1 (Table of Contents) adds new chapters (9.1.12), (9.9.3) related to authorizing care and provider payments and (10.6.6) related to redetermination reinstatements.

3.3 (Assistance Requests) removes form DHS-6467 as it is obsolete.

3.9 (Combined Application-Child Care Addendum) removes references to the Worker Information Form (WIF) throughout the chapter. The CAF completed and approved period for the use of the addendum has been extended to 90 days instead of 30 days.

7.1 (Verification Due Dates) adds “When additional verifications are requested at redetermination, use the MEC² Special Letter: Verification Request. Allow families 15 days to provide verification or until the last day of the 30 day reinstatement period, whichever is earlier. If the case is open, give the family 15 days to return verifications. If the case has closed and there are 15 or more days left of the 30 day reinstatement period, give the family 15 days to return verifications. If the case has closed and there are fewer than 15 days left of the 30 day reinstatement period, give the family until the last day of the 30 day reinstatement period to return verifications. Note: If the redetermination form and all verifications are not received and processed by the last day of the redetermination period, the case should close. See Chapters 10.6 (Redetermination Process) and 10.6.3 (Redetermination Processing Standards).”

7.3 (Verification-Initial Application) adds a new paragraph “Acceptable verification showing current name and address includes, but is not limited to: Any form of mail (except mail addressed to a P.O. Box) provided by the client. A forwarding address sticker received at the administrating agency from the US Postal Service cannot be considered verification of residence for CCAP. Mail sent to the participant from DHS or the county agency may be used as verification of residence. A current lease with the same address (if the client has not moved) is acceptable. The client does not need to submit the lease again. There is no time limit to how long a residency verification document can be used as verification. The verification on file can continue to be used as long as it reflects the client’s current name and address.”

7.6 (Verification Eligibility Redetermination) updates the paragraph about residence. “Acceptable verification showing current name and address includes, but is not limited to: Any form of mail (except mail addressed to a P.O. Box) provided by the client. A forwarding address sticker received at the administrating agency from the US Postal Service cannot be considered verification of residence for CCAP. Mail sent to the participant from DHS or the county agency may be used as verification of residence. A current lease with the same address (if the client has not moved) is acceptable. The client does not need to submit the lease again. There is no time limit to how long a residency verification document can be used as verification. The verification on file can continue to be used as long as it reflects the client’s current name and address.”

7.9 (Income Verification) adds bullets to clarify information.

7.27 (Schedule Verification - Employment and Education) updates “Statement from the employer with the days and times that the PRI is scheduled to work.” by adding the sentence, “This could be an email from the employer using an employer email address.” Adds “schedule” to employment throughout the chapter.

8.9 (Suspending) adds a new first sentence, “When there are temporary breaks when child care assistance is not needed, a case can be suspended and a family can remain eligible for up to one year. See Chapter 2 (Glossary).” Adds to sentence “Some suspension examples include “but are not limited to.”” and adds a fourth bullet “A participant is on maternal/paternal leave from his/her job and provides documentation that they will be returning to their employment.”

9.0 (Authorizing Care and Payments) adds “Authorizing Care and” to chapter title. Also adds missing chapters and new chapter titles to the index.
9.1 (Child Care Authorization) adds new information about weekly authorization for high quality providers “There are special rules for authorizing care for children that are eligible for the Weekly Authorization to High Quality Providers policy. See Chapter 9.1.12 (Weekly Authorization to High Quality Providers).” Also adds “Children that are eligible for the Weekly Authorization to High Quality Providers policy can be authorized for 50 hours per week (100 hours biweekly). See Chapter 9.1.12 (Weekly Authorization to High Quality Providers) for more information.” Removes sentence “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.”

9.1.9 (Authorizing Care – Multiple Providers) adds “See Chapter 9.1.12 (Weekly Authorization to High Quality Providers) for information about authorizing care for families with multiple providers when at least one of the providers qualifies for the Weekly Authorization to High Quality Providers policy.” Removes sentence, “Do NOT authorize more than 120 hours of child care assistance per child every two weeks unless the child is switching to a new provider during the 2 week period.”

9.1.12 (Weekly Rates High Quality Providers) NEW The Weekly Authorization to High Quality Providers policy is effective August 4, 2014. This policy is designed to support consistent care scheduled for young children attending high quality care and to allow for higher CCAP payments. Under this policy, some children attending high quality care can be authorized for more hours than they would normally be eligible for. Their providers can be paid up to the applicable weekly maximum rate, not to exceed the provider’s charge. Review this section in its entirety.

9.9 (Determination of Payment Amounts) adds “Providers with certain current early childhood development credentials and providers with a three or four-star Parent Aware rating are eligible for higher rates for quality. See Chapter 9.27 (Higher Rates for Quality – Accreditation/Credential) and Chapter 9.30 (Higher Rates for Quality – Parent Aware Rated Providers).” See Chapter 9.9.3 (Post-Secondary Child Care Grant) for more information on post-secondary child care grants and how to use the grant in combination with CCAP funds adds guidance about interactions between Early Learning Scholarships and the Child Care Assistance Program.

9.9.3 (Post-Secondary Child Care Grant) NEW provides guidance on when a student receives a Post-Secondary Child Care Grant and how to use the grant in combination with Child Care Assistance. Review this section in its entirety.

9.27 (Higher Rates for Quality – Accreditation/Credential) adds a third bullet under “A licensed family child care provider or legal non licensed provider is eligible for the 15 percent higher rate for quality if they hold one of the following early childhood development credentials or accreditations” which reads “An associate’s degree in child development.”

9.54 (Special Needs) removes the word “disability” and replaces with “special needs” throughout the chapter.

10.6 (Redetermination Process) adds “See Chapter 10.6.3 (Redetermination Processing Standards) for detailed information about processing the redetermination.” Replaces “certification period” with “redetermination period” in the third sentence.

10.6.3 (Redetermination Processing Standards) adds the sentence “When additional verifications are requested at redetermination, use the MEC\textsuperscript{2} Special Letter: Verification Request. See Chapter 7.1 (Verification Due Dates) for information on determining the due date of the Special Letter.” Adds the sentence “If a complete redetermination form and all required verifications are received within 30 days after the case closes, see Chapter 10.6.6 (Redetermination Processing – Reinstatement).” The term “certification period” is replaced with “redetermination period” in this chapter.
10.6.6 (Redetermination Processing-Reinstatement) NEW When the last day of the redetermination period is on or after August 4, 2014, families have 30 days after their case closes to submit the redetermination form and all required eligibility verifications requirements, child care assistance can be approved back to the date the case closed. Review this section in its entirety.

11.12 (Provider Registration) adds numerous links to DHS Forms to include in the provider packets and adds numerous links to the sending the appropriate Provider Registration and acknowledgement form based on provider type section. DHS 6467-ENG was removed, an obsolete form. Additional local health and safety information your county would like to include in the provider registration packet is acceptable. DHS recommends making a copy of the Minnesota Child Care Assistance Program (CCAP) Child Care Provider Guide (DHS-5260) available to providers.

11.27 (In-Home Child Care Requests and Provider information) adds “or in a two parent household when one parent has been determined unable to care” to the first sentence. Adds “or when out of home care would result in the disruption of the child’s nighttime sleep.” to the second sentence. removes “Note: Preference for a child to sleep at home is not an approvable reason on its own for why care must be provided in a child’s home.” Updates the link for minimum wage and overtime provisions of the FLSA from www.wagehour.dol.gov to www.dol.gov/whd.

14.3 (Responsibility for Overpayment) adds steps to determining an overpayment and added examples. Review this chapter in its entirety.

14.6 (Amount of Overpayment) adds “CCAP policies change over time. Consider the policies in place at the time an action occurred when determining whether an overpayment occurred and the amount of an overpayment.” Adds “Sometimes it is discovered that a family continuously receiving child care assistance was ineligible for a period of time when CCAP payments were made but met the eligibility requirements for a subsequent period of time. Ineligibility examples include: 1.) Returning requested verifications after the date they were due. 2.) Submitting the redetermination, with all required verifications, showing that eligibility requirements are met after the date they were due. If the last day of the redetermination period is before 8/4/14, the due date is the date the case closed. If the last day of the redetermination period is on or after 8/4/14, the 30 day reinstatement policy applies. See Chapter 10.6.6 (Redetermination Processing – Reinstatement). The subsequent period of time begins with the next time the family supplied information that established their eligibility. Using the same examples, the subsequent period of time begins with: 1.) the date the agency received the requested verifications. 2.) The date the agency received the complete redetermination form with all required verifications.”

16.1 (CCAP Authorizations for Clients with an EP) this section was revised to clarify the roles and responsibilities of Child Care Assistance workers and job counselors. Review this section in its entirety.
CHILD CARE ASSISTANCE PROGRAM POLICY MANUAL

ISSUED 08/2014

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ASSISTANCE REQUESTS

When a family contacts you in person, by phone or in writing to ask for information about child care assistance:

- Tell people of the right to file an application, where to file it and the application process. See Chapter 3.6 (Accepting and Processing Applications).
- Give or send the family the brochure “Do You Need Help Paying for Child Care” (PDF) DHS-3551

Also inform the family of the following:

- Eligibility requirements.
- Verification needed.
- If it appears the family would be eligible for the Basic Sliding Fee (BSF) sub-program, whether a waiting list exists and if so the number of families on the waiting list or estimated time that they will spend on the waiting list before reaching the top.
- The procedure for applying for child care assistance.
- The family copayment fee schedule and how the fee is computed.
- How to choose a provider.
- The family’s responsibilities and rights when choosing a provider.
- The availability of special needs rates.
- The family’s responsibility for paying provider charges that exceed county maximum payments in addition to the copayment fee.
- The importance of promptly reporting a move to another county to avoid overpayments and increase the likelihood of continuing benefits.

When giving or mailing an application to a family, include at least the following in the application packet:

- The Minnesota Child Care Assistance Program Application (PDF), OR
- The Combined Application –Child Care Addendum (PDF), if the family is also applying for or receiving other forms of assistance (cash and/or food support). See Chapter 3.9 (Combined Application Child Care Addendum). OR
- Information advising the family that they can apply online at ApplyMN AND
- A cover letter that includes your agency’s address, office hours, and phone number.

LEGAL AUTHORITY

Minnesota Statutes 119B.011, Subd. 3
Minnesota Rules 3400.0035
Minnesota Rules 3400.0060
The Combined Application – Child Care Addendum (PDF) (DHS-5223D) form is a tool designed to simplify the child care assistance process for families who have applied for other programs.

Use the Child Care Addendum when:

- A family completes the CAF and requests child care assistance. OR
- The CAF has been completed and the family is not eligible for cash assistance, but requests child care assistance. OR
- The CAF has been completed and approved within the past 90 days and the family remains eligible for cash assistance and/or cash and is now requesting child care assistance.

Apply child care policy rules and verification requirements. Request copies of current verification, documentation and information reported on the CAF to determine eligibility for the Child Care Assistance Program.

