2 Glossary: added definitions for Authorized Hours and Scheduled Hours and further defined Family.

4.3.12.3 BSF Students: added information that the documentation of the approval of an education or training program must be included in the case file. Documentation may include a county form showing approval, written communication such as an email indicating approval, or a case note stating that the education or training program has been approved.

9.1 Child Care Authorization: added updates to a few sentences and clarifies the 3rd method for authorizing hours.

9.3 Payments to Providers: updates a few sentences to include service authorization.

9.3.3 Federal Employer Identification Number: added a new chapter to provide information about the use of the FEIN at application and redetermination.

9.18 Authorized Hours-Job Search: clarifies hours to be authorized depending on CCAP program type BSF, TY, TYE and MFIP/DWP.

9.21 Authorized Hours-Combination of Activities: adds more information and clarification regarding when a combination of activities are authorized.

9.39 Care During Child Absences: updated information to reflect the new 10 day limit on absent days, including that LNL providers are no longer eligible to receive absent days.

10 Redetermination of Eligibility: reorders information on the page

11.9 Legal Nonlicensed (LNL) Providers: added new legislative language regarding background studies, training requirements, the use of the (DHS-5192A) Health and Safety Resource List that counties must give to the parent and LNL provider.

11.24 Provider Reauthorization: added language to also include household members 10 to 12 years of age living in the household of the provider when the commissioner has reasonable cause as defined under section 245C.02, subd.15.

16.18 CCAP & Child Support Enforcements Forms Chart: will be deleted effective 2/2013. Information is already included in the CCAP Manual.

16.21 Payment Policy Chart: will be deleted effective 2/2013.
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16.38 Head Start Service/CCAP program A & B Model examples
ADMINISTERING AGENCY:

A county social services agency or a public or non-profit agency designated by the county board to administer the child care fund.

Legal Authority:
Minneapolis Rules 3400.0020, Subp. 4

ADMINISTRATIVE EXPENSES:

Costs associated with the administration of direct services covered by the child care fund. These include:

- Salaries, wages and related payroll expenses including those for direct personnel costs, expenses for general administration and supervision, secretarial, clerical, accounting and other support services.
- Travel, transportation and per diem or subsistence expenses.
- Materials and office supplies.
- Publication, telephone, postage, and photocopy costs.
- Others expenses directly attributable to the child care fund.

Legal Authority:
Minneapolis Rules 3400.0020, Subp. 5

AGE OF CHILD:

Infant. See INFANT
Preschool. See PRESCHOOL
School Age. See SCHOOL AGE
Toddler. See TODDLER

ALLOCATION:

The share of the total state appropriation of child care funds that a county may earn and be reimbursed for in a calendar year. Department of Human Services (DHS) may increase a county’s allocation by redirecting unexpended or unencumbered funds, or when additional funds become available. DHS may decrease a county’s allocation proportionate to the reduction in the total allocation when funding decreases are implemented within a calendar year.

Legal Authority: Minneapolis Rules 3400.0020, Subp. 8
GLOSSARY

APPLICANT:
All parents, stepparents, legal guardians or eligible relative caregivers who are members of the FAMILY and reside in the household that applies for child care assistance.

Legal Authority:
Minnesota Statutes 119B.011, Subd.2

AT-RISK:
Environmental or familial factors that create barriers to a child’s optimal achievement. Factors include, but are not limited to, a federal or state disaster, limited English proficiency in a family, a history of abuse or neglect, family violence, homelessness, age of the mother, level of maternal education, mental illness, developmental disability, or parental chemical dependency or history of other substance abuse. See §9.54 (Special Needs).

Legal Authority:
Minnesota Rules 3400.0020, Subp.9a

AUTHORIZED PROVIDER:
A legal child care provider who has completed the county registration process, required training and has been approved for child care assistance payments. See §11 (Providers).

AUTHORIZED HOURS:
The number of hours in a service period, not to exceed the maximum hour limit established in MN Statutes 119B.09, subd. 6, that may be paid for child care for a child.
See definition for Scheduled Hours.

Legal Authority: MN Rules 3400.0020 subp. 10(a)

BASIC SLIDING FEE PROGRAM:
A sub-program of the Child Care Assistance Program for non-MFIP/DWP families with entrance income below or equal to 47 % of the State Median Income (SMI). See §4.3.12 (Basic Sliding Fee (BSF)).

BSF:
GLOSSARY

See BASIC SLIDING FEE PROGRAM.

CALENDAR MONTH:
A period that begins with the 1st day of the month and ends with the last day of the month.

CCAP:
Child Care Assistance Program.

CCAP FAMILY:
See FAMILY.

CHILD:
A person 12 years old or younger, or age 13 or 14 who has a hearing impairment, visual disability, speech or language impairment, physical handicap, other health impairment, mental handicap, emotional/behavioral disorder, specific learning disability, autism, traumatic brain injury, multiple disabilities, or deaf/blind disability which requires special instruction and services.

Legal Authority:
Minnesota Statutes 119B.011, Subd. 4

CHILD CARE:
Care of a child by someone other than a parent, stepparent, legal guardian, eligible relative caregiver or their spouses in or outside the child’s own home.

Legal Authority:
Minnesota Statutes 119B.011, Subd. 5

CHILD CARE FUND PLAN:
The county and designated administering agency shall submit a biennial plan to the commissioner of DHS. The plan shall include information requested by the department to ensure compliance with the child care fund statutes and rules promulgated by the commissioner.

COPAYMENT FEE:
The amount the family must contribute as its share of child care costs. This amount is based on household income and size.

Legal Authority: Minnesota Rules 3400.0020, Subp. 24
COUNTY BOARD:
The board of county commissioners in each county.

Legal Authority:
Minnesota Statutes 119B.011, Subd. 9

DISABILITY:
A functional limitation or health condition that interferes with a child’s ability to walk, talk, see, hear, breathe or learn in order to meet the conditions required for an increased rate. Refer to section on Special Needs Rates. See §9.54 (Special Needs).

Legal Authority:
Minnesota Rules 3400.0020 Subp. 17a

DWP:
Diversionary Work Program. See §4.3.3.15 (DWP Overview).

DOCUMENTATION:
A written statement or record, including an electronic record, that substantiates information provided by a person or an action taken by an agency.

Legal Authority:
Minnesota Rules 3400.0020, Subp. 18

EARNED INCOME:
See INCOME.

eDOCs:
A Web site that gives access to the Minnesota Department of Human Services (DHS) forms and documents in multiple languages.

