’s participation prior to issuance; this is in violation of the child care provider Collective Bargaining Agreements with SEIU and AFSCME that may result in a grievance. These agreements require DHS to issue out billing forms in advance. This is also important for customer service for families and providers;

- Include information and appropriate forms relating to quality care, CCR&R services, provider listing and billing (see above).

2. **Direct Pay Unit (DPU) responsibilities**

- Review listing form; determine if provider meets the requirements and enter providers into the system;

- Fail provider if they do not meet requirements, including health and safety. Send notice to provider and family;
- Refer providers requesting assistance with health and safety to the CCR&R Network;

- Forward a copy of the listing form to BCU to determine eligibility;

- Send billing forms to providers (CCB and JCCB). No billings can be sent if child care eligibility is not entered on UCMS;

- Answer billing questions for the provider and parent;

- Replace billing forms and process payment adjustments as needed;

- Process provider changes. Providers must report certain changes to DPU within five days – such as new address or new people in the home/facility, any new criminal arrests, charges or convictions and any new child welfare involvement;

- Process provider report of copay not met. This includes ending the ERDC benefits (following 10-day notice requirements), coding CNM in the system and narrating. (See FSM CC-WG-5: Processing Unmet Copays.)

- Refer providers and families to the worker when they have questions about the child care case or are requesting changes to the billing form. Referral reasons include: no eligibility on system, questions on the amount of hours or not enough hours, questions on how the copay was calculated or copay too high, child not included on the billing form, requesting special needs rate (SNR not coded on UCMS);

- DPU also supports workers by explaining information on the provider screens and answer questions about the billing and listing processes;

- DPU Processes email requests from case workers when billing forms need to be forced out or changed.

3. **Background Check Unit (BCU) responsibilities**

- Conduct criminal and Child Protective Services (Child Welfare) records checks, and respond to complaints about listed providers. (See [http://www.oregon.gov/DHS/BUSINESS-SERVICES/CHC/Pages/index.aspx](http://www.oregon.gov/DHS/BUSINESS-SERVICES/CHC/Pages/index.aspx));

- Fail or deny listing on records check and enter the denial code on DPPM. On re-evaluations, this stops CCBs from going out to this provider and generates a notice to the parent(s). On new providers, no payment will be made from DHS.
4. **Child Care Resource and Referral (CCR&R) responsibilities**

- Maintain accurate and updated database of child care providers in your area. These include centers, preschools and family child care providers;

- Provide consultations and referrals to child care for parents. Parents get verbal and written material on how to select quality child care;

- Offer parent information about DHS subsidies;

- Have accurate and current information on the Office of Child Care regulation process for centers and family child care; including licensing requirements;

- Offer training and classes for providers on many topics;

- Respond to providers with DHS rates and other information, support and technical assistance regarding the business of child care, discipline issues, other community resources;

- Produce and distribute newsletters for providers with information on upcoming events, advocacy, classes and announcements about regulation changes and activity ideas for their programs.