Use of the Child Care Addendum is optional. You may choose to use the Minnesota Child Care Assistance Program Application (PDF) (DHS-3550).

LEGAL AUTHORITY
Minnesota Statutes 119B.011, Subd. 3
VERIFICATION DUE DATES

Allow families 15 days to provide verification. Use the MEC2 Special Letter: Verification Request to request verification.

If a family fails to provide the requested verification by the specified due date, issue a 15-day notice of adverse action. The 15-day verification request period and the 15-day notice of adverse action cannot overlap each other.

When the last day of the 15-day verification request period falls on a Saturday, Sunday, or legal holiday, extend the time period to the next working day.

VERIFICATION DUE DATES AT REDETERMINATION

When additional verifications are requested at redetermination, use the MEC² Special Letter: Verification Request.

Allow families 15 days to provide verification or until the last day of the 30 day reinstatement period, whichever is earlier.

- If the case is open, give the family 15 days to return verifications
- If the case has closed and there are 15 or more days left of the 30 day reinstatement period, give the family 15 days to return verifications.
- If the case has closed and there are fewer than 15 days left of the 30 day reinstatement period, give the family until the last day of the 30 day reinstatement period to return verifications.

Note: If the redetermination form and all verifications are not received and processed by the last day of the redetermination period, the case should close.

See Chapters 10.6 (Redetermination Process) and 10.6.3 (Redetermination Processing Standards).

LEGAL AUTHORITY

Minnesota Statutes 119B.025
Verify the following eligibility requirements at ALL initial child care applications.

- Identity of all members of the household.
- Presence of the minor child in the home, if questionable.
- Relationship of minor child(ren) to the parent, stepparent, legal guardian, eligible relative caretaker, or the spouses of any of these listed persons.
- Age of the child(ren) in the family.
- Age of the applicant if he or she is under 21.
- Social Security Number, if given. The county MUST request Social Security Numbers from all applicants for child care assistance. A county must NOT deny child care assistance solely on the basis of failure of an applicant to provide a social security number. Before asking for the social security number, the county must give the applicant the Minnesota Department of Human Services Notice of Privacy Practices (PDF) (DHS-3979), which explains whether the disclosure is mandatory or voluntary; under what authority the number is being requested; and how the number will be used.
- Income and Income Deductions. See Chapter 7.9 (Income Verification).
- Spousal support and child support payments made to persons outside the household.
- Residence
  Acceptable verification showing current name and address includes, but is not limited to:
  - Any form of mail (except mail addressed to a P.O. Box) provided by the client. A forwarding address sticker received at the administrating agency from the US Postal Service cannot be considered verification of residence for CCAP. Mail sent to the participant from DHS or the county agency may be used as verification of residence.
  - A current lease with the same address.
- Inconsistent information, if related to eligibility.

The following are requirements to authorize care if the family is determined eligible to receive CCAP:

- Employment and/or education status of adult family members including employment schedule and/or class schedule must be verified. See Chapter 7.27 (Schedule Verification – Employment and Education).
- School schedule for every child who needs child care and attends school must be verified. See Chapter 7.30 (Schedule Verification – Child’s School Schedule).
- Citizenship and immigration status of all children for whom child care assistance is being sought. A child who is participating in child care in a setting subject to public educational standards, such as in Head Start or a pre-kindergarten or school-age care program operated under public educational standards, is exempt from this requirement. See Chapter 7.12 (Verifying Citizenship and Immigration Status).

**LEGAL AUTHORITY**

Minnesota Rules 3400.0040
Minnesota Statutes 119B.025
Verify the following eligibility requirements at the time of eligibility redetermination:

- Income and Income Deductions.
- Residence.
  Acceptable verification showing current name and address includes, but is not limited to:
  - Any form of mail (except mail addressed to a P.O. Box) provided by the client. A forwarding address sticker received at the administrating agency from the US Postal Service cannot be considered verification of residence for CCAP.
  - Mail sent to the participant from DHS or the county agency may be used as verification of residence.
  - A current lease with the same address (if the client has not moved) is acceptable. The client does not need to submit the lease again.

There is no time limit to how long a residency verification document can be used as verification. The verification on file can continue to be used as long as it reflects the client’s current name and address.

- Changes in Family Status and Family Size.
- Continued Cooperation with Child Support Enforcement and Assignment.
- Inconsistent information, if related to eligibility.
- Any other factor required to be verified at initial child care application that has changed since the last eligibility determination. See Chapter 7.3 (Verification – Initial Application).

The following are requirements to authorize care if the family remains eligible:

- Employment and Education/Training Status including employment and/or class schedule must be verified. See Chapter 7.27 (Schedule Verification – Employment and Education).
- School schedule for every child who needs child care and attends school must be verified. See Chapter 7.30 (Schedule Verification – Child’s School Schedule).

**LEGAL AUTHORITY**

Minnesota Rules 3400.0040
Minnesota Statutes 119B.025
Verify all sources of income, including excluded income, prior to approving or denying eligibility, or continuing to authorize child care assistance. Request documentary evidence from the applicant that proves when, what type and the amount of income a family member receives. An MFIP/DWP Employment Plan is not documentary evidence and cannot be used as verification of income.

All income must be verified using the most current 30 days of verification, excluding child support tracked through PRISM. For child support tracked through PRISM, the last six months of information is required. If the worker does not follow these standards, they must case note why they deviated from the standard and what and how verification is used to support the income components required in the calculation of annualized income.

If the applicant or recipient cannot provide an actual document, ask him or her to provide a release of information signed by the family member receiving the income allowing you to contact the source of the income directly. A client statement cannot be used to verify income except in two circumstances:

1. **Self-employment income:** If existing verification is insufficient to accurately predict self-employment income (for example in the start-up phase of self-employment) a client statement may be used to verify self-employment income. When child care is authorized based on estimated income, inform the parent of possible overpayments if the estimated income used does not reflect the actual income earned. The worker must request verification and a redetermination of eligibility must be done within the following three months. The worker should reconcile the information provided on the verifications with the original self-declaration of income. Workers should act on the new information if the differences affect the copayment amount, authorized hours and/or eligibility and assess any overpayment. Workers should also act on underpayments if the county has identified in the County Child Care Plan that they make corrective payments.

2. **Child support income:** In cases where there is a previously agreed upon child support arrangement and the absent parent refuses to sign a verification of payment, the applicant may self-declare child support income during the initial application but must agree to cooperate with child support enforcement by completing the required paperwork. The self-declared child support received is included in the annualization of income.

**EARNED INCOME**

- Ask if the applicant or recipient has paycheck stubs for the most current 30 days that specifically identify the number of hours worked, gross income based on those hours, payroll period covered, client and employer name. If the person with earned income has some but not all of the paycheck stubs for the most current 30 days, use the paycheck stubs provided and look at year to date totals to determine if you can use year to date totals to gather the necessary information for the missing paycheck stubs. If something other than the most current 30 days is used to calculate the income components, the worker must case note what was used and how it was used to determine the income components.

- If paycheck stubs are not available, or do not contain all the necessary information, ask the applicant or recipient to provide a letter from the employer on company letterhead with the necessary information. If an employer statement is used as verification, the worker must request paycheck stubs for the most current 30 days as soon as they become available and reconcile the information on the employer statement to the information on the paycheck stubs. Workers should act on the new information if the differences affect the copayment amount, authorized hours and/or eligibility and assess any overpayment or act on any underpayment (if the county reimburses underpayments).
SELF-EMPLOYMENT INCOME
Documentation of self-employment income must meet the following criteria:

- Ask for books and tax statements, if available, providing gross receipts and expenses from self-employment income.
- Self-employment business income records must be kept separate from the family’s personal income records.
- If business records and personal records are not separate, ask the parent to separate income records and resubmit according to CCAP requirements.
- If existing verification is insufficient to accurately predict self-employment income (for example in the start-up phase of self-employment) a client statement may be used to verify self-employment income. When child care is authorized based on estimated income, inform the participant of possible overpayment if the estimated income used does not reflect the actual income earned.
- If self-employment income is estimated at application, the worker must request verification and redetermination of eligibility must be done within the following three months. The worker should reconcile the information provided on the verification with the self-declaration of income. Workers should act on the new information if the differences affect the copayment amount, authorized hours and/or eligibility and assess any overpayment or act on any underpayment if the county reimburses underpayments.
- When the federal income tax return has been filed, which reflects the current self-employment activity, review the tax records and compare with the income amount used for calculating child care eligibility in the corresponding tax year. If the current self-employment activity is not reflective of the previous year’s tax statement, adjustments must be made in the amount used for future authorizations.
- If a self-employed person believes that they should not be subject to the federal minimum wage, the county should work with the applicant or client to identify the correct applicable amount. If a self-employed person believes that they should not be subject to the federal minimum wage but verification is not available, accept a statement from the person that states that they are not subject to that amount and the reason why.

UNEARNED INCOME

- All unearned income must be verified using the most current 30 days of verification, excluding child support tracked through PRISM.
- For child support tracked through PRISM, the last six months of information is required.
- For child support that is not tracked through PRISM require the most current 30 days of verification.
- If something other than the most current 30 days of verification (or six months for child support tracked through PRISM) is used to calculate the income components, the worker must case note what was used and how it was used to determine the income components.

Examples of acceptable documentation of unearned income include but are not limited to:

- Court documents providing child support and/or spousal maintenance amounts.
- Documentation from the Child Support and Collections office. In cases where there is a previously agreed upon child support arrangement and the absent parent refuses to sign a verification of payment, the applicant may self-declare child support income during the initial application but must agree to cooperate with child support enforcement by completing the required paperwork. The self-declared child support received is included in the annualization of income.
- Award letters from the Social Security Administration, the Veterans’ Administration, etc
- PRISM or INFC/SVES screen prints. See Chapter 7.24 (DHS System Verification).
- Bank Statements indicating interest paid on a specific account.
INCOME VERIFICATION

- Copies of checks for pensions, trust funds, annuities, unemployment compensation, etc.
- Cash settlements/awards/winnings may be verified through copies of the “letters of award” or court order or other applicable items.
- Financial aid award letter.

INCOME DEDUCTIONS

Require verification of the amount and type of expense. The following are examples of acceptable verification:

- Payroll deductions as indicated on the pay stubs. Request consecutive pay stubs to verify that the deduction is ongoing.
- Copy of invoice and receipt of payment from an insurance company. The documentation provided must verify the amount and type of expense covered.
- Copy of current invoice for Minnesota Care premiums.

LEGAL AUTHORITY

Minnesota Statutes 119B.025
Minnesota Rules 3400.0170 Subp. 1
Verification of employment schedule and/or class schedule is required at application, redetermination, when there is a change in activity, and when there is a change in schedule. The schedule must show the days and times worked or the days and times that classes meet.