EDUCATION PROGRAM (applies to Basic Sliding Fee):
Remedial or basic education or English as a second language instruction, a program leading to a general equivalency or high school diploma, post-secondary programs excluding post-baccalaureate programs, and other education and training needs as documented in an EDUCATION PLAN. The Education Plan must outline education and training needs of a participant, meet state and county requirements for education plans and meet the requirements of programs that provide federal reimbursement for
GLOSSARY

child care services.
Legal Authority:
Minnesota Statutes 119B.011, Subd. 11

ELIGIBLE RELATIVE CAREGIVER:
An eligible relative caregiver is a person who is the caregiver of a child receiving an
MFIP or DWP child only grant. The relative caregiver may or may not be receiving
MFIP. See §5.3 (Determining the CCAP Family), §5.9 (CCAP Family Composition
Examples).
Legal Authority:
Minnesota Statute Section 256J.08, Minnesota Rule 3400.0020, Subp. 20

EMPLOYMENT PLAN (applies to MFIP/DWP):
An Employment Plan (EP) is developed by the job counselor and the participant
which identifies the participant's most direct path to unsubsidized employment, lists
the specific steps that the participant will take on that path, and includes a timetable
for the completion of each step. The plan also identifies any subsequent steps that
support long-term economic stability.

Legal Authority:
Minnesota Statutes, section 256J.49, Subd. 5

EXCLUDED TIME FACILITY:
A type of living arrangement which affects the determination of state residence and the
county of financial responsibility. See 8.12 (Moving Between Counties).

FAMILY:
The Child Care Assistance Program (CCAP) defines a family as parents, step-parents,
guardians and their spouses, or other eligible relative caregivers and their spouses, and their
blood related dependent children and adoptive siblings under the age of 18 years living in the
same home including children temporarily absent from the household in settings such as
schools, foster care, and residential treatment facilities, or parents, step-parents, guardians
and their spouses, or other relative caregivers and their spouses temporarily absent from the
household in settings such as schools, military service, or rehabilitation programs. An adult
family member who is not in an authorized activity under this chapter may be
temporarily absent for up to 60 days. When a minor parent or parents and his, her, or
their child or children are living with other relatives, and the minor parent or parents
apply for a child care subsidy, "family" means only the minor parent or parents and
their child or children. An adult age 18 or older who meets this definition of family
and is a full-time high school or postsecondary student may be considered a dependent member of the family unit if 50 percent or more of the adult's support is provided by the parents, stepparents, guardians, and their spouses or eligible relative caregivers and their spouses residing in the same household. For information on how to determine CCAP Family, see §5.3 (Determining the CCAP Family).

**FAMILY SUBSIDY PROGRAM:**

The Family Subsidy Program, also known as the Family Support Grant Program, is a state-funded program that provides cash grants to families with children with disabilities who live, or will live, in their family home. The grants provide families with the flexibility to purchase an array of supports and services to meet specific needs.

The goal of the Family Subsidy Program is to prevent or delay the out-of-home placement of children with disabilities and to promote family health and social well-being by enabling access to family-centered services and supports.

For additional information about the Family Subsidy Program families may either:

- Contact their local county social services agency.
- OR
- See the DHS Family Support Grant program website.

**FICA:**


**FULL CALENDAR MONTH:**

From the first day of the month through the last day of the month.

**HOUSEHOLD OF APPLICANT/PARTICIPANT/FAMILY:**

The CCAP family as defined in §5.3 (Determining the CCAP Family).

**HOUSEHOLD OF PROVIDER:**

The provider and those people living with the provider or in the home during child care hours.

**INCOME:**

Earned or unearned income received by **ALL FAMILY** members, including public assistance cash benefits, at-home infant child care subsidy payments, and child support and maintenance distributed to or received by the family. See §6 (Income
GLOSSARY

Eligibility).

INFANT:

Licensed Family Child Care:
A child is an infant up to 12 months of age.

Legal Non-Licensed Family Child Care:
Follow the Licensed Family Child Care definition.

Licensed Center Child Care:
A child is an infant up to 16 months of age. A child in center care may be considered to be an infant up to 18 months of age for purposes of staff ratios, group size, and programming with agreement of parent, teacher, and director if this decision is in the best interest of the child.

License Exempt Centers:
Follow the Licensed Center Child Care definition.

Legal Authority:
Minnesota Statutes 245A.02, Subd.19
Minnesota Rules 9503.0005

IN-HOME CARE:
Care provided in the child’s own home.

KNOWN TO THE AGENCY:
Information about a family’s circumstances that the county agency receives from the family or discovers from sources: such as MAXIS, PRISM, or MMIS.

For the purposes of this determination, the county agency includes the Minnesota Department of Human Services and the county human service agency(s) responsible for the administration of the child care, cash, food, and health care programs. It also includes any agency(s) that contracts with the human service agency(s) for the delivery of financial, health care, childhood programs, and employment services.

LEGAL GUARDIAN:
A person or an agency that has been appointed or accepted as guardian by a court of jurisdiction or tribal law.

Legal Authority:
Minnesota Rules 3400.0020, Subp. 31b
GLOSSARY

MAXIS:
Minnesota's statewide automated eligibility system for public assistance programs.

MEC²:
Minnesota Electronic Child Care System.

MFIP:
Minnesota Family Investment Program. See §4.3.3.3 (MFIP Overview).

MINOR PARENT:
A parent who is less than 18 years of age.

OVERPAYMENT:
The portion of a child care payment that is greater than the amount for which a participant or provider is eligible.

Legal Authority:
Minnesota Rules 3400.0020, Subp. 33

PARENT:
A child's natural, step, or adoptive mother or father.

PARTICIPANT:
A person with an active CCAP case. This includes suspended and reserved cases.

PRE-SCHOOL:
Licensed Family Child Care:
A child is a preschooler at 24 months of age up to being eligible to attend kindergarten within the next four months.

Legal Non-Licensed Family Child Care:
Follow the Licensed Family Child Care definition. *

Licensed Center Child Care:
A child is a preschooler at 33 months of age up to the age of being eligible to attend kindergarten within the next four months. A child in center care may be considered to be a preschooler at 31 months of age for purposes of staff ratios,
group size, and programming with agreement of parent, teacher, and director if this decision is in the best interest of the child. *

Licensed Exempt Centers:

Follow the Licensed Center Child Care definition. *

Legal Authority:
Minnesota Statutes 245A.02, Subd.19
Minnesota Rules 9503.0005

Preschool/School age category changes; in August of each year, MEC² will complete the annual school age change batch. This process changes the Age Category for children who have reached the appropriate age to start kindergarten in the fall and who have a kindergarten start date entered on the child’s school window. Without a date entered in that field, the age change cannot occur and the child will remain in the preschool age category when they should be changed to school age. Please refer to the MEC² User Manual for further information.

