Worker Guide
Listing Child Care Providers for Payment

1. Overview of the listing process

Listing is the process providers use to become eligible to receive child care payments from the Department of Human Services (DHS). Listing does two things:

- For ERDC and JOBS Plus families, the information from the listing form is needed to set up a child care situation. This is the link on the system between family and provider that initiates the Child Care Billing (CCB);

- For all DHS child care programs, the listing process establishes minimum standards of health and safety. This includes criminal and Child Protective Services (CPS) record checks conducted by the DHS Background Check Unit (BCU).

A billing form cannot be sent to the provider until the provider is listed and approved for payment by DHS. This also establishes the effective date for payment – a payment is made only for child care for an eligible child that was provided on or after the approval date.

Worker responsibility

Workers must check to see if the provider the client selected is already listed and approved. To find out the provider’s listing status:

- Type DPPL,Provider SSN OR DPPL,Provider Last Name,(space)First Name OR DPPL,Provider Phone Number(no area code). Press {enter} twice;

- This will bring up a list of providers. Type any letter in front of the provider’s name and press {F17} (shift {F5});

- This brings up DPPM (Provider Master file). Check the Listing Status and Limited fields:

  - If the Listing Status is A (approved), the provider can be connected to the family. Send an Electronic Provider Connection request to DPU; the Child Care Provider Letter (DHS 7494E) is given to the provider in place of the Provider Listing (DHS 7494). See Section #3.
NOTE

The exception to the above process is exempt centers, such as Parks and Recreation, school districts, summer programs, etc. These centers are exempt from licensing and require a new listing form for each new client. The exempt centers are coded on DPPM as NQC or QEC in the facility type field. (There are very few exempt centers statewide.)

NOTE

You can use the Help windows for more information about what the different codes mean.

For a quick guide to who does what with listing, refer to the Listing Responsibilities table at the end of this worker guide.

2. How the listing process works for cases when the provider is not yet listed

(A) After the family’s eligibility has been determined or JOBS activities assigned, the worker completes the heading of the Child Care Provider Listing and Provider Information Sheet (DHS 7494) and gives it, along with two copies of the Child Care Provider Guide (DHS 7492), to the family to keep and give to their provider. The background check is necessary for child safety. It is important to explain this to the parent and inform them to give the listing form to the provider immediately. The parent needs to understand that payment is made only for child care that is provided on or after the listing approval date. It is also important that the parent knows DHS will not pay, on behalf of the family, for care to a provider that does not meet all DHS provider requirements and is not approved. Explain the benefits of selecting a provider who is already listed and approved for payment. As appropriate, refer the parent to the local 211Info for help in choosing a provider who is already listed.
NOTE

The family is responsible for child care costs incurred for an eligible child during the time period when the provider was not in approved listing status.

(B) The child care provider completes the DHS 7494 and all other requirements, then mails it to DPU within 30 calendar days. (See OAR 461-165-0180). The DHS 7494 asks the provider and others subject to records checks to state whether they have ever had a conviction(s) and/or child protective services involvement, and, if yes, to explain their history.

NOTE

The parent should notify the provider to return the listing form immediately (payment is made only for child care that is provided on or after the listing approval date). It is important to have the background check process completed in a timely manner to ensure child safety.

(C) DPU reviews the form, looks at the Provider Pay/Service Authorization system (PP/SA) to see what information is already there, and does one of the following:

- If an answer to a question is incomplete or unclear, DPU attempts to call the provider to obtain the necessary information. If the provider indicates they need help meeting health and safety standards, DPU sends the provider a letter. The letter instructs them to contact the CCR&R Network for assistance within 30 days. In the meantime, provider information is entered on DPPM and the DHS 7494 is forwarded to BCU for a records check;

- If there is reason per OAR 461-165-0180 to reject the provider (e.g., the provider is under age 18 or does not meet health and safety standards and does not want help meeting them), DPU codes DPPM to show the provider did not meet the requirements. This generates notices to the provider and family, telling them the provider does not meet listing requirements and the family must find another provider. In this case, the DHS 7494 is not forwarded to BCU for a records check.

(D) After reviewing criminal and CPS records for everyone required to be on the listing form, plus any additional information disclosed by the provider, BCU
determines whether the provider meets the background check requirements. If the provider does not meet the records check criteria, BCU does the following:

- BCU sends a denial letter to the provider explaining the denial and their right to a hearing. Providers must request a hearing in writing within 45 days;
- The denial is coded on DPPM. Notices are sent to the family(ies) telling them the provider has been denied and they will need to find a new provider. DHS will not issue billing forms to that provider.