**MFIP/DWP FAMILIES WITH AN APPROVED EMPLOYMENT PLAN**
For MFIP or DWP families with an approved Employment Plan, verification of the PRI’s employment schedule and education schedule is not required for activities included in the Employment Plan if the Employment Services worker has indicated what the PRI’s schedule is OR what days and times that child care is needed. The CCAP worker does not need to ensure that the Employment Services worker obtained verification of the schedule.

**FLEXIBLE EMPLOYMENT SCHEDULES**
For a PRI with a flexible employment schedule, a statement with the typical days and times worked or the possible days and times worked is allowable. The statement could be written by the Employment Services worker for MFIP/DWP families with an approved Employment Plan, the employer, or the PRI if proof is not available despite the best efforts of you and the client. Once verification of the flexible schedule has been provided, clients must report and verify schedule changes that do not fall within the range reported on the schedule verification of typical or possible days and times worked. Clients do not need to report or verify schedule changes that fall within the range reported on the schedule verification of typical or possible days and times worked.

**VERIFICATION TYPES**
Examples of acceptable verification of schedule include, but are not limited to a:

- Class schedule with days and times of class, printed from a website.
- Statement from the employer with the days and times that the PRI is scheduled to work.
- Paystub if the days and times worked are listed. This could be an email from the employer using an employer email address.
- Copy or picture of the schedule that the employer posts to show the days and times that the PRI is scheduled to work.

If proof is not available despite the efforts of you and the client, you may obtain a signed statement from the PRI with the days and times worked or the days and times that classes meet, attesting to the correctness of the information. For the purpose of obtaining schedule verification, information reported on the application, child care addendum, redetermination form, or change report form does not qualify as verification of schedule.

**FAILURE TO PROVIDE SCHEDULE VERIFICATION**
Verification of employment schedule and/or class schedule is needed to determine the appropriate number of hours of care to authorize. Verification of employment schedule and/or class schedule is NOT a condition of eligibility. If verification of the employment schedule and/or class schedule is not provided but all other eligibility requirements are met, the case should be suspended.

**LEGAL AUTHORITY**
MN Rules 3400.0020, Subp. 38b
MN Rules 3400.0040, Subp. 18
MN Rules 3400.0110, Subp. 3
SUSPENDING A CASE

When there are temporary breaks when child care assistance is not needed, a case can be suspended and a family can remain eligible for up to one year. See Chapter 2 (Glossary).

Suspend a case for a period of time up to 1 year when ALL of the following conditions exist:

● There is a temporary break during which child care is not needed.
● The family remains eligible for child care assistance.

Some suspension examples include but are not limited to:

● School age children not needing care during the school year.
● Cost of care is less than the family’s copayment for a temporary period of time.
● A student is on break between quarters or semesters including summer breaks, but is registered for the next quarter or semester. See Chapter 9.12 (Authorized Hours – Students) for more information about suspending care for students on break.
● A participant is on maternal/paternal leave from his/her job and provides documentation that they will be returning to their employment.
● A participant is temporarily laid off from his/her job, but provides documentation that he/she is still considered an employee.
● The family has not identified a provider.
● A family whose only child receiving child care assistance has been placed in foster care and is expected to return to the home within 1 year.
● The family meets all eligibility requirements but has not provided employment and/or class schedules for each adult family member. Proof of employment and/or class schedules is not a condition of eligibility, but is needed to authorize child care appropriately.
● The family meets all eligibility requirements but there is no verification of school schedule for every child who needs child care and attends school. Proof of school schedule is not a condition of eligibility, but is needed to authorize child care appropriately. Families with an approved MFIP/DWP Employment Plan are not required to verify the child’s school schedule if the Employment Services worker has taken the child’s school schedule into account and indicated the days and the hours that child care is needed.

LEGAL AUTHORITY
Minnesota Statutes 119B
Minnesota Rules 3400.0035
Minnesota Rules 3400.0060
This chapter contains information about authorizing hours, payment rates, payment frequency, who receives payments, and methods of payment. See the specific topic below for detailed information:

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LEGAL AUTHORITY
Minnesota Statutes 119B
9.1

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

Authorized activity requirements differ depending on the family’s sub-program:
● For MFIP/DWP child care see Chapter 4.3.3.21 (MFIP/DWP Authorized Activities).
● For Transition Year (TY) child care see Chapter 4.3.6.3 (TY Authorized Activities).
● For Transition Year Extension (TYE) child care see Chapter 4.3.9.3 (TYE Authorized Activities).
● For Basic Sliding Fee (BSF) child care see Chapter 4.3.12.6 (BSF Authorized Activities & Hours).

Rules for authorizing child care differ depending on the family’s authorized activities:
● For clients with approved Employment Plans see Chapter 16.1 (CCAP Authorizations for Client with an EP).
● For students see Chapter 9.12 (Authorized Hours – Students).
● For employed clients see Chapter 9.15 (Authorized Hours – Employment).
● For self-employment clients see Chapter 9.15.1 (Authorized Hours – Self Employment).
● For clients who are job searching see Chapter 9.18 (Authorized Hours – Job Search).
● For clients who are participating in a combination of activities see Chapter 9.21 (Authorized Hours – Combinations of Activities).

There are special rules for authorizing care for children that are eligible for the Weekly Authorization to High Quality Providers policy. See Chapter 9.1.12 (Weekly Authorization to High Quality Providers).

DETERMINING THE NUMBER OF HOURS TO AUTHORIZE

Do NOT pay for more than 120 hours of child care assistance per child every 2 weeks.

The number of hours authorized for each child should be the number of hours that care is needed to support parental authorized activities, excluding the hours that the child does not need child care and 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. To determine the number of hours that care is needed for each child, the worker must examine the family’s authorized activity schedule, the child’s school schedule and the provider’s availability. See Chapter 7.27 (Schedule Verification – Employment and Education) and Chapter 7.30 (Schedule Verification – Child’s School Schedule).

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.

Care must be authorized in full hour increments. 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.
CHILD CARE AUTHORIZATION

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

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
<th>Care Authorized</th>
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<tr>
<td>1.5 hours = 2 hours</td>
<td>1.5 hours = 2 hours</td>
<td>4 hours=40 hours biweekly, rather than 30 hours biweekly</td>
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<tr>
<td>15 minutes = 1 hour</td>
<td>1.5 hours = 2 hours</td>
<td>3 hours=30 hours biweekly, rather than 20 hours biweekly</td>
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WEEKLY AUTHORIZATION TO HIGH QUALITY PROVIDERS

Children that are eligible for the Weekly Authorization to High Quality Providers policy can be authorized for 50 hours per week (100 hours biweekly). See Chapter 9.1.12 (Weekly Authorization to High Quality Providers) for more information.

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. See Chapter 9.1.3 (Authorizing Care – School Release Days) for information about how to authorize child care for school release days.

FLEXIBLE SCHEDULES

Child care may be authorized for families who have flexible schedules. See Chapter 9.1.6 (Authorizing Care – Flexible Schedules) for information about how to authorize child care for families with flexible schedules.

MULTIPLE PROVIDERS

Child care may be authorized for more than one 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. See Chapter 9.1.9 (Authorizing Care – Multiple Providers) for information about authorizing care of families with more than one provider.

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 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
CHILD CARE AUTHORIZATION

9.1

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 Chapter 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 Chapter 4.6 (Employment and Training Requirements) for specific requirements.

CHILD CARE IN SUPPORT OF EMPLOYMENT
There are limited circumstances where care can be authorized in support of employment. See Chapter 9.15 (Authorization Hours – Employment) for information on child care in support of employment.

LEGAL AUTHORITY
Minnesota Statutes 119B.09
Minnesota Rules 3400.0110
Child care may be authorized for more than one 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.

Do NOT pay for more than a total of 120 hours of child care assistance per child every 2 weeks. See Chapter 9.1 (Child Care Authorization) for information about authorizing child care when a child switches to a new provider.

When authorizing care for multiple providers, workers should be aware of how daily and weekly payment policies for licensed providers interact with the 120 hours payment limitation. A payment at the daily rate counts as 10 hours. A payment at the weekly rate counts as 50 hours. See Chapter 9.9 (Determination of Payment Amounts) for more information.

Do NOT pay for more than one provider for the same period of time.

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. 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. Do NOT authorize or pay for more than a total of 120 hours of child care assistance per child every 2 weeks.

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 listed in the “Total Hours of Care Authorized” field on the Billing window or by creating a new Service Authorization with additional hours. 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.

WEEKLY AUTHORIZATION TO HIGH QUALITY PROVIDERS
See Chapter 9.1.12 (Weekly Authorization to High Quality Providers) for information about authorizing care for families with multiple providers when at least one of the providers qualifies for the Weekly Authorization to High Quality Providers policy.

LEGAL AUTHORITY
Minnesota Statutes 119B.09, Subd. 6
Minnesota Rules 3400.0110, Subp. 2a
Weekly Authorization To High Quality Providers 9.1.12

The Weekly Authorization to High Quality Providers policy is effective August 4, 2014. This policy is designed to support consistent care scheduled for young children attending high quality care and to allow for higher CCAP payments.

Under this policy, some children attending high quality care can be authorized for more hours than they would normally be eligible for. Their providers can be paid up to the applicable weekly maximum rate, not to exceed the provider’s charge. See Chapter 9.24 (Provider Rates) and Chapter 9.24.3 (Child Care Rates, Registration Fees, Copayments) for more information about the applicable maximum rates.

PROVIDER REQUIREMENTS
Providers must be eligible for a higher rate for quality in order to be eligible for this policy. Eligible providers are:

- Providers with a three or four-star Parent Aware rating. See Chapter 9.30 (Higher Rates for Quality – Parent Aware Rated Providers).
- Centers accredited by certain organizations. See Chapter 9.27 (Higher Rates for Quality – Accreditation/Credential).
- Licensed family child care providers that hold certain current early childhood development credentials or are accredited by the National Association for Family Child Care. See Chapter 9.27 (Higher Rates for Quality – Accreditation/Credential).

County identified/DHS approved at-risk providers are eligible for this policy if they meet the provider requirements. See Chapter 9.54 (Special Needs) for more information on at-risk providers.

Legal nonlicensed providers are not eligible for this policy.

CHILD REQUIREMENTS
To be eligible for this policy, the child must:

- Be ages zero through five but not yet in kindergarten,
- Qualify for at least 30 hours of child care per week at the high quality provider, and
- Attend a high quality provider.

The child is no longer eligible for this policy when:

- The child turns six,
- The child starts kindergarten,
- The child qualifies for less than 30 hours of child care per week at the high quality provider, or
- The child stops attending a high quality provider.

When a child is no longer eligible for this policy and the number of hours authorized is reduced, a 15 day notice of adverse action is required.

Qualifying for 30 hours of child care per week
The child must qualify for at least 30 hours of child care per week at the high quality provider to be eligible for this policy:

- Determine the number of hours that the child qualifies for using the guidance for authorizing child care in Chapter 9.1 (Child Care Authorization).
- Count authorized hours needed for travel time and breaks toward meeting the 30 hours of child care needed per week.
- In a two-parent family, count only times when a parent is not available to care for the child towards the 30 hours of child care needed per week.
- The amount of care needed can be averaged between two weeks to meet the 30 hours of child care needed per week. For example, if child care is needed for 20 hours one week and 40 hours the next week, that averages to 30 hours per week and the child would qualify for this policy.