PROVIDER:
Individuals or centers licensed by a state or tribe, license-exempt centers, and legal non-licensed individuals providing legal child care services. For more information, see §11 (Providers).
Legal Authority: Minnesota Statutes 119B.011, Subd. 19

PROVIDER RATE:
The amount the provider charges for child care.
Legal Authority: Minnesota Rules 3400.0020, Subp. 35

PROVISIONAL AUTHORIZATION:
A temporary approval of a legal nonlicensed provider to provide care and receive payment for the care of a specific child or children receiving child care assistance when all the requested registration information/documentation, except the background check, is available to the county. See §9.3 (Payments to Providers).

Legal Authority:
Minnesota Rules 3400.0110 Subp.2a and 2b.
Minnesota Statutes 119B.125 Subd.5
GLOSSARY

PROVISIONAL PAYMENT:
A temporary payment paid to a legal nonlicensed (LNL) provider based on a provisional authorization. See §9.3 (Payments to Providers).

Legal Authority:
Minnesota Rules 3400.0110 Subp. 2a and 2b
Minnesota Statutes 119B.125 Subd. 5

RECOUPMENT OF OVERPAYMENTS:
The reduction of child care assistance payments to an eligible family or a child care provider in order to correct an overpayment of child care assistance.

Legal Authority:
Minnesota Statutes 119B.011, Subd. 21

REDETERMINATION:
The process by which information is collected periodically by the county and used to determine whether a recipient is eligible for continued assistance under the child care fund. See §10 (Redetermination of Eligibility).

Legal Authority:
Minnesota Rules 3400.0020, Subp. 37

REGISTRATION:
The process used by a county to determine whether the provider selected by a family applying for or receiving child care assistance to care for that family’s children meets the necessary requirements for payment of CCAP for child care provided by that provider.

Legal Authority:
Minnesota Rules 3400.0120, Subp. 2  Minnesota Statutes. 119B.011, Subd. 19A

RESERVE:
The case remains active when the family is temporarily ineligible for assistance for a maximum of 90 days one academic semester/quarter, or until deactivated if a family has been receiving child care assistance but is temporarily ineligible due to increased income from active military service. Payments can not be made while a family is temporarily ineligible.

RESIDENCE:
The primary place where the family lives as identified by the applicant or participant.
GLOSSARY

Legal Authority: Minnesota Rules 3400.0020, Subp. 38A.

RSDI:
See RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE.

RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE:
A program operated by the Social Security Administration that provides a monthly income to retired people, survivors or dependents of insured people, and people with disabilities.

SCHEDULED HOURS:
The specific days and hours during a service period that a child will attend child care as determined by the child care worker, the parent and the provider based on the parents verified eligible activity schedules, the child’s school schedule, and any other factors relevant to the families child care needs.

Legal Authority:
MN Rules 3400.0020 subp. 38(b)

SCHOOL AGE:
Licensed Family Child Care:
A child is school age when they are at least of sufficient age to attend the first day of kindergarten within the next four months through age 12 or age 14 if disabled.**

Legal Non-Licensed Family Child Care:
Follow the Licensed Family Child Care definition.**

Licensed Center Child Care:
A child is school age when they are at least of sufficient age to attend the first day of kindergarten within the next four months through age 12 or age 14 if disabled. **

License Exempt Centers:
Follow the Licensed Center Child Care definition.**

**CCAP recommends that counties consider a child to be school age (for payment purposes) on September 1st following the child’s 5th birthday unless the parent informs the county that the child will not be starting school in September of that year. In this case, the child would not be school age until September 1st of the following
year. If a child starts school before the child’s 5th birthday, the child is considered school age on the day the child starts school.

Legal Authority:
Minnesota Statues 245A.02, Subd. 19
Minnesota Rules 9503.0005

SMI:
State Median Income.

SSI:
See SUPPLEMENTAL SECURITY INCOME.

STUDENT:
A person enrolled in an educational program as defined by the definition of EDUCATION PROGRAM.
Legal Authority:
Minnesota Rules 3400.0020, Subp. 40

SUPPLEMENTAL SECURITY INCOME:
A program operated by the Social Security Administration that provides monthly income to low income people who are AGED, BLIND, or have a DISABILITY.

SUSPENDED:
The family remains eligible up to 1 year if there are temporary breaks when child care assistance is not needed. See §8.9 (Suspending).

TEMPORARY ABSENCE:
A period of time a family member is physically absent from the family’s residence but still included in the household size as he/she intends to return to the residence. See §5.6 (CCAP Family – Temporary Absence).

Legal Authority:
Minnesota Rules 3400.0020, Subp. 40a

TODDLER:
Licensed Family Child Care:
A child is a toddler at 12 months of age up to 24 months of age.

Legal Non-Licensed Family Child Care: Follow the Licensed Family Child Care
GLOSSARY

Definition.

Licensed Center Child Care:
   A child is a toddler at 16 months of age up to 33 months of age. A child in
   center care may be considered to be a toddler up to 35 months of age for
   purposes of staff ratios, group size, and programming with agreement of parent,
   teacher, and director if this decision is in the best interest of the child.

License Exempt Centers:
   Follow the Licensed Center Child Care definition.

Legal Authority:
   Minnesota Statutes 245A.02, Subd. 19
   Minnesota Rules 9503.0005

TRANSITION YEAR CHILD CARE:
   Child care assistance used to support employment or job search for families who have
   received MFIP assistance or who were eligible to receive MFIP assistance after
   choosing to discontinue receipt of the cash portion of MFIP assistance or who have
   received DWP assistance for at least 3 of the last 6 months before losing eligibility
   for MFIP or DWP. Transition year child care is not available to families who have
   been disqualified from MFIP or DWP due to fraud.
   Legal Authority:
   Minnesota Statutes 119B.011, Subd.

TRANSITION YEAR EXTENSION CHILD CARE:
   Child care assistance used to support employment or job search for families who have
   completed their transition year of child care assistance and who are eligible for, but
   on a waiting list for, basic sliding fee services, for the duration of time necessary for
   the families to be moved from the basic sliding fee waiting list into the basic sliding
   fee program.
   Legal Authority:
   Minnesota Statutes 119B.011, Subd. 20A

UNITARY RESIDENCE:
   The 2-month period when a county remains financially responsible for child care
   assistance benefits after a participant moves from that one county to another county.
Your county must approve a student’s education or training program prior to authorizing child care assistance for education under Basic Sliding Fee (BSF). Documentation of the approval of the education or training program must be included in the case file. Documentation may include a county form showing approval, written communication such as an email indicating approval, or a case note stating that the education or training program has been approved. Education or training programs must reasonably lead to full-time employment opportunities as determined by the county. Use the criteria in your Child Care Fund Plan to assess this.

Provide ways to expedite and streamline the child care assistance application process for minor parents participating in school-based adolescent parenting child care programs.

