Worker Guide

Changes in Programs, Providers and ERDC Filing Groups

1. Changes in programs

A. Converting from TANF child care to ERDC

When a TANF customer who has been receiving child care assistance becomes ineligible for TANF because of increased income, the case may be converted to ERDC, rather than closed. Convert the case to ERDC as follows:

- Check authorized hours on WSIT or if the case is already using CCB with no copay (See Child Care Assistance H – Payments for employed TANF clients participating in JOBS, #4 (cc-J.4)). If additional hours are needed in the transition month, cancel and reissue the JCCB or CCB. Remember to notify the provider;

- Ensure JCCBs or CCBs have been issued through transition month, if appropriate;

- Close WSIT effective end of transition month;

- Contact the customer to discuss the ERDC program, copay, primary provider designation, etc. If the customer can reasonably anticipate future income and hours and requests ERDC, a narrated phone conversation can constitute the completed application for ERDC. A written application is not required for customers transitioning from TANF. Income verification is still required;

- When income is verified, use a COMPUTE action to convert the case to M5 effective first of the month following TANF closure. See Computer Guide Section III-G. [http://www.dhs.state.or.us/policy/selfsufficiency/cg_security.htm](http://www.dhs.state.or.us/policy/selfsufficiency/cg_security.htm) for detailed information on how to code ERDC cases;

- Enter CC-authorized hours on UCMS;

- Send an email to the DPU branch representative to tell DPU who the primary provider will be and the first month to be covered by a CCB, if converting from JCCB to CCB;

- Send Notice of Income and Benefit Calculation (DHS 7294) form.
B. Converting from ERDC to TANF

When a family currently receiving ERDC assistance becomes eligible for TANF because of a reduction in income or loss of employment, local procedures for TANF applications should be followed.

While there are many ways to handle this transition, it is important that continuity of care be maintained. This can be done in several ways:

- Use outstanding CCB generated by the ERDC program to pay for job search and JOBS Program participation hours to assure continuity of care;
- Check authorized hours on UCMS. If additional hours are needed, contact DPU to cancel and reissue the CCB (if majority of hours are from working) or JCCB (if majority of hours are JOBS activities);
- Contact DPU to close the CCB situation effective end of transition month;
- Open situation on WSIT and authorize a JCCB for month after transition;
- The provider should be kept informed about what is happening. Although this is the responsibility of the parent, the provider may need reassurance from the worker that DHS will continue to pay for child care during this transition period.

2. Child Care Cheat Sheet

<table>
<thead>
<tr>
<th>If child care hours are needed to support:</th>
<th>Issue a:</th>
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</thead>
<tbody>
<tr>
<td>PRE-TANF – JOBS Activity</td>
<td>JCCB</td>
</tr>
<tr>
<td>Pre-TANF transitioning from ERDC</td>
<td>CCB ($0 copay)</td>
</tr>
<tr>
<td>JOBS only</td>
<td>JCCB</td>
</tr>
<tr>
<td>TANF working (ongoing) JOBS Activity is ‘WO’ only</td>
<td>CCB ($0 copay)</td>
</tr>
<tr>
<td>TANF working (ongoing) &amp; JOBS combined (majority Work hours)</td>
<td>CCB ($0 copay)</td>
</tr>
<tr>
<td>TANF working &amp; JOBS combined (majority JOBS hours)</td>
<td>JCCB</td>
</tr>
<tr>
<td>ERDC – BAS only</td>
<td>CCB</td>
</tr>
<tr>
<td>JOBS Plus – Non-UI (PLS)</td>
<td>CCB</td>
</tr>
<tr>
<td>Post-TANF – if ERDC eligible</td>
<td>CCB</td>
</tr>
</tbody>
</table>
Cases transitioning from Pre-TANF JOBS or TANF/JOBS to ERDC:

- Check authorized hours on WSIT. If additional hours are needed, cancel and reissue the JCCB. Remember to notify the provider.
- Ensure JCCBs have been issued through transition month.
- Close WSIT effective end of transition month.
- Contact DPU to issue a CCB for month after transition and indicate the Primary Provider.
- Enter work hours on UCMS and EML N/R

Cases transitioning from TANF Working (with CCB) to ERDC:

- Change TANF coding to M5 coding (Program Code M5, BAS C/D, etc.).
- Update CC Wrk Hrs and EML N/R income.
- Contact DPU for month of transition and indicate the copay.

Cases transitioning from ERDC to Pre-TANF JOBS or TANF/JOBS:

- Check authorized hours on UCMS. If additional hours are needed, contact DPU to cancel and reissue the CCB (if majority of hours are from working) or JCCB (if majority of hours are JOBS activities).
- Close CCB situation average end of transition month.
- Open situation on WSIT and authorize a JCCB for month after transition.