Children may have more than one provider. The child must qualify for at least 30 hours of child care per week at an individual high quality provider to be eligible for this policy.
AUTHORIZING CARE
Children that qualify for this policy will have Service Authorizations that authorize 50 hours of care per week (100 hours biweekly). Children who previously would have been authorized for 30 to 49 hours per week (60 to 99 hours per weekly period) will be authorized for 50 hours per week (100 hours biweekly).

The parent and provider can determine a schedule of up to 50 hours per week (100 hours biweekly). If the parent and provider agree to a weekly schedule of care, it will typically result in payment at the applicable maximum weekly rate, not to exceed the provider’s charge. Providers are not required to offer the full 50 hours of care per week (100 hours biweekly).

MEC² will determine whether a child is eligible for the Weekly Authorization to High Quality Providers and generate Service Authorizations with 50 hours of care per week authorized (100 hours biweekly).

CHILD’S PROVIDER WINDOW
The number of hours on the Child’s Provider Window will not match the number of hours on the Service Authorization for children eligible for the Weekly Authorization to High Quality Providers. This is appropriate.

Workers should continue to enter the number of hours that the child is eligible for on the Child’s Provider Window, according to the guidance in Chapter 9.1 (Child Care Authorization). A new Service Authorization will be generated each time the Child’s Provider Window is updated. If nothing has changed since the previous Service Authorization, the worker should approve the Service Authorization but may then cancel the Service Authorization notice. This would prevent the family and provider being confused when they receive a new Service Authorization that is exactly the same as their previous Service Authorization. We recommend that the worker case notes when a notice is cancelled.

It is important to update the Child’s Provider Window even though it may not change the Service Authorization. When a child stops meeting the requirements for this policy (turns six, starts kindergarten, needs less than 30 hours of care per week, or the provider’s status as a high quality provider ends), the number of authorized hours shown on the Service Authorization will go back to being the number on the Child’s Provider Window. Therefore, it is important that the Child’s Provider Window is accurate.

MULTIPLE PROVIDERS
If a child has multiple providers, this policy may or may not benefit the child. The number of hours that can be paid per biweekly period is 120 hours. If the child meets the requirements and attends a high quality provider for at least 30 hours per week, the child will be eligible for 50 hours of care per week (100 hours biweekly). Increasing the authorization to 100 hours biweekly means that there are only 20 hours of care left for the child’s other provider(s). This may not meet the family’s needs. If a child has multiple providers, work with the family to determine whether 50 hours of care should be authorized with the high quality provider (100 hours biweekly). If the child has multiple providers, the family can choose to not have the high quality provider authorized for 50 hours of care per week (100 hours biweekly).

INFORMATION FOR PARENTS AND PROVIDERS
The Child Care Assistance Program (CCAP) Weekly Authorization to High Quality Providers (DHS-6954-ENG) may be sent to providers eligible for this policy.

The Child Care Assistance Program (CCAP) Weekly Authorization to High Quality Providers (DHS-6954A-ENG) may be sent to families eligible for this policy.

LEGAL AUTHORITY
Minnesota Statutes 119B.13, Subd. 3c
The payment amount is the provider’s rate, not to exceed the CCAP maximum rate, minus the family copayment. See Chapter 9.24.3 (Child Care Rates, Registration Fees, Copayments), Chapter 9.27 (Higher Rates for Quality - Accreditation/Credential), Chapter 9.30 (Higher Rates for Quality – Parent Aware Rated Providers), and Chapter 6.21 (Family Copayment).

Base the maximum payment rate on the county where child care is provided. Pay out-of-state providers based on the participant’s county of residence.

Do not pay more than the CCAP maximum rate or the rate the provider charges to private pay families, whichever is lower. Do not place other limits on the payment amount.

The payment amount is based on:

- the county where care is provided,
- the age of the child,
- the type of the provider,
- provider’s charge,
- number of hours of child care that are authorized,
- hours the child is scheduled to be in care.

When the provider charge is more than the amount CCAP can pay, the parent is responsible for the additional amount plus the family co-payment fee.

**LEGAL NONLICENSED PROVIDERS (LNL)**

Legal nonlicensed child care providers can only be paid by the hour. CCAP cannot pay for more than 10 hours of care in one day. CCAP cannot pay for more than 50 hours of care in one week.

**LICENSED PROVIDERS AND LICENSE EXEMPT CENTERS**

For children attending licensed family child care providers, licensed centers, and license - exempt centers, if the child is authorized and scheduled for:

- More than 35 hours per week with a single provider, CCAP will pay the maximum weekly rate, not to exceed the provider charge.

**OR**

- 35 hours or less per week with a single provider and:
  - More than 5 hours per day with a single provider, CCAP will pay the maximum daily rate, not to exceed the provider charge. CCAP cannot pay more than the maximum weekly rate for one week of care.
  - 5 hours or less per day with a single provider, CCAP will pay the maximum hourly rate for each hour of care, not to exceed the provider charge. CCAP cannot pay more than the maximum daily rate for one day of care. CCAP cannot pay more than the maximum weekly rate for one week of care.

During the school year for school age children, before and after school age care providers sometimes use “session rates.” In these cases, the hours of care authorized will determine if an hourly, daily or weekly rate may be paid. Payment will be the lesser of the CCAP maximum rate or the provider charge. See Chapter 9.1 (Child Care Authorization) for more information on authorizing care for school age children.

**MAXIMUM AUTHORIZATION AND PAYMENT**

Do NOT authorize or pay for more than 120 hours of child care assistance per child every biweekly period.

Count all hourly rates paid to legal non-licensed providers towards the 120 hours.

To convert child care paid on a full-day or weekly basis to licensed providers into hours to determine if payment exceeds 120 hours of child care assistance:
DETERMINATION OF PAYMENT AMOUNTS

- Payment at the daily maximum rate is equal to 10 hours of care
- Payment at the weekly maximum rate is equal to 50 hours of care

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<td>Actual number of hours</td>
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<tr>
<td>Full-Day</td>
<td>Greater than 5</td>
<td>10 hours</td>
</tr>
<tr>
<td>Weekly</td>
<td>Greater than 35</td>
<td>50 hours</td>
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PAYMENT DEDUCTIONS
If the county receives notification from the IRS, Minnesota Department of Revenue, or other public authority or court requiring the county to reduce a payment or payments, send the appropriate notice to the provider. See Chapter 12.6.12 (Payment Deduction Required By Law Notices) to determine which notice to send.

LICENSE EXEMPT PROGRAM RATE
Make payments for care of children in license exempt programs (such as school based school-age programs, summer camps, etc.) at the same rate as licensed centers in the same age category.

HIGHER RATES FOR QUALITY
Providers with certain current early childhood development credentials and providers with a three or four-star Parent Aware rating are eligible for higher rates for quality. See Chapter 9.27 (Higher Rates for Quality – Accreditation/Credential) and Chapter 9.30 (Higher Rates for Quality – Parent Aware Rated Providers).

SPECIAL NEEDS RATE
Payment rates for care of children with special needs may exceed your agency’s maximum rates. See Chapter 9.54 (Special Needs)

CO-PAYMENTS
Child care providers are responsible for collecting family copayment fees and must inform your agency if the copayment was or was not received. Most billing statements provide a declaration of receipt of the family’s copayment. The county agency may stop payment or refuse to pay a submitted bill if the provider falsely declares receipt of the family’s copayment. When a family is unable to pay their copayment, a payment arrangement can be established between the provider, the parent, and the county. The parent must continue to comply with the payment agreement. See Chapter 9.24.3 (Copayment schedule).

CHILD CARE EXPENSES PAID BY OTHER SOURCES
If the family receives partial or full reimbursement for child care expenses from sources other than child care assistance funds, reduce the amount of the child care assistance by the amount or reimbursement earmarked for the same child care expenses.

When the family receives a post-secondary child care grant that is earmarked to cover the same child care expenses that could be paid by the child care assistance program, the entire grant must be used before CCAP can make payments. See Chapter 9.9.3 (Post-Secondary Child Care Grant) for more information on post-secondary child care grants and how to use the grant in combination with CCAP funds.

Families can receive both CCAP and an Early Learning Scholarship. If a child is receiving CCAP, CCAP funds should be used first. Do not reduce CCAP payments due to an Early Learning Scholarship. Do not count an Early Learning Scholarship as income. An Early Learning Scholarship could be used to cover family copayments, transportation or activity fees, private pay rates not covered by CCAP maximums, and breaks or reductions in CCAP authorization/eligibility.

When funds from other sources are paid directly to the family’s child care provider on behalf of the family, eligibility is not affected and the funds are excluded from the family’s income. Child Care providers who accept third-party payments must maintain family specific documentation of payment source, amount, types of expenses, and time period covered by the payments. CCAP should not be billed for costs
DETERMINATION OF PAYMENT AMOUNTS

covered by third party sources. The provider is responsible for ensuring proper billing. Providers may use the Child Care Assistance Program Financial Tracking Form (PDF) (DHS-5318-ENG) to record third party payments.

CHILD CARE SUPPORT ORDER
A CCAP applicant or participant may have a Child Care Support Order stating the noncustodial parent pay a percentage or a set amount of the child care expenses. If the noncustodial parent is making payments directly to the provider and the amount only covers the copayment or another part of the child care expenses that CCAP would not pay it would not affect the CCAP case. The provider would need to indicate on the billing form that the copay was paid or that there was a payment agreement. If the noncustodial parent is making the payment directly to the provider and the amount covers part of the child care expenses that CCAP would pay the provider should be directed not to bill CCAP for that part of the child care expense. In both of these situations the provider must keep records of the payments received and the payment sources. If the noncustodial parent is making the payment to the custodial parent the payment would be considered income to the custodial parent.

LEGAL AUTHORITY
Minnesota Statutes 119B.13
Minnesota Statutes 119B.10, Subd. 11
Minnesota Rules 3400.0110, Subd. 4a
Minnesota Rules 3400.0130
The Post-Secondary Child Care Grant is available to students not receiving MFIP who attend eligible postsecondary institutions and are enrolled at least half-time. If eligible, a student can be awarded a grant for each academic term per eligible child. More information on the grant can be found on the Minnesota Office of Higher Education’s [website](http://www.OHE.mn.gov).

Take the following steps when a student receives a Post-Secondary Child Care Grant.

1. **Verify the receipt and amount of the grant.**
   Students receive verification of the grant award amount, which should be provided to the CCAP worker. Depending on the academic institution, the student will receive either the Post-Secondary Child Care Grant Award Notice or the amount of the grant will be indicated on the student’s financial aid award letter.

   Do not count the grant as income.