Students must meet the requirements of education or Employment Plans. They must also maintain satisfactory progress in the education or training program. Require the student to provide documentation of satisfactory progress from the institution.

Your county must approve any changes in education and training programs prior to the change being made, to continue to authorize BSF child care assistance for these activities.

**BASIC OR REMEDIAL EDUCATION**

You must approve basic or remedial education programs needed to prepare for post-secondary education or employment. Do not apply specific time limits if the student is maintaining satisfactory progress as determined by the institution.

If your county has a waiting list, require students who do not have a GED or high school diploma, or who need remedial and basic skill courses, to be participating in an education program in order to be considered a 1st priority. See §4.3.12.9 (BSF Priorities).

**ASSOCIATE OR BACCALAUREATE EDUCATION**

Do not establish more restrictive time limits for BSF students than those established by the educational institution. However, do not authorize BSF child care assistance for more than the time necessary for a part-time or full-time student to complete the requirements the institution determines necessary for an associate or baccalaureate degree. Require the student to provide documentation from the institution regarding credits and hours necessary to complete the program. If you question whether a student is actually attending part-time or full-time, refer to the institution for that determination.
POST BACCALAUREATE EDUCATION
Do not approve a training plan for a 2nd baccalaureate degree or for education beyond a baccalaureate degree except for continuing education units or certification or coursework necessary to update credentials to obtain or retain employment.

LEGAL AUTHORITY:
   Minnesota Statutes 119B.07
   Minnesota Rules 3400.0040
The amount of child care authorized must reflect the needs of the family and minimize out of pocket child care costs to the family. **Include information in the case notes describing how care is authorized.**

**GUIDELINES FOR AUTHORIZING CHILD CARE:**
There are different rules for how to authorize child care depending on the family’s activities:

- For clients with approved Employment Plans see §16.1 (CCAP Authorizations for Client With an EP)
- For students see §9.12 (Authorized Hours – Students)
- For employed clients see §9.15 (Authorized Hours – Employment)
- For self-employment clients see §9.15.1 (Authorized Hours – Self Employment)
- For clients who are job searching see §9.18 (Authorized Hours – Job Search)
- For clients who are participating in a combination of activities see §9.21 (Authorized Hours – Combinations of Activities)

**DETERMINING THE NUMBER OF HOURS TO AUTHORIZE:**
Do NOT authorize more than the 120 hours maximum in a bi-weekly period unless the child is switching to a new provider during the 2 week period. Do NOT pay for more than 120 hours of child care assistance per child every 2 weeks.

Care must be authorized in full hour increments. The number of hours authorized for each child should be the number of hours that care is needed to support the parental authorized activities, excluding the hours that the child does not need child care or the hours that the provider is not available. The child may not need child care due to the child being in school or the parent having another care arrangement.

In a two parent family where both parents are in an authorized activity and are able to care for the child, care should only be authorized during time periods when both parents are participating in authorized activities, including travel time and breaks/meals. During times when only one parent is participating in authorized activities, care is not needed because the other parent is available to care for the child. There are limited circumstances when care can be authorized in support of employment. See §9.15 for information on Child Care in support of employment.

In many cases, care is needed for partial hour increments during a day or session. If the amount of care needed is in increments of less than a full hour, the care should be rounded up to obtain a daily total of hours to be authorized. For example, if care is needed for 5.5 hours per day, 5 days per week, the number of hours authorized per day should be rounded up to 6 hours. 6 hours per day times 5 days per week is 30 hours of care per week. 60 hours of care biweekly should be authorized.
When authorizing care for school age children, if the amount of care needed is in increments of less than a full hour, care and transportation should be rounded up during each separate session and added together to obtain a daily total of hours to be authorized. In many cases, school age children need care authorized for before and after school sessions. Often the care needed is in such a small amount that it will be difficult for families to find providers that are willing to care for their children.

Example: Child needs the following care 5 days per week.

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5 hours = 2 hours</td>
<td>1.5 hours = 2 hours</td>
</tr>
<tr>
<td>15 minutes = 1 hour</td>
<td>1.5 hours = 2 hours</td>
</tr>
</tbody>
</table>

**SCHOOL RELEASE DAYS:**
Child care may be authorized for families who only need child care on school release days and for families who need more care on school release days. Do NOT authorize or pay for more than 120 hours of child care assistance per child every 2 weeks.

Each county is encouraged to develop standards for how care should be authorized for school release days.

Describe how child care is authorized in case notes.

There are 3 acceptable methods to authorize child care for school release days

1. Authorize the actual number of hours care is needed, increasing or decreasing the hours authorized based on school release days. **Case note the method used.**
   OR
2. Authorize the number of hours care is needed when there are not school release days. If care is not needed when there are not school release days, authorize 1 hour of care. Authorizing 1 hour of care results in the provider receiving billing forms. When the provider provides additional care for a school release day, payment can be made by
increasing the number of hours listed in the “total hours of care authorized” field on the billing window or creating a new Service Authorization with additional hours. There must be communication between families, providers, case workers and billing workers regarding when additional care can be paid. Case note the method used.

3. Authorize the highest number of hours care is needed with the provider. The provider is expected to bill only for the time that care is needed. There must be communication between families, providers, case workers and billing workers regarding when care with the provider can be paid for. Case note the method used.

Counties may develop standards for use of more than one of the above methods. For example a county may determine that for all children who ONLY need care on school release days, 1 hour of care will be authorized, but for children who regularly need care and need additional care, the highest number of hours of care needed will be authorized.

FLEXIBLE SCHEDULES:
Child care may be authorized for families who have flexible schedules. Do NOT authorize or pay for more than 120 hours of child care assistance per child every 2 weeks.

Describe how child care is authorized in case notes.

When authorizing child care for families with flexible schedules, it is important that there be communication between families, providers, case workers and billing workers. Depending on the method used to authorize child care, providers may be able to be paid for more or less child care than has been authorized in the service authorization.

There are 3 acceptable methods to authorize child care for families with flexible schedules:

1. Authorize the typical number of hours needed. When the family’s schedule requires additional care, the provider bills for the additional care. Payment can be made by increasing the number of hours allowed for payments. This method is recommended for families with a set schedule that occasionally requires them to work additional hours. Case note the method used.