(E) If a provider that requested help meeting health and safety standards still cannot meet these standards with the CCR&R Network’s assistance, they fail listing and will not get paid by DHS if they choose to continue to provide care.

3. **How to use the Electronic Provider Connection form**

After the family’s eligibility has been determined or JOBS activities assigned, if a provider is already listed and approved for another family, or was recently listed and approved for the family you are currently working with, they may not need to complete a new listing form.

To connect the provider and family, DPU will need the same information you supply in the heading section of the listing form. The easiest way to do this is to send an email to the DPU branch representative at DPU containing the following information:

- Program (M5, 2, etc.);
- Branch Number;
- Case Number;
- Case Name;
- Number of child care hours for current and any prior months that you need billing forms issued for;
- List all months that need a billing form issued;
- Provider’s name and provider number;
- Date care began;
- If this will be the primary provider or a secondary provider;
- Percent of care for this provider;
• Is the provider related to the children in care?
  
  – Relationship between provider and children: This information is needed for federal reporting as well as new DHS provider requirements:
    
    (a) Type of relations to child*:
      
      • Grandparent;
      
      • Great-grandparent;
      
      • Sibling (if they live in a separate residence);
      
      • Aunt (do not include great-);
      
      • Uncle (do not include great-).

*Relationships must be established by blood, adoption or marriage. Those relationships established before the child was adopted are included. Relationships established by marriage continue even if the marriage ends by death or divorce.

• Do we need to end or change the status of a previous provider?
  
  – If yes – provider name, provider number, updated status and effective date (example: date care ended, new percent of care, changing to secondary provider, etc.).

For a template of the Electronic Provider Connection to copy and paste to your email system, contact your branch representative at DPU.

DPU will open the child care situation and send CCBs for the months indicated in the email as long as the CMS case is in open status and correctly coded and the provider is in approved status.

Remember to end any JCCB situations the client may have had previously.

Send the Child Care Provider Letter (DHS 7494E) to the provider in place of the Provider Listing and Provider Information Sheet (DHS 7494) form as verification of the client’s eligibility. You can access this form online on the DHS Forms Server.
### Listing Responsibilities

<table>
<thead>
<tr>
<th></th>
<th>Worker</th>
<th>DPU</th>
<th>BCU</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Check to see if the provider the client selected is already listed and approved. If yes, send an Electronic Provider Connection to DPU representative and send <strong>DHS 7494E</strong> to the provider. If the provider is not listed, pre-head the Child Care Provider Listing and Provider Information Sheet form (<strong>DHS 7494</strong>) and give the <strong>DHS 7494</strong> and the <strong>Provider Guide</strong> to the parent to give to the provider.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Give the parent a <strong>Child Care Provider Guide</strong> and explain the listing and records check process. <strong>It is important to let the parent know that DHS will not pay for care to a provider that does not pass the background check and is not approved. Payment is made only for child care for an eligible child that was provided on or after the approval date (see Section 2 above).</strong> As appropriate, refer parent to the CCR&amp;R.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Review listing form; determine if provider meets the DHS requirements.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4.</td>
<td>Begin entry of provider record on DPPM. Send completed listing form to BCU for background check.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5.</td>
<td>Fail provider if they do not meet DHS requirements, including health and safety. Send fail notice to provider and family.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6.</td>
<td>Refer providers requesting assistance with health and safety to the CCR&amp;R Network.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7.</td>
<td>Conduct criminal and CPS records checks, and respond to complaints about listed providers.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8.</td>
<td>Determine listing status and enter on DPPM.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9.</td>
<td>Send Notice of Fitness Determination to provider and listing status information to DPU.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10.</td>
<td>Connect parent and provider in system and send child care billings if provider is in approved status or notice to parent if provider is denied or failed. The hours entered on the billing form will be prorated based on the provider approval date.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11.</td>
<td>System sends close notice to family if no listed provider on case at the cut-off for mailing of regular CCB. This notice says their case will close at the end of the following month.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12.</td>
<td>If family has not found a new provider by the end of the next calendar month, the case will close. A second notice is sent stating that the case has already closed.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13.</td>
<td>Process <strong>Provider Report forms</strong> (<strong>DHS 7496</strong>) – providers must report changes within five (5) days of occurrence.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>