   If the CCAP worker has questions regarding the student’s grant, the worker should contact the school’s financial aid officer for additional information. When students apply for the grant, a release of information is signed, allowing for an exchange of information between the financial aid officer and the county social service agency.

2. **Determine what the grant will be used for.**
   The Post-Secondary Child Care Grant can be used to cover two types of expenses: same child care expenses that could be paid by CCAP and different child care expenses that are not paid by CCAP. If the grant is used for same child care expenses, the CCAP case must be suspended and the grant must be used before CCAP can make payments. If the grant is used for different child care expenses, CCAP does not need to be suspended. Students can also use the grant for a combination of same and different child care expenses (see Calculation Example below).

   The grant award letter that the parent receives from the school is not specific about how the dollars are to be used, so it is recommended that CCAP workers look at different child care expenses first. This will help maximize the award and lessen the financial burden on families.

   The parent can also provide a self-verified statement explaining how they plan to use the grant dollars.

3. **Calculate different child care expenses.**
   The CCAP worker should first determine if a student has any different CCAP expenses.

   Examples of different child care expenses include:
   - Copays
   - Difference between the actual child care costs and the CCAP maximum payment
   - Days and/or times that CCAP will not cover

   Project the different expenses over the course of the school term and allow the student to use the grant to cover these expenses.

4. **Calculate same child care expenses.**
   Once all different child care expenses have been accounted for, if there is any amount of the grant remaining, manually calculate how many weeks of child care costs the remaining grant will cover and suspend the case for that period of time. When calculating the amount of care the grant will cover, only use full week amounts and always round down.

**CALCULATION EXAMPLE**
In this example, the student is able to use their Post-Secondary Child Care Grant to cover the copay and the difference between the provider charge and the CCAP maximum rate for the entire semester. There
Post-Secondary Child Care Grant

is also a small amount of money from the grant remaining to cover same child care expenses, which will result in the CCAP case being suspended for one week.

Calculate different child care expenses:

- Biweekly actual child care costs (amount the provider charges the family): $400.00 ($200 per week x 2)
- CCAP Maximum biweekly amount: $325.98 ($162.99 weekly max x 2)
- Biweekly difference between actual cost and CCAP maximum: $74.02

- Student’s biweekly copay: $92.02
- Student’s biweekly out of pocket costs not covered by CCAP: $18.00

Student’s out of pocket costs not covered by CCAP for the semester:

$92.02 x 8 biweekly periods (based on a 16 week semester) = $736.16

Total grant amount for the semester: $900.00 (as verified on grant award letter)

Costs not covered by CCAP for the semester: $736.16

Grant remaining for same CCAP expenses: $163.84

Calculate same child care expenses:

Manually calculate how many weekly periods of child care costs the remaining Post-Secondary Child Care Grant will cover. The remaining amount of the grant should be applied to the child care costs before CCAP can make payments.

- Amount of remaining grant divided by the actual weekly cost of child care:
  - Weekly maximum rate: $162.99
  - Family’s weekly copay: 9.00 ($18 biweekly copay ÷ 2)
  - Maximum weekly CCAP payment: $153.99

$163.84 (remaining amount of grant for same CCAP expenses) ÷ $153.99 (maximum weekly CCAP payment after copay) = 1.06 weeks

When calculating the amount of care the Post-Secondary Child Care Grant will cover, only use the full week amounts and always round down. In this example, the amount of the remaining grant covers one full week of same child care expenses. Care should be suspended for one week. CCAP should begin to make payments following the one week that the case is suspended.

LEGAL AUTHORITY

Minnesota Statutes 119B.09, Subd. 11
Minnesota Statutes 119B.12, Subd. 2
Minnesota Rules 3400.0110, Subp. 3 and Subp. 4a
Child Care Assistance can pay up to 15 percent above the standard maximum rate, not to exceed the provider charge, if a provider requests the higher rate and submits verification showing that they hold a certain current early childhood development credential or is accredited by certain organizations.

A licensed family child care provider or legal non licensed provider is eligible for the 15 percent higher rate for quality if they hold one of the following early childhood development credentials or accreditations:

- A Child Development Associate credential (CDA).
- A diploma in child development from a Minnesota state technical college.
- An associate’s degree in child development.
- A bachelor’s degree or post-baccalaureate degree in early childhood education from an accredited college or university.
- Accreditation by the National Association for Family Child Care.
- Competency Based Training and Assessment Program Certificate.

Each adult on a licensed family child care license must have one of the credentials listed above to get the 15 percent higher rate for quality. Licensed family child care providers and legal non licensed providers that do not hold one of the above credentials are NOT eligible for the higher rate. Licensed family child care providers and legal non licensed providers that hold a credential other than the ones listed above are NOT eligible for the higher rate.

Early care and education child care centers with the following accreditations are eligible for the 15 percent higher rate for quality:

- Accredited Professional Preschool Learning Environment (APPLE), offered by the Florida Association for Child Care Management (FACC)
- American Montessori Society (AMS) School Accreditation
- Association of Christian Schools International (ACSI) Accreditation
- Association of Montessori International – USA (AMI) – Montessori School Recognition
- Council on Accreditation (COA) – Early Childhood Education (ECE) Program Accreditation
- National Accreditation Commission (NAC) for Early Care and Education Programs Accreditation
- National Association for the Education of Young Children (NAEYC) Accreditation
- National Early Childhood Program Accreditation Commission INC. (NECPA) Accreditation
- The NHSA Quality Initiative: Head Start Performance Excellence and Quality Recognition Program, offered by the National Head Start Association (NHSA)

School-age and after-school child care centers with the following accreditations are eligible for the 15 percent higher rate for quality:

- Council on Accreditation (COA) – Afterschool (ASP) & Youth Development (YDP) Program Accreditation
- Minnesota Afterschool Accreditation Program (MAAP), offered by the Minnesota School-Age Care Alliance (MNSACA)

Centers that are not accredited by one of the above organizations are NOT eligible for the higher rate. Centers that are accredited by an organization other than the ones listed above are NOT eligible for the higher rate. The 15 percent higher rate for quality can be paid to both licensed and legal non licensed providers.

The 15 percent higher rate for quality is the maximum rate that can be paid to an accredited or credentialed provider unless the provider has a four-star Parent Aware rating. Pay the provider the 15 percent higher rate for quality or the provider rate, whichever is less. See Minnesota Child Care Assistance Program 15 Percent Quality Differential Maximum Rates (PDF) (DHS-6442B).

If a county discovers that a provider was incorrectly entered into MEC as being eligible for the 15 percent higher rate for quality, the information must be corrected in MEC and the county who discovered the error should contact all other counties where the provider is registered. If the provider received payment at a higher rate than allowable, over payments must be assessed according to CCAP overpayment policies. See Chapter 14 (Overpayments). The Department of Human Services (DHS) has developed a Quality...
Differential Rate Request Form (PDF) (DHS-4795) that providers may use when requesting the higher rate.

Providers who submit valid credentials are eligible for the higher rate as of the first Monday following the date you received the verification.

LEGAL AUTHORITY
Minnesota Statutes 119B.13, subd. 3a
CHILDREN OVER AGE 12
Children who are ages 13 through age 14 who have special needs may receive child care assistance. Documentation of the special needs such as an IEP or medical/psychological evaluation must be submitted and kept in the county CCAP case file in order for CCAP to be approved. Department of Human Services (DHS) approval is not required if the family and provider do not request a payment rate that exceeds the county maximum school age rate. Refer to the MEC² User Manual for instructions on approving CCAP eligibility for children over the age of 12. If a payment rate that exceeds the county maximum school age rate is requested by the parent or provider, follow instructions in this section to request special needs rates.

SPECIAL NEEDS RATES
Pay a special needs rate to a provider for the care of a child who has special needs due to a disability requiring specialized training, services or environmental adaptations. The parent and the provider must request a special needs rate and the rate must be approved by DHS. The county may pay special needs rates for a child with a documented special need through the child’s 14th year of age.

A disability is a functional limitation or health condition that interferes with a child’s ability to walk, talk, see, hear, breathe or learn. A special need may be any special medical, developmental and/or atypical behavior or condition that requires additional support to help the child successfully grow and develop to his or her full potential.

Special needs payments may exceed your county’s maximum rate, but must never be greater than what the provider charges the private sector for the same services. It is the provider’s responsibility to assure compliance with the Americans with Disabilities Act (ADA).

A special needs rate may be requested/approved when:

- The provider charges more for a child with special needs.
- OR
- The provider spreads the cost of caring for a child with special needs across all children in care. You may only pay the higher rate for the child with special needs. Do not exceed your agency’s maximum rate for all other CCAP children in care

Explore other funding sources within your region for specialized services or environmental adaptations to assure parents are linked to important community services, and that child care funds do not supplant other resources. CCAP eligibility for a child with special needs is not contingent upon parental participation or eligibility in other support programs (for example, SSI).

FOR AN INDIVIDUAL CHILD WITH SPECIAL NEEDS
Reimburse providers for the care of individual children with disabilities or special needs at a special rate, if approved by DHS. Counties may choose to develop a county specific process for approving special needs rates requested for the care of individual children. The county specific process must be approved by DHS in the county’s child care plan. Take the following steps to establish or request renewal of a special needs rate (unless your county has a different county specific process that has been approved by DHS):

1. Ask the parent and provider to complete the CCAP Special Needs Rate Variance Request – Parent and Provider Request (PDF) (DHS-4194) together and to ensure that documentation of the child’s special needs is included.
2. Complete the CCAP Special Needs Rate Variance Request – County Recommendation Form (PDF) (DHS-4195) recommending approval or denial of the request. If approved, DHS will determine the rate(s) to approve, based on a process used by DHS. The rate(s) approved may be lower than the rate(s) requested. When determining whether to recommend approval or denial of the request, the county should review the Parent and Provider Request to determine if the provider is providing additional services to meet the needs of the child. Remember each child’s special needs may have variations of what may be defined in a diagnosis, and various
degrees of severity in a diagnosis. The adaptations and services provided must reflect the personalized needs of the child.

3. Submit the Parent and Provider Request form, documentation of the child’s special needs, and County Recommendation form to DHS, Child Care Assistance Program, PO Box 64962, St. Paul, MN 55164-0962, or by fax to: 651-431-7483.

The county will receive a letter indicating whether the request was approved or denied. If a special needs rate(s) is approved by DHS, pay the approved special needs rate retroactive to the effective date of approval on the official letter from DHS.

The county must notify the provider and the parent of the decision in writing and keep a copy of the official letter from DHS and the letter(s) sent to the provider and parent in the CCAP file. If approved, include the reasons for approval and any requirement or suggestions listed on the official letter sent by DHS in the county letter sent to the provider and parent. If denied, include the reasons for denial listed on the official letter from DHS and notify the parent of the right to appeal.

When the county has received the approval or denial letter from DHS, a resource and referral document may also be included. Based on the information submitted, DHS is suggesting that the child could benefit from one or more of the services or resources checked on the document. When notifying the parent and provider of the approval or denial, counties should also send a copy of the resource and referral document.