OR

2. Authorize the minimum number of hours care is needed. When the family’s schedule requires additional care, the provider bills for the additional care. Payment can be made by increasing the number of hours listed in the “total hours of care authorized” field on the billing window or by creating a new Service Authorization with
additional hours. This method may be used for families whose schedules require them to work a varying number of hours each week. Providers must be informed that they may bill for additional hours when the family works additional hours. Counties should develop communication strategies to ensure that appropriate payments are made when additional hours are billed. **Case note the method used.**

**OR**

3. Authorize the highest number of hours care is needed with the provider. The provider is expected to bill only for the time that care is needed. This method may be used for families whose schedules require them to work a varying number of hours each week. Providers must be informed that they should bill for fewer hours when the family works fewer hours. Counties should develop strategies to ensure that appropriate payments are made. Case workers are encouraged to periodically review provider billing to reduce the likelihood of overpayments in these situations. **Case note the method used.**

**MULTIPLE PROVIDERS:**
Child care may be authorized for more than 1 provider per child. Families may choose to have more than one provider on a regular basis or choose to have a back-up provider who is used only when the primary provider(s) is unavailable.

- When authorizing care for multiple providers, workers should be aware of how daily and weekly payment policies for licensed providers interact with the 120 hour payment limitation. A daily payment counts as 10 hours. A weekly payment counts as 50 hours, see §9.9 for more information. Do NOT pay more than 1 provider for the same time period.

To authorize care for multiple providers:

- If the number of hours of care needed with a provider is known, authorize the number of hours care is needed with the provider. Do NOT authorize or pay for more than a total of 120 hours of child care assistance per child every 2 weeks.

- If the number of hours of care needed with a provider is not known, authorize the minimum or typical number of hours care is needed with the provider. When the family’s schedule requires additional care, the provider bills for the additional care. The case or billing worker can increase the authorized hours for the biweekly period when more of the care can be paid. Do NOT authorize or pay for more than a total of 120 hours of child care assistance per child every 2 weeks.
IN ORDER TO AUTHORIZE CARE FOR A BACK-UP PROVIDER:
Authorize the minimum number of hours care is needed with the provider. If the minimum number of hours care is needed is 0 hours, authorize 1 hour of care with the back-up provider. Authorizing 1 hour of care results in the back-up provider receiving billing forms. When the back-up provider provides care, payment can be made by increasing the number of hours allowed for payment. There must be communication between families, providers, case workers and billing workers regarding when care with the back-up provider can be paid. If a family specifically designates a provider as a back-up provider, document this information in Case Notes.

SWITCHING PROVIDERS:
When a child switches to a new provider, the worker must give the original provider a 15 day notice of adverse action to end the service authorization:

- If the end of the 15 day notice of adverse action falls in the middle of a biweekly period, the worker may authorize more than a total of 120 hours to allow for care with the original provider for the first part of the biweekly period and care with the new provider for the last part of the biweekly period. Do not pay for more than a total of 120 hours of child care assistance per child during the 2 week time period.

- If the original provider informs the county that they will not bill for the full 15 day notice of adverse action period, the county may authorize care with the new provider during that time period. The worker may authorize more than a total of 120 hours to allow for care to begin with the new provider. The county should inform the new provider that they will not be paid for the time period if the original provider bills for the time period since 2 providers cannot be paid for the same time period. Do not pay for more than a total of 120 hours of child care assistance per child during the 2 week time period.

LICENSED FAMILY CHILD CARE PROVIDERS AND LEGAL NONLICENSED PROVIDERS:
Licensed family child care providers and their employees and legal nonlicensed child care providers and their employees are NOT eligible to receive child care subsidies for their own children or children in their family during the hours they are providing child care or being paid to provide child care. They are eligible to receive child care assistance subsidies for their children when they are engaged in other authorized activities, as long as the hours do not overlap with the hours they provide or are being paid for providing child care services. This includes the full 10 hours counted when care is provided by a licensed family child care provider for more than 5 hours. This does not apply to child care centers and their employees.
MEDICAL LEAVE:
In some cases child care can continue to be authorized and paid while a client is on a medical leave of absence from employment or education. See §9.36 (Care during Medical Leaves of Absence) to determine whether a client is eligible for continued child care assistance while on medical leave.

ONE PARENT UNABLE TO CARE:
In a two parent family child care may sometimes be authorized and paid if one parent is not in an authorized activity AND that parent is unable to care for the applicant’s child. See §4.6 (Employment and Training Requirement) for specific requirements.

LEGAL AUTHORITY:
Minnesota Statutes 119B.09
Minnesota Rules 3400.0110
Make payments to providers, unless the provider cares for children in the children’s own home. Care provided in the child’s home must be approved by DHS. Payment must be made directly to the family when care is provided in the child’s home. This applies whether the provider is licensed or legal nonlicensed. See §9.6 (Payments to Families).

Make payments in a way that allows the family to choose legal child care providers that best meet the needs of the family.

You must:

- Make payments at least monthly.
- Make payment no later than 30 days after receipt of the bill when the provider submits a bill for services within 10 days after the last date of service.
- Provide notice to both the family and provider of the payment amount, and how and when the payment will be made.

Pay the provider (or parent, if the care in the home is approved) after the provider is authorized by the county, retroactive to the later of the date that:

- Child care was authorized to begin. OR
- The county agency received the application. See §4.12 (Date of Eligibility). OR
- The family began using a licensed provider OR the family began using a Legal Nonlicensed provider and the provider completed training required. See §11.9 (Legal Nonlicensed (LNL) Providers).

If a provider has received an authorization of care and been issued a billing form for an eligible family, the billing form must be submitted within 60 days of the last date of service on the bill. You may pay a bill submitted more than 60 days from the last date of service (but less than 1 year) if the provider shows good cause for the delay. Good cause is defined in your Child Care Fund Plan, and it must include county error.

If a provider provided care for a time period without receiving a Service Authorization and a billing form for an eligible family, payment may only be made retroactively for a maximum of six months from the date the provider is issued a Service Authorization and billing form.

Do NOT pay a bill submitted more than a year after the last date of service on the bill.
Do **NOT** require participants to pay providers in advance of receiving payment from the child care fund as a condition for receiving child care assistance.

Licensed family child care providers and their employees and legal nonlicensed child care providers and their employees are **NOT** eligible to receive child care subsidies for their own children or children in their family during the hours they are providing child care or being paid to provide child care. They are eligible to receive child care assistance subsidies for their children when they are engaged in other authorized activities, as long as the hours do not overlap with the hours they provide or are being paid for providing child care services. This does not apply to child care centers and their employees.

You may stop payment issued to a provider or refuse to pay a bill submitted by the provider if:

- The provider admits to intentionally giving materially false information on the billing forms.
  
  OR
  
- Your agency finds by a preponderance of evidence that the provider intentionally gave materially false information on the billing forms.

Receipt of federal, state or local funds by a child care provider either directly or through a child care assistance recipient does **NOT** establish an employee-employer relationship between the provider and the county or state.

**PROVISIONAL PAYMENTS**

After a county receives a completed application from a legal nonlicensed (LNL) provider, the county may choose to issue provisional authorization and payments to the provider during the time needed to determine whether to give a final authorization to the provider. See §2 (Glossary) for the definition of provisional authorization and provisional payments. Check your county’s Child Care Fund Plan to see if your county has chosen this option.