Misc. Tips

- Work ViewDirect WAJ4120R-A “JCCB Voucher Issuance Hold” report.
- If provider is already listed and approved, give client Child Care Provider Letter (DHS 7494E) for provider.
- Give eligible client Child Care Provider Listing and Provider Information Sheet form (DHS 7494) if providers are not currently listed. The listing form is a guarantee of client eligibility. 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).
- Do not cancel a JCCB due to client nonparticipation.
- Write client overpayments for misuse of child care benefits.
- Copay Not Met case descriptor (CNM) may only be removed after verification from either the client or provider is obtained and verified by DPU. Call DPU for assistance.

3. Changing providers in the ERDC Child Care programs

When an ERDC customer reports a change in child care providers, DPU should be notified as soon as possible. They will need to stop sending billings to the former provider and begin sending them to the new provider. There are two methods for doing this:
• The usual method is to fill out the “Branch Use Only” section on a listing form and give it to the customer to give to the new provider. This section asks if a former provider is being replaced and if so, when. If it is getting close to the EOM deadline, an e-mail message to the DPU branch representative will prevent a billing form going out to the wrong provider. The message should include the customer’s case number, name of the former provider and the date they stopped providing care;

• If the new provider is already listed – that is, their listing status on DPPM is A, Health and Safety is Y and the limited field is N – a listing form is not needed. Instead, the worker can use an electronic connection by sending information regarding the case and provider to the DPU branch representative. The worker can also give a Child Care Provider Letter (DHS 7494E) to the customer to give to the provider.

4. Changing the primary provider designation

If a customer has more than one provider, one of the providers is designated as the primary provider. The primary provider should be the one who provides the most care. When the customer needs to change the primary provider designation, contact DPU as soon as possible to let them know about the change.

5. When a provider is denied listing

A provider that is denied listing because of a records check or failure to correct a health and safety deficiency will not be paid by DHS. The family is notified by letter that their provider does not meet listing requirements and they will need to find a new provider. In order to receive DHS child care assistance, the family has the following options:

• Find a provider that is already listed (refer the family to the local CCR&R for help in locating a new provider;

• Find a provider that appears to meet the requirements and is willing to be listed. Please note that payment will not be made by DHS if the new provider is not approved. If the new provider is approved, payment will begin effective from the date the provider met the listing requirements and is in approved status;

• Continue to use the denied provider for a limited period of time (this only applies to providers who were in approved status while caring for the eligible child and were subsequently denied). Unless the child appears to be in imminent danger, the family may choose to have the provider continue care until the end of the period covered by the current billing form.
This is a difficult situation for most families and they may need some help deciding what to do next. The local CCR&R can help by suggesting what qualities to look for in a provider and helping the family find a new provider. If the family wants to continue using the denied provider, caseworkers can refer the provider to contact the DHS Background Check Unit at 503-378-5470 or toll free at 888-272-5545 to find out more about reason for denial. DHS will not pay the provider unless the provider becomes approved, and will not pay for any care provided during the time the provider was denied.

6. Filing group changes; adding or removing a person from an ERDC case

When someone either joins or leaves an ERDC filing group, the change ordinarily takes effect the first of the month following the month in which the change is reported. However, there are situations where earlier action may be required to meet the family’s child care needs and other situations where action should be delayed to allow for timely notice.

When a child who needs child care moves in with the filing group during the month, this usually requires taking action before the end of the month:

- If the current family’s provider is caring for the new child, the CCB will need to be canceled and reissued to add the child. Call or e-mail the DPU branch representative with the case number and child’s name and date of birth;
- If the new child is being cared for by a different provider, the provider must be listed and approved by DHS before billing forms or payments can be issued;

See (cc wg#3), “LISTING CHILD CARE PROVIDERS FOR PAYMENT.”

- If the copay will go down, the lower copay will take effect the following month. The copay would not ordinarily be reduced on a reissued CCB unless the CCB was sent out before the worker had time to add the child to UCMS;
• If the copay will increase because the child has unearned income, the copay should be increased for the following month only if there is enough time for a timely continuing benefits notice;

• Remember to add the child to the UCMS record before the EOM deadline so their name will be on the CCB for the following month.

When an adult or a child who does not require child care joins the filing group, they should be added to UCMS effective the first of the following month. Unless they have income, this will result in a lower copay. However, the CCB should not be canceled and reissued with a lower copay unless the client reported the new person before the end of the month, but the worker did not have time to add the person to UCMS before the CCB went out. If the CCB does need to be canceled and reissued, email the case number and correct copay amount to the DPU branch representative.

If the person joining the filing group has income that will result in a higher copay, code the income on UCMS the following month, only if there is enough time to send a timely continuing benefits notice.

If a person leaves the filing group and this will result in a lower copay, the change takes effect the first of the month following the month in which the change is reported. If the result will be a higher copay, the change takes effect only if there is time to send a timely continuing benefits notice.