FOR CHILDREN IN THE AT-RISK POPULATION
Your county may also choose to pay special needs rates to certain populations defined as at-risk in your County Child Care Plan. The county must have DHS approval for these rates to be paid. At-risk means environmental or familial factors exist that create barriers to a child’s optimal achievement. This could include, but is not limited to:

● A federal or state disaster.
● Limited English proficiency in a family.
● History of abuse or neglect.
● A determination that the children are at risk of abuse or neglect.
● Family Violence.
● Homelessness.
● Age of the mother.
● Level of maternal education.
● Mental illness.
● Development disability.
● Parental chemical dependency or history of other substance use.

If your county has chosen to pay special needs rates to certain populations defined as at-risk in your County Child Care Plan:

● If there are 4 or more providers offering child care for children in a specific at-risk category, pay the lesser of the 75% rate, the rate negotiated with the provider by the county, or the provider’s rate.
● If there are fewer than 4 such providers, pay the lesser of the rate negotiated with the provider or the provider’s rate.

FOR SICK CHILDREN
Special needs rates may be paid for sick children cared for by a provider when, as a result of illness, the child cannot attend the family’s regular provider and the rate of the provider caring for the sick child exceeds the county maximum rate. The county must have DHS approval for this rate to be paid.

If your county pays the family’s regular provider for an absent day when the provider caring for the sick child is also being paid, this county optional policy must be identified and approved in your County Child Care Plan. See Chapter 9.33 (Care for Sick Children) for additional information.
RESOURCES
For additional information and resources for children with special needs contact:

Center for Inclusive Child Care
http://www.inclusivechildcare.org

National Information Center for Children and Youth with Disabilities
(651) 603-6265
P.O. Box 1492
Washington, DC 20013-1492
1-800-695-0285 (Voice/TTY)
E-mail: nichcy@aed.org

U.S. Department of Justice, Civil Rights Division, Disability Rights Section
Americans with Disabilities Act (ADA) Information
1-800-514-0301 (Voice)
1-800-514-0383 (TDD)

For examples of ADA Information Available see:
http://www.usdoj.gov/crt/ada/chcaflyr.htm

LEGAL AUTHORITY
Minnesota Statutes 119B.13
Minnesota Rules 3400.0130
Minnesota Rules 3400.0020
REDETERMINATION PROCESS

See Chapter 10.3 (When to Redetermine Eligibility) for information on the time between initial eligibility and the date an agency must review a case or the time between required reviews.

See Chapter 10.6.3 (Redetermination Processing Standards) for detailed information about processing the redetermination.

MEC² generates a cover letter and mails the following forms 45 days prior to the end of the redetermination period:
- **DHS-5274-ENG** Child Care Assistance Program Redetermination Form, English version
- **DHS-4794-ENG** CCAP Change Report Form

When a participant requires a redetermination form in another language the county worker will need to print the form from eDoc's and mail it directly to the participant.

- **DHS-5274-HMN** Hmong language version
- **DHS-5274-RUS** Russian language version
- **DHS-5274-SOM** Somali language version
- **DHS-5274-SPA** Spanish language version
- **DHS-5274-VIE** Vietnamese language version

To complete the redetermination process:

- Review the completed redetermination form,
- Obtain required verifications. Eligibility verifications are required to determine eligibility, while the family's schedule verifications are required to authorize care. See Chapter 7.6 (Verification – Eligibility Redetermination).
- Determine the family's eligibility for CCAP. See Chapter 4 (Eligibility Requirements).
- Notify the family of the eligibility determination. See Chapter 12.3 (Notices to Families).
- Notify the family and the provider(s) of the hours of care authorized if the number of hours changes. See Chapter 12.3 (Notices to Families) and Chapter 12.6 (Notices to Providers).

Refer to the MEC² User Manual Redetermination Process in the Case Management and Eligibility section for MEC² procedures.

NOTICE REQUIREMENTS

MEC² will send a 15-day notice before terminating benefits if the family fails to comply with the redetermination process. See Chapter 10.6.3 (Redetermination Processing Standards). If you fail to send a 15-day notice, continue benefits until you have given 15-day notice of adverse action. This applies even if the family's current eligibility period has ended. This may cause the family to have an overpayment if the family does not meet eligibility factors such as income or other eligibility requirements. If the family is ineligible for continued benefits or will receive reduced benefits based on information in the redetermination form, or if the information requires a reduction or suspension of the family's benefits, the family must receive a notice 15 calendar days before the effective date of the adverse action or termination. If the change in the family's benefit level was not reported timely, there may be an overpayment.

LEGAL AUTHORITY

Minnesota Statutes 119B.025
Minnesota Rules 3400.0180
Minnesota Rules 3400.0040
See Chapter 10.6 (Redetermination Process) for general information about the redetermination process.

See Chapter 7.1 (Verification Due Dates) for information about due dates when additional verifications are requested at redetermination.

See Chapter 10.6.6 (Redetermination Processing – Reinstatement) for information about reinstating cases when the redetermination is received after the case closes.

REDETERMINATION REQUIREMENTS
When additional verifications are requested at redetermination, use the MEC2 Special Letter: Verification Request. See Chapter 7.1 (Verification Due Dates) for information on determining the due date of the Special Letter.

If the redetermination form and all required eligibility verifications are received and processed by the last day of the redetermination period, determine whether the family is eligible for continued child care assistance:

- If the family is eligible, notify the family and provider of any changes to the number of hours of care authorized or changes to the copayment amount. See Chapter 12.3 (Notices to Families) and Chapter 12.6 (Notice to Providers)
- If the family is not eligible, send the family and provider a 15 calendar day notice before terminating benefits. See Chapter 12.3.12 (Termination Notices – Family) and Chapter 12.6.9 (Termination Notices – Provider)

If the redetermination form and all required eligibility verifications are not received and processed by the last day of the redetermination period, eligibility must end. MEC² will send a notice of termination to the family and provider 15 calendar days before the end of the family's redetermination period if the redetermination process is not completed. See Chapter 12.3.12 (Termination Notices – Family) and Chapter 12.6.9 (Termination Notices – Provider).

If a complete redetermination form and all required verifications are received within 30 days after the case closes, see Chapter 10.6.6 (Redetermination Processing – Reinstatement).

Notes:
- If schedule verifications are missing but all other required information has been returned prior to the end of the redetermination period and the family remains eligible, the redetermination should be processed but care should not be authorized. If the service authorization(s) has not already been closed, end the service authorization using the reason code “care no longer authorized”. The date it should be ended is the last day of the redetermination period. The family's case should be suspended for a period up to one year. See Chapter 8.9 (Suspending a Case).
- Child care can be authorized when the schedule verifications have been submitted. Child care can be authorized retroactively back to the date care was ended or six months prior to the date the SA is issued, whichever is later (assuming that the schedule provided applies to the time period when care was ended). See Chapter 9.3 (Payments to Providers), which states, “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.”

LEGAL AUTHORITY
Minnesota Statutes 119B.025
Minnesota Rules 3400.0180
Minnesota Rules 3400
When the last day of the redetermination period is on or after August 4th, 2014, families have 30 days after their case closes to submit the redetermination form and all required eligibility verifications. If the family meets all eligibility requirements, child care assistance can be approved back to the date the case closed.

If any of the required eligibility verifications or the redetermination form itself is not received within 30 days after the case closes, the case should remain closed. The family must submit a new application to re-apply for child care assistance. The redetermination form (DHS-5274) submitted cannot be used as an application (DHS-3550). Follow policies for processing a new application. See Chapter 3.6 (Accepting and Processing Applications).

**INCOME**

If a complete redetermination form and all required verifications are received within 30 days after the case closes the:

- Family’s income must be below the exit level of 67% of State Median Income. See Chapter 6.3 (Income Limits).
- Family’s income does not need to meet the applicant income level. See Chapter 6.3 (Income Limits).

**BASIC SLIDING FEE WAITING LIST**

If a complete redetermination form and all required verifications are received within 30 days after the case closes, the family is not subject to the Basic Sliding Fee waiting list.

Some families receive child care assistance while on the Basic Sliding Fee waiting list. If a complete redetermination form and all required verifications are received within 30 days after the case closes:

- MFIP/DWP Child Care for Student Parents child care can be approved back to the date the case closed. The family remains on the waiting list.
- Transition Year child care can be approved back to the date the case closed. The family remains on the waiting list.
- Transition Year Extension child care can be approved back to the date the case closed. The family remains on the waiting list.
- Portability Pool child care can be approved back to the date the case closed, as long as the family has not exceeded the 6 month limit for Portability Pool child care. The family remains on the waiting list.

**ELIGIBILITY**

The family must meet all eligibility requirements to have their case reinstated. If the family does not meet all eligibility requirements the case should remain closed.

A family may meet all eligibility requirements for part, but not all, of the time between the case closing for no redetermination and when the worker processes the redetermination. If the family met all eligibility requirements for part of the time:

- If all eligibility requirements are met for a period of time directly after the case closed, but are not met at a later date, the case should be reinstated. After the case is reinstated, the case should close allowing for 15 days adverse action notice. The time period of continued eligibility would not be an overpayment unless the family failed to report a change timely.
- If all eligibility requirements are not met for the time period directly after the case closed, the case should remain closed.
Example: The case closed for no redetermination on September 10th. The family returned the redetermination form and all verifications on September 20th. The worker processed the redetermination on September 25th.

- The redetermination showed that the family stopped being in an authorized activity on September 15th. The family met all eligibility requirements on September 10th when the case closed for no redetermination. The case should be reinstated back to September 10th. The case should close for no authorized activity allowing for 15 day notice from September 25th. There would not be an overpayment because the family reported the change in activity timely.
- If the redetermination showed that the family stopped being in an authorized activity on September 1st. The family did not meet all eligibility requirements on September 10th when the case closed for no redetermination. The case should remain closed.

SUSPENDED AND TEMPORARY INELIGIBLE CASES
If a complete redetermination form and all required verifications are received within 30 days after a suspended case closed for no redetermination, the case can be reinstated back to the date the case closed, as long as the family has not exceeded the one year time limit for suspension.

If a complete redetermination form and all required verifications are received within 30 days after a temporary ineligible case closed for no redetermination, the case can be reinstated back to the date the case closed, as long as the family has not exceeded the time limit for temporary ineligibility.

COPAY CHANGES
Information reported on the redetermination may change the family's copay.
- A copay decrease is effective the biweekly period after the redetermination is processed.
- A copay increase requires a 15 day notice. Give 15 day notice from the day the redetermination is processed. The copay increase is effective the biweekly period after the 15 day notice. The time period with the lower copay is not an overpayment unless the family failed to report a change timely.