If a provisionally authorized LNL provider does not receive final authorization by the county:

- Send notice to terminate provisional authorization and payment to the provider.
  
  AND
  
- Send a notice of adverse action to notify the family using the ineligible provider that they must choose a new provider to continue to receive child care assistance.
A provider’s failure to receive final authorization does not cause payments made during the provisional authorization to be overpayments.

LEGAL AUTHORITY:

- Minnesota Statutes 119B.09
- Minnesota Statutes 119B.13
- Minnesota Rules 3400.0110
- Minnesota Rules 3400.0185
- Minnesota Statutes 119.125
Effective January 1, 2013, a legislative change to Minnesota Statutes, section 119B.09, subdivision 9(a) prohibits Child Care Assistance Program (CCAP) payments to child care centers if more than 50% of the children cared for by the center are children of the center’s employees or reside with the center employees. Implementing this change involves collection of Federal Identification Numbers (FEIN) by county agencies and monitoring of compliance by DHS.

DHS staff will monitor compliance and, as necessary, will take needed action to address situations where it appears that the 50% restriction may apply. DHS staff will inform counties of actions taken and/or required and will provide continued guidance on how to implement this policy. At this time, counties should not take action to enforce this policy.

OBTAINING FEDERAL EMPLOYER IDENTIFICATION NUMBERS (FEIN)
All employed adults who are part of a CCAP family are required to supply their employer’s Federal Employer Identification Number (FEIN). Self-employed adults are not required to supply a FEIN.

A FEIN, also called an Employer Identification Number (EIN) or Tax Identification Number (TIN), is a nine digit unique number that the Internal Revenue Service (IRS) assigns to businesses that are required to file tax returns. Every company has its own FEIN, which is provided to employees for the purpose of filing their taxes each year.

Agencies must obtain the FEIN for all employers of employed adults who are part of a CCAP family and enter the FEIN in MEC². The FEIN must be obtained at application, redetermination, or at the time the family reports a change in employment. Verification of the FEIN is not required.

There is a space for the client to include the FEIN on the CCAP Application (DHS-3550) and Redetermination (DHS-5274) forms.

There is a field on the Earned Income window in MEC² for the agency worker to enter the FEIN. Do not deny CCAP eligibility while obtaining the FEIN. The agency worker may override eligibility results to allow additional time in which to obtain the FEIN.

There are several ways employed adults can find their employer's FEIN. The FEIN may be found on:
- W-2
- A paystub
- The company’s website
- Calling the company and requesting the number.
The FEIN of a public company may be found on their:
- 10-K
- 20-F
- Other SEC filings.
- These documents can be located free of charge through the U.S. Securities and Exchange Commission’s EDGAR database at http://www.sec.gov/edgar.shtml.

Nonprofit organizations often include the FEIN on Form 990 that they are required to file with the Minnesota Secretary of State office. GuideStar maintains a database with several organizations that file the Form 990. The basic GuideStar search is a free service that requires an email and password to access the Form 990. http://www.guidestar.org

LEGAL AUTHORITY:
Minnesota Statutes 119B.09 subd. 9A
Job search activities include locating, contacting, preparing for interviews and interviewing with potential employers, and travel time associated with these activities.

For BSF, TY, TYE and MFIP/DWP participants without an approved Employment Plan, authorize child care for job search or related activities up to a maximum of 240 hours per calendar year, not to exceed 120 hours per child every 2 weeks. At the option of the individual in job search and with prior approval from your agency, you may authorize child care assistance less than full time.

MFIP or DWP participants with an approved Employment Plan are exempt from the 240 hours per calendar year maximum. Authorize care according to the approved Employment Plan.

Employed BSF, TY, TYE and MFIP/DWP participants who do not have job search included in an approved Employment Plan can be authorized for up to 240 hours per calendar year, in addition to hours authorized for work. Check with the ES provider to determine if this activity could be added to the approved plan. If not, authorize job search hours according to the information stated above.

Job search hours should be counted using only the hours of child care authorized for the job search activity (including travel time, if needed). For example, if the parent is authorized for six hours per day of child care for the job search activity and the provider charges a daily rate, count only six hours of job search toward the 240 hours allowed per year.

If the amount of child care authorized is being reduced due to a decrease in the number of hours the parent is job searching, a 15 day notice is required. During the notice period, count only the hours the parent is job searching toward the 240 hours allowed per year. For example, if 50 hours of care was previously authorized and care is being decreased to 20 hours, pay the 50 hours of care through the required notice period. Count the 20 hours used for job search toward the 240 hours allowed per year.

Counties must identify how child care assistance for job search outside an approved Employment Plan is authorized in their County Child Care Plan. Counties identify whether they verify the actual numbers of hours spent on job search. In addition, counties must identify whether they authorize:

The number of hours of job search requested by the participant,
OR
A standard number of hours of job search that are determined by the county
LEGAL AUTHORITY:
Minnesota Statutes 119B.10 Subd.1
Minnesota Rules 3400.0040 Subp.15a
Authorize no more than 120 hours of care per child every 2 weeks.

Authorize hours necessary to support an approved MFIP or DWP Employment Plan (EP). The Child Care Program does have not a minimum wage or hours per week requirement for employment activities that are included in an approved MFIP or DWP Employment Plan. Job search is not limited to 240 hours per calendar year if included in an approved MFIP or DWP Employment Plan.

When BSF, TY, TYE or MFIP/DWP participants whose employment hours are not included in an approved Employment Plan are full time students and request child care for their employment activity, their employment requirement is reduced to an average of 10 hours per week, earning at least the applicable minimum wage for all hours worked. These participants do not need to be in a county approved Employment or Education Plan to receive child care for their employment hours. When a full time student has a school break, including summer breaks, they retain their full time student status, if the student is expected to return to full time school following the break.

Students are not required to work.

When an approved MFIP or DWP Employment Plan (EP) does not include employment hours, and the participant does NOT attend a full-time education or training program, authorize hours for work only if the participant works at least an average of 20 hours per week and receives at least the applicable minimum wage.

Employed BSF, TY, TYE and MFIP/DWP participants who do not have job search included in an approved Employment Plan can be authorized for up to 240 hours per calendar year for job search activities in addition to hours authorized for work.
LEGAL AUTHORITY:
Minnesota Statutes 119B.10
Minnesota Rules 3400.0040 Subp. 11
An absent day is any day that the child is authorized and scheduled to be in care with licensed individuals or centers that are licensed or license exempt, the child is absent from care. Child absences may occur for a variety of reasons including, but not limited to, child illness, vacation, participant illness or school break. The reason for the child’s absence does not affect payment.

Pay for child absences that do not exceed 10 days, in a calendar year, per child, excluding holidays. If a child attends more than one licensed or license exempt center provider, the combined total number of absent days paid must not exceed 10. If the child is absent from care with both providers on the same day and both providers charge and are paid for an absent day, count that day as 1 absent day. If child care absences exceed 10 days, the charges are the financial responsibility of the CCAP family.

As of January 1, 2013 LNL providers are not eligible for absent day payments.

Children may be exempt from the absent day limits upon request of the child care provider and approval of the county if they are in a family where:

- At least 1 parent is under the age of 21 and does not have a high school or general equivalency diploma.
- This parent is a student in a school district or another similar program that provides or arranges for ALL of the following to achieve high school graduation:
  - Child care.
  - Parenting support.
  - Social services support.
  - Career and employment supports.
  - Academic support.

Pay the licensed or licensed exempt center provider’s charge, not to exceed the CCAP maximum rate, for a child absence when all the following conditions are met:

- The provider has a written policy for child absences, charges all other families in care for similar absence, and is charging the family for this day.
- The payment is not more than the provider charges private pay families for the same absence period.
- The charge is not being paid by a non-CCAP source.
- The provider’s service is available.
• The child is scheduled to be in child care based on hours of care you authorized.

Do not charge an overpayment for the absent day unless:

• **One or more of the conditions above were not met.**

• You made an error in the amount of care authorized.

• This absence exceeded the 10 absent day limits.

• The family or provider did not report a change timely.

If you are concerned that the amount or time of care authorized does not fit the current or future needs of the family, reassess the authorization. If the family is found to be not eligible and an overpayment is assessed for the absent day payment, do not count the absent day against the 10 day limit.

Providers and families will be notified of the number of absent days used upon initial provider authorization for a family and will receive ongoing notification of the number of absent days used as of the date of the notification through the Service Authorization and the Remittance Advice in MEC^2.

Only days in which a child is absent for the entire time authorized count against the child’s 10 absent days **per** calendar year payment limits. If a child attends child care for any part of a day, but is absent for part of the day, the full amount of care authorized for that day will be paid and the payment will not count towards the ten absent day payment limits. Payment to the provider must be for the full amount of care authorized for that day, not to exceed the provider’s charge. The amount of care paid should not exceed the amount of care the child was scheduled for.

If a child does not attend child care during a notice period when care is ending and it is the provider policy to charge for these days, the notice period can be paid using absent days. The absent day limits continue to apply during this period. If the child does not have enough absent days to cover the full notice period, payment may end before the end of the notice period. See §9.42 (Holidays) for information on payment for holidays, and the impact of holidays on absent days.
LEGAL AUTHORITY:
Minnesota Statutes 119B.13, Subd. 7
Minnesota Rules 3400.0110 Subp. 9
Once a family has been determined eligible, you must redetermine eligibility on a regular basis. See §10.3 (When to Redetermine Eligibility).

The Child Care Assistance Program Redetermination Form (DHS-5274) is used to redetermine eligibility. You may also treat a CCAP application (DHS-3550) as a redetermination of eligibility form. Do **NOT** treat a redetermination of eligibility as a new application.

The redetermination process must be completed by the end of the redetermination period. See §10.6.3 (Redetermination Processing Standards).

All families must complete a redetermination form and provide required verifications to be eligible for continued benefits. See §7.6 (Verification – Eligibility Redetermination) for the required verifications at redetermination.

Terminate the family from the Child Care Assistance Program if a family fails to comply with eligibility redetermination requirements. Follow all notice requirements.

See the following sections for additional information on redeterminations:

- **§10.3** When to Redetermine Eligibility
- **§10.3.3** When to Adjust the Length of Redetermination.
- **§10.6** Redetermination Process.
- **§10.6.3** Redetermination Processing Standards.

**LEGAL AUTHORITY:**
- Minnesota Statues 119B.025
- Minnesota Rules 3400.0180
REDETERMINATION OF ELIGIBILITY

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LEGAL NONLICENSED (LNL) PROVIDERS

Require a new Legal Nonlicensed (LNL) provider to register with your county. See §11.12 (Provider Registration). LNL providers must complete the criminal background process and be authorized by your county. See §11.21 (Provider Authorization).

Apply the following criteria to determine if a provider can be a Legal Nonlicensed (LNL) Provider:

- At least 18 years of age.
  AND
- Not a member of the MFIP assistance unit, or a member of the family applying for or receiving child care assistance.
  AND
- Not living in the same home as the child whose family is applying for or receiving child care assistance.
  AND
- Provides child care only to related children, and/or provides child care to children from a single unrelated family at one time. Related refers to the provider being a sibling, a step-sibling, a niece, a nephew, a grandparent, an aunt, or an uncle.

REQUIRED FORMS
When a parent chooses an LNL provider, send the parent and provider a copy of the Health and Safety Resource List for Parents and Legal Nonlicensed Providers (DHS-5192A-ENG).

Require a signed Parent Acknowledgement When Choosing a Legal Nonlicensed Provider (DHS-5367) when a family chooses a legal nonlicensed provider. Require a separate form for each Legal Nonlicensed Provider the family chooses. The Parent Acknowledgment When Choosing a Legal Nonlicensed Provider Form (DHS-5367):

- Describes the registration process for LNL providers.
- Describes the participant’s responsibilities and rights when choosing a LNL provider.
- Includes an acknowledgment that the participant and LNL provider will review the health and safety information provided by your county.
- Includes an assurance that the participant will provide an immunization record for each child to the LNL family child care provider within 90 days of the date that care begins, and will update the information as necessary.

Require the provider to complete and sign a CCAP Legal Nonlicensed Provider Registration and Acknowledgement (DHS-5192-ENG) form. See §11.21 (Provider Authorization). The
LNL Provider Registration and Acknowledgement form includes information stating that the county is required to keep a record of substantiated complaints concerning the health and safety of children in the care of LNL providers and that, upon request, information governing substantiated complaints must be released to the public as authorized under Minnesota Statutes 13.03.

**TRAINING REQUIREMENTS**

Upon initial authorization, LNL providers must provide documentation of First Aid and CPR training. The training must have been provided by individuals approved to provide such training. Counties should align standards for acceptable training with standards used for approving licensed family child care provider First Aid and CPR training. Counties should consult with county licensing staff about how to determine valid training. The training must be effective as of the date the provider registration is approved. See §11.12 (Provider Registration).

Refer to DHS-6419-ENG **CCAP Training Requirements for Legal Nonlicensed Family Providers.** Question and answer information sheet explaining the training requirements for Legal Nonlicensed family providers.