AUTHORIZED HOURS CHANGES
Information reported on the redetermination may change the number of hours authorized for a child.
- An increase in the number of hours authorized is effective the biweekly period after the redetermination is processed. Authorized hours may also be increased for biweekly periods prior to the date the redetermination was processed if the child qualifies for more hours.
- A decrease in the number of hours authorized requires a 15 day notice. Give 15 day notice from the day the redetermination is processed. The decrease in the number of hours authorized is effective the biweekly period after the 15 day notice. The time period with the higher authorized hours is not an overpayment unless the family failed to report a change timely.

SCHEDULE VERIFICATION
If schedule verifications are missing but all other required information has been returned within 30 days after the case closes, the case should be reinstated but care should not be authorized. The family’s case should be suspended for a period of up to one year. See Chapter 8.9 (Suspending a Case).

Child care can be authorized when the schedule verifications are submitted. Child care can be authorized retroactively back to the date care was ended or six months prior to the date the Service Authorization is issued, whichever is later (assuming that the schedule provided applies to the time period when care was ended). See Chapter 9.3 (Payments to Providers), which states, “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.”

INAPPROPRIATE REINSTATEMENT
Families whose eligibility and service authorization were reinstated when the completed redetermination form and/or required eligibility verifications were received after the last day of the 30 day reinstatement
period are considered inappropriate reinstatements. If it is discovered that a case was inappropriately reinstated, the worker must determine if an overpayment occurred. See Chapter 14 (Overpayments).

LEGAL AUTHORITY
Minnesota Statutes 119B.025
Minnesota Rules 3400.0180
Minnesota Rules 3400.0040
Before you can approve payment to any provider, that provider must register with your county. Registration is the process you use to determine whether the provider chosen by a family meets the requirements necessary for payment of child care assistance.

Authorize the provider chosen by an applicant or a participant before making payment. See Chapter 11.9 (Legal Non-Licensed (LNL) Providers), Chapter 11.21 (Provider Authorization), and Chapter 11.24 (Provider Reauthorization).

The county will send a provider registration and acknowledgement packet explaining the registration process, including a request for basic information regarding the provider, the provider’s payment policies, and the provider acknowledgment to all providers.

Use the following letters/notices for all provider types listed below. The templates of letters/notices are on eDocs.

Include the following attachments with all packets:

- Child Care Provider Responsibilities and Rights (PDF) (DHS-4079)
- Notice of Privacy Practices for Child Care Providers (PDF) (DHS-3985)
- Direct Deposit Form for the Minnesota Child Care Assistance Program (PDF) (DHS-3552)
- Child Care Assistance Program Financial Tracking Form (PDF) (DHS-5318)
- Request for Taxpayer Identification Number and Certification (IRS W-9). The IRS W-9 needs to be sent to providers when they are being authorized for the first time on MEC\(^2\) or when being reactivated in the system. If the provider is currently authorized and active on MEC\(^2\), an IRS W-9 form does not need to be included with the packet.

Send the appropriate Provider Registration and Acknowledgement form based on the provider type:

- CCAP Licensed Provider Registration and Acknowledgement (PDF) (DHS-5190)
- CCAP Licensed Exempt Provider Registration and Acknowledgement (PDF) (DHS-5191)
- CCAP Legal Nonlicensed Provider Registration and Acknowledgement (PDF) (DHS 5192) and Health and Safety Information for Parents and Legal Nonlicensed Providers (PDF) (DHS-5192A)
- CCAP Authorization for Release of Background Study (PDF) (DHS-5193) if a provider is a legal nonlicensed (LNL) provider.
- CCAP Training Requirements for Legal Nonlicensed Family Providers (PDF) (DHS-6419), if a provider is a legal nonlicensed provider (LNL).

- Any Additional health and safety information your county would like to include.

DHS recommends making a copy of the Minnesota Child Care Assistance Program (CCAP) Child Care Provider Guide (PDF) (DHS-5260) available to providers.

LEGAL AUTHORITY
Minnesota Statutes 119B.125
Minnesota Statutes 119B.011, Subd. 19a
CCAP will only allow child care assistance for care authorized in the child’s home if the child’s parents have authorized activities outside of the home (or in a two parent household, one parent has been determined unable to care) and if one or more of the following circumstances are met:

1. The parents’ authorized activity is during times when out–of–home care is not available or when out–of–home care would result in disruption of the child’s nighttime sleep schedule. If child care is needed during any period when out-of-home care is not available, in-home care can be approved for the entire time care is needed OR
2. The family lives in an area where out -of -home care is not available OR
3. A child has a verified illness or disability that would place the child or other children in an out-of-home facility at risk or create a hardship for the child and the family to take the child out of the home to a child care home or center.

IN-HOME CHILD CARE REQUESTS
When requesting in-home child care, the parent must complete the Parent Request for In-Home Child Care (PDF) (DHS-6475) and submit the form with the appropriate documentation to their Child Care Assistance Worker.

● If the request is based on out-of-home care not being available, the parent must contact Child Care Aware to obtain either a listing of licensed programs in their area or a written statement if there are no licensed programs available to meet the family’s needs. If there are licensed programs available, families must contact all providers on the listing and document the reason(s) why those programs do not work for them. Additionally, if no licensed programs are available to meet the family's needs, parents must also provide a reason(s) as to why care cannot be provided in the legal nonlicensed (LNL) provider’s home and why care must be provided in the child’s home.

● If the request is based on the child’s illness or disability, the parent must provide documentation of the child’s illness or disability. A statement from a doctor or qualified professional needs to be submitted, verifying and describing the child’s condition, and identifying that care should be provided in the child’s home. Although not required, the parent may also add an explanation about why in-home care is requested. This explanation may describe how the child is at-risk to self or others or the illness or disability creates hardship for the family and/or child.

The county should submit completed requests, including all required documentation, to DHS for consideration. The county will receive a letter indicating whether the request was approved or denied. Only cases approved by DHS for an exception can be authorized. Dates of approval are limited to 12 months and in-home care can be authorized retroactive to the effective date of approval on the official letter from DHS, contingent on the parent(s) being in an authorized activity and the provider being approved as a CCAP provider. For approved cases, follow the MEC2 User Guide instructions for entering the information on the “Child’s Provider” window.

Once the exemption ends at the end of the 12 month period, if in-home care is still needed, parents must complete a new in-home care request and submit new documentation.

See Chapter 9.6 (Payment to Families) for further information on when a provider cares for children in the children's own home.

EMPLOYING IN-HOME CHILD CARE PROVIDERS
The following provides labor law information for families who hire a child care provider to provide care for a child in the family’s home.

The U.S. Department of Labor, Wage and Hour Division, enforces the Fair Labor Standards Act of 1938, as amended (FLSA). This law requires that employees be paid at a rate not less than the federal minimum wage for all hours worked and that hours worked over 40 be compensated at one and one-half times an employee’s regular rate of pay. This law covers most domestic service workers. The federal minimum wage and overtime provisions apply to any persons providing babysitting services in private homes for more than 20 hours a week, on a regular basis.
To ensure that all persons employed as in-home child care providers under the conditions described above receive the wages they are legally entitled to, The U.S. Department of Labor, Wage and Hour Division is asking your help in distributing information to parents or guardians who may be receiving assistance under the Child Care Assistance, Foster Care Assistance, Child Welfare, or any other state funded program. The information provided alerts them to their legal obligations to pay minimum wage and overtime to such care providers.

Fact Sheets on minimum wage and overtime provisions of the FLSA are available at www.dol.gov/whd. Provide these guides to all people who employ in-home providers.

Make copies of these sheets as needed or contact the U.S. Department of Labor, Wage and Hour Division for additional copies.

**LEGAL AUTHORITY**

Minnesota Statutes 119B.011, Subd. 19
Minnesota Statutes 119B.09, Subd. 5 and 13
Minnesota Statutes 119B.125
Minnesota Rules 3400.0035, Subp. 7-9
Step One: Decide who benefited from the overpayment.

How is this decided?
If the family paid less for child care than what they were eligible to receive, the family benefited. Assign the overpayment to the family.

Examples of this are:
- More hours of care were authorized and paid by CCAP than what the family was eligible for,
- Changes in income or activity were not reported and the amount paid by CCAP should have been less.

When the family did not benefit from an overpayment, but the provider received more child care assistance than was correct, assign the overpayment to the provider.

An example of when a provider benefitted from an overpayment is when the rates paid by CCAP are higher than what CCAP policy allows. This could happen if a quality differential rate (15 or 20%) was approved incorrectly or the provider’s eligibility for that rate changed and was not reported, or if special needs rates are approved incorrectly or expired.

If both the family and the provider benefited, assign an overpayment to both parties.

This happens if both the family and the provider acted together to intentionally cause the overpayment. Both parties are jointly liable for the overpayment, regardless of who benefited from it. Recover the overpayment as outlined in Chapter 14.9 (Recovery Methods).

As long as the family or the provider is in compliance with a repayment agreement, the party in compliance is eligible to receive child care assistance or to care for children receiving child care assistance, even if the other party is noncompliant with repayment arrangements.

Step Two: Recoup or recover from the party who benefited.

See Chapter 14.9.6 (Recoupment – Families), Chapter 14.9.9 (Recoupment – Providers) arrangements.

LEGAL AUTHORITY
Minnesota Statutes 119B.011, Subd. 21
Minnesota Statutes 119B.11, Subd. 2a & Subd. 3
Minnesota Rules 3400.0140, Subp.19
Minnesota Rules 3400.0187
AMOUNT OF OVERPAYMENT

To determine the amount of child care assistance the family and/or provider were actually eligible to receive, examine the following:

- Eligibility
- Copayment amount
- Authorized hours
- Payment amount

CCAP policies change over time. Consider the policies in place at the time an action occurred when determining whether an overpayment occurred and the amount of an overpayment.

If care took place prior to the effective date of the current standard maximum rates you should apply the expired maximum rates in effect at the time care was provided. Use expired rates only for overpayment calculation and case review correction plans.

MAXIMUM RATES

Maximum rates in place February 3, 2014 – current
- Standard Maximum Rates – No Quality Differential (PDF) (DHS-6441B)
- 15 Percent Quality Differential Maximum Rates (PDF) (DHS-6442B)
- 20 Percent Quality Differential Maximum Rates (PDF) (DHS-6824)

Expired Maximum rates in place November 28, 2011 – February 2, 2014
- Standard Maximum rates – Non-accredited (PDF) (DHS-6441A)
- Maximum Rates with Accredited/Credential Differential (15 percent differential) (PDF) (DHS-6442A)

Expired Maximum rates in place July 1, 2006 – November 27, 2011
- Standard Maximum Rates – Non-accredited (PDF) (DHS-6441)
- Maximum Rates with Accreditation/Credential Differential (15 percent differential) (PDF) (DHS-6441)

If care took place prior to the current copayment schedule effective October 14, 2013 - current, consult previous copayment schedules.

COPAYMENT SCHEDULES

- Copayment Schedules in effect October 14, 2013 – current (PDF) (DHS-6413B)
- Expired Copayment Schedule in effect October 1, 2012 – October 13, 2013 (PDF) (DHS-6413A)
- Expired Copayment Schedule in effect October 3, 2011 – September 30, 2012 (PDF) (DHS-6413)

Contact your agency’s Technical Assistance Liaison at DHS for previous copayment schedules.