Upon each reauthorization after the initial authorization requiring First Aid and CPR training, if a provider still serves children receiving CCAP, the provider must take and provide proof of an additional 8 hours of training in topics listed by the Minnesota Center for Development Registry. CCR&R agencies coordinate and offer training that is listed in the Registry.

**PROVISIONAL PAYMENTS**

Your county may choose to make provisional payments to LNL providers when all the requested information/documentation except the background check is available. These payments are temporary and end if your county denies the authorization request. Check your county’s Child Care Fund Plan to see if your county has chosen this option. For additional information on payments to providers, see §9.03 (Payments to Providers).

**BACKGROUND STUDY REQUIREMENTS**

As of August 1, 2012 the background study requirements for legal nonlicensed providers are aligned with the background study requirements for a licensed family child care provider. Counties and contracted agencies that authorize LNL providers should review the changes and update their background study procedures as necessary to meet the new requirements.

Included in the registration packet for LNL providers is the Child Care Assistance Program Authorization for Release of Background Study (**DHS-5193**). The LNL provider must return a signed DHS-5193 to the county for all individuals for whom a background study is required.
Background studies are required for:

- The provider and each household member age 13 and older.

- Each household member age 10-12 living in the household where the provider services will be provided when the commissioner has reasonable cause as defined under section 245C.02, subd 15.

- An individual who, without providing direct contact services in the LNL program may have unsupervised access to children receiving services from the program, when the commissioner has reasonable cause.

Conduct a background study that includes findings from the Bureau of Criminal Apprehension, juvenile courts, and social service agencies. If the local county juvenile courts and social service agency do not maintain statewide records, contact the county where the provider currently resides and any counties where the provider resided in the past 5 years. A finding that a delinquency petition is proven in juvenile court must be considered a conviction in state district court.

A county agency may charge a fee to a legal non licensed provider or applicant for authorization to recover the actual cost of the background studies completed under section 119B.125, but in any case not to exceed $100 annually.

Counties may elect to reduce or waive the background check fees:

- In cases of financial hardship
- If the county has a shortage of providers in the county’s area
- For new providers or
- For providers who have attained at least 16 hours of training before seeking initial licensure.

Counties may allow providers to pay the applicant fees on an installment basis for up to one year.

When the background study reports are returned, review (or have reviewed) for conviction, admission of guilt or a preponderance of evidence indicating that the person has committed a criminal act that disqualifies them from being authorized as a legal nonlicensed provider. The disqualifying acts and characteristics are listed under MN Statutes 245C.14, MN Statutes 245C.15, and MN Statutes 119B.125 subdivision 2 (b) through (e). If the provider or any household members subject to the background study is determined to have a disqualifying act or characteristic, the provider cannot be authorized.
You may later authorize a previously denied LNL applicant if the person:

- Applies for and obtains a valid Minnesota child care license, a license issued by a tribe or another state.
- Maintains the valid child care license.
- Provides child care in the area under the jurisdiction of the licensing tribe or in the state of licensure.

An LNL provider may be authorized to provide care only in the child’s home if the LNL provider is not able to be authorized to provide care in the provider’s home because a household member of the provider has a factor that prohibits authorization AND the family has been approved by DHS for an in-home care exception. See § 11.27. The family and provider must document that the care will be provided in the child’s home before the provider can be authorized to provide care in the child’s home. If the child and the provider live in the same home this is not an option.

Counties identify in their County Child Care Plans whether they perform background studies on LNL providers already registered in another county prior to authorizing that provider. Counties that do not perform a background study on LNL providers already registered in another county prior to authorizing that provider are only required to perform a background study on an LNL provider registered in another county if 1 of the following exists:

- 2 years have passed since the most recent authorization.
- An individual has reached age 10 but is not yet age 13 and is living in the household, when the county has reasonable cause as defined under section 245C.02, subd. 15.
- Another person age 13 or older has joined the provider’s household since the last authorization.
- A current household member has turned 13 since the last authorization.
- Your county has reason to believe that a household member has a factor prohibiting authorization.
- The county’s provisions for unsafe care differ from those established by the county responsible for the first authorization.
PAYMENT INFORMATION
For information on the hourly rate to pay LNL providers, see §9.24.3 (Child Care Rates).
Do not pay registration fees to LNL providers.

LEGAL AUTHORITY:
Minnesota Statutes 13. Subd.03
Minnesota Statutes 119B.011 Subd. 19
Minnesota Statutes 119B.125 Subd. 1 and 2, 3, 5
Minnesota Statutes 245C.03.08 and .15
Minnesota Statutes 245C.14
Minnesota Statutes 245C.15
Minnesota Rules 3400.0120
Minnesota Rules 3400.0110 Subp. 2a
Minnesota Rules 3400.0140 Subp. 5
Minnesota Rules 3400.0035 Subp. 8 and 9
Providers must report all family changes that require reauthorization. When a Legal Nonlicensed Provider (LNL) is authorized in more than one county at the time reauthorization is required, the county with the longest current authorization must complete the reauthorization process.

Counties must complete the authorization process described in §11.21 at each reauthorization.

Reauthorize all providers at least every 2 years.

LEGAL NON-LICENSED (LNL) PROVIDERS

Upon initial authorization, Legal Nonlicensed (LNL) providers must provide documentation of First Aid and CPR training. The training must have current effective dates as of the date the reauthorization is approved and must have been provided by individuals approved to provide this training. Counties should align standards for acceptable training with standards used for approving licensed family child care provider First Aid and CPR training.

Upon each reauthorization after initial authorization, a provider must provide proof of 8 hours of additional training. Only training listed in the Minnesota Center for Professional Development Registry (including those offered by the Child Care Resource and Referral agencies) meets the requirements for approvable training.

Perform a background study at each reauthorization on:

- The provider and every member of the provider’s household who is age 13 and older.
- Each household member age 10-12 living in the household where the provider services will be provided when the commissioner has reasonable cause as defined under section 245C.02, subd 15.
- An individual who, without providing direct contact services in the LNL program may have unsupervised access to children receiving services from the provider, when the commissioner has reasonable cause.

In addition to performing background studies at each reauthorization, there are additional times when background studies are required. In the situations listed below, a background study only needs to be performed for the individual(s) who have not had a background study within the last two years. Background studies must be performed when:

- An individual has reached age 10 but is not yet 13 and is living in the household where the Legal Nonlicensed childcare will be provided, when the county has reasonable cause as defined under section 245C.02, subd. 15.
• A current household member becomes 13 years of age since the last authorization.

• A person age 13 or older joins the household since the last authorization.

• You believe a household member has a factor that prevents the provider from being authorized.

LEGAL AUTHORITY:
Minnesota Statutes 119B.125, subd. 1 & 2
This page is deleted from the CCAP manual effective 3/2013. This information is available in chapters 4.9 and 4.9.3 of this policy manual.
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