The amount of the overpayment is the difference between the child care assistance payments that the family and/or provider received and the child care assistance payments that the family and/or provider were actually eligible to receive. The worker must include all amounts that were overpaid when determining the amount of the overpayment, regardless of how long ago the payments occurred.

Workers must determine the Discovery and Established Dates as part of the process of calculating a claim. See DISCOVERY DATE and ESTABLISHED DATE in Chapter 2 (Glossary). Examples of documents needed to calculate a claim could be paystubs, W-2s, or employer statements.

When a family reports changes in their circumstance within 10 calendar days of the change, there will be no overpayment. An exception would be when the county does not respond to a reported change within 10 calendar days. If this happens there may be an overpayment due to agency error. The overpayment would be calculated allowing for a notice period. Counties must act on all changes within 10 calendar days from the date the change was reported or becomes known to the agency. See Chapter 8.3.3 (Agency Responsibilities for Family Reporting).

If an employment plan is modified, the Employment Services (ES) worker should notify the CCAP worker of the change within 10 calendar days of the date of the modified plan. If the CCAP worker is NOT
notified of the modified plan timely, an agency error overpayment would be calculated allowing for a notice period.

When the family does not report changes in their circumstance within 10 calendar days there may be an overpayment. The overpayment would be calculated beginning on the date the change occurred.

If the change is due to increased income, the overpayment may be calculated differently depending on the following circumstances.

If an overpayment was due to increased income that occurred during a period of ongoing eligibility, the overpayment would be calculated starting with the first biweekly period after the date the increased income was first received.

If an overpayment was due to increased income that occurred at the same time as a new application:

- If the applicant was working and receiving income prior to the application date, but they failed to report it on the application – calculate the overpayment back to the application date.
- If the applicant was working prior to the application date, but they did not receive their first paycheck until after the application date, and they failed to list the job on the application – calculate the overpayment starting with the first biweekly period after the applicant received their first check.

The county agency may not charge interest on overpayments of child care assistance benefits.

INELIGIBILITY

When a family received child care assistance for a period of time when the family was not eligible for child care assistance, the amount of the overpayment is the total amount of child care assistance paid during the time period of ineligibility. If a family reported a change timely and the agency did not act on the change, the overpayment would exclude the allowable notice period.

If a family becomes ineligible for child care assistance and wants to receive child care assistance in the future, the family is required to reapply for child care assistance and meet entrance income limits.

Sometimes it is discovered that a family continuously receiving child care assistance was ineligible for a period of time when CCAP payments were made but met the eligibility requirements for a subsequent period of time. Ineligibility examples include:

1. Returning requested verifications after the date they were due.
2. Submitting the redetermination, with all required verifications, showing that eligibility requirements are met after the date they were due. If the last day of the redetermination period is before 8/4/14, the due date is the date the case closed. If the last day of the redetermination period is on or after 8/4/14, the 30 day reinstatement policy applies. See Chapter 10.6.6 (Redetermination Processing – Reinstatement).

The subsequent period of time begins with the next time the family supplied information that established their eligibility. Using the same examples, the subsequent period of time begins with:

1. The date the agency received the requested verifications.
2. The date the agency received the complete redetermination form with all required verifications.

Assess an overpayment for the period of ineligibility and determine if an overpayment exists for the subsequent period of time.

If the family was receiving MFIP child care:

An overpayment would only be assessed for the period of ineligibility. There would not be an overpayment assessed for the subsequent period of time when the family met eligibility requirements.
AMOUNT OF OVERPAYMENT

If the family was receiving Basic Sliding Fee (BSF), Transition Year (TY), Transition Year Extension (TYE) or Portability Pool (PP) child care:

If the period of ineligibility was shorter than the time period allowed for temporary ineligibility, an overpayment should only be assessed for the period of ineligibility. There would not be an overpayment assessed for the subsequent period of time when the family met eligibility requirements. See Chapter 8.6 (Temporary Ineligibility)

If the period of ineligibility was longer than the time period allowed for temporary ineligibility, determine whether the family’s income was below the entrance income limit for the family size at the beginning of the subsequent period of time when the family met the eligibility requirements.

1. If the family’s income was at or below the entrance income limit for their family size at the beginning of the subsequent period of time when the family met eligibility requirements, an overpayment should only be assessed for the period of ineligibility. An overpayment should not be assessed for the subsequent period of time when the family met eligibility requirements.

2. If the family’s income was above the entrance income limit for their family size at the beginning of the subsequent period of time when the family met eligibility requirements, an overpayment should be assessed for the period of ineligibility:
   a. If the family’s income was above the entrance income limit for their family size during the entire subsequent period of time, an overpayment should be assessed for the entire period, in addition to the period of ineligibility. OR,
   b. If the family’s income was above the entrance income limit for their family size at the beginning of the subsequent period of time, but at a later date was at or below the entrance income limit for their family size, an overpayment should be assessed for the beginning of the subsequent period of time when their income was above the entrance income limit for their family size, in addition to the period of ineligibility. An overpayment would not be assessed for the later period of time beginning when the family’s income was at or below the entrance income limit for their family size.

Example
Family was on child care assistance from January 1 to November 30. Family met eligibility requirements from January 1 to May 31. Family did not meet eligibility requirements from June 1 to September 30 (for example the parent was not in an authorized activity). Family met eligibility requirements from October 1 to November 30.

For all cases an overpayment would be assessed for the time period of June 1 through September 30 (if the family reported the change timely, an overpayment would not be assessed for the allowable notice period). In this scenario the period of ineligibility is greater than the time period allowed for temporary ineligibility. To determine whether an overpayment should be assessed for the time period of October 1 through November 30:

- For MFIP cases: an overpayment should not be assessed for October 1 to November 30.
- For BSF, TY, TYE and Portability Pool cases:
  1. If the family’s income was at or below the entrance income limit for their family size on October 1, an overpayment should not be assessed for the time period of October 1 to November 30.
  2. If the family’s income was above the entrance income limit for their family size on October 1 and continued to be above the entrance income limit, an overpayment should be assessed for the time period of October 1 through November 30.
  3. If the family’s income was above the entrance income limit for their family size on October 1, but was below the entrance income limit for their family size at a later time, for example November 1, an overpayment should be assessed for the time period of October 1 to October 31. An overpayment should not be assessed for the time period of November 1 through November 30.
AMOUNT OF OVERPAYMENT 14.6

LEGAL AUTHORITY
Minnesota Statutes 119B.011
Minnesota Statutes 119B.11
Minnesota Rules 3400.0187
CCAP AUTHORIZATIONS FOR CLIENTS WITH AN EP

An MFIP/DWP client is eligible for CCAP if the client meets all CCAP eligibility requirements. If a client meets CCAP eligibility requirements and has an Employment Plan (EP), the amount of CCAP authorized must be based on the parents’ schedule of participation in the activities identified in the EP, the child’s school schedule, the provider’s availability, and any other factors that would affect the amount of care that the child needs.

The amount of child care authorized should reflect the child care needs of the family and minimize the out-of-pocket child care costs to the family.

The county should develop a method of communication between the job counselor and the CCAP worker that supports sharing information as efficiently and as timely as possible so care can be authorized. The job counselor and CCAP worker can communicate through a variety of methods (including, but not limited to fax and email).

The CCAP worker should not re-verify activity information that is monitored by the job counselor.

ROLES AND RESPONSIBILITIES OF JOB COUNSELORS AND CHILD CARE ASSISTANCE WORKERS

Job counselors and CCAP workers must follow different policies and procedures.

The job counselor is responsible for:
- Determining the activities included in the Employment Plan.
- Monitoring participation in Employment Plan activities on an ongoing basis.
- Adjusting the Employment Plan as needed.
- Determining if a client is out of compliance with his/her Employment Plan.
- Notifying the CCAP worker within 10 days of changes in Employment Plan activities, changes in the parent’s schedule if known, and sanctions.

The job counselor can use the DWP/MFIP Status Update Form (DHS-3165) or a county-created form to send information to the CCAP worker. The information the job counselor must send for care to be authorized includes:
- The activities included in the Employment Plan, including activity type and activity begin dates.
- The schedule of the parent’s participation in those activities, including travel time and breaks needed, if known.
- Clustering or grouping Employment Plan activities to create blocks of time to work with child care provider schedules and practices, when possible.

The job counselor is not required to send the employment plan to the CCAP worker.

Your county may determine which worker is responsible for:
- Determining how many hours of child care are needed, provided that worker is considering:
  - The activity schedule of the parent(s).
  - The school schedule of the children.
  - The provider’s availability.

The CCAP worker is responsible for:
- Determining how many hours of care are needed.
- Authorizing the care the family is eligible for.
- Acting on information received from the job counselor within 10 days.
- Ensuring that families and providers are given 15 day notice of adverse actions.
- Communicating concerns about actual participation in the activities in the Employment Plan to the job counselor. The CCAP worker should not take action to reduce or end the authorization for non-
CCAP AUTHORIZATIONS FOR CLIENTS WITH AN EP

participation in Employment Plan activities unless the job counselor changes the Employment Plan.

- Obtaining schedule verification of the activities in the Employment Plan only if the job counselor has not provided the schedule information.
- Obtaining income verification for employment. An Employment Plan cannot be used as verification of income for CCAP.

CCAP workers are not responsible for monitoring participation in the activities in the Employment Plan.

MONITORING AND AUTHORIZATIONS

The job counselor regularly determines if the participant is participating in the activities in the Employment Plan. They must take appropriate action when and if changes occur or an Employment Plan ends.

Specific details about the status of employment plans and their active dates:

- If an MFIP/DWP participant has an Employment Plan, consider that person to be participating in the activities in the Employment Plan until the job counselor ends or changes the Employment Plan.
- All signed Employment Plans are considered to be "approved".
- The job counselor does not need to indicate a date that the Employment Plan or the Employment Plan activities will end if the job counselor believes that the family will continue to participate in the activities.
- The review dates listed on the Employment Plan should not be interpreted as "end dates". Child care assistance should not automatically end if an Employment Plan review date has passed and a new Employment Plan has not been completed.
- Workforce One (WF1) assigns a “Plan Start Date” on the front page of the Employment Plan and does not allow that date to be adjusted. Individual activities within the Employment Plan can have earlier dates than the “Plan Start Date”. CCAP can be authorized and paid back to the earlier individual activities dates as long as the family was MFIP eligible and meets all CCAP eligibility requirements.
- When a participant is out of compliance with their Employment Plan and the non-compliance results in a sanction, the job counselor should:
  - Consider whether the participant is working towards curing the sanction, if so CCAP should remain in place. (During the Notice of Intent to Sanction phase, CCAP should not be cancelled. Assume childcare is needed to prevent the sanction.)
  - If the participant is not working towards curing the sanction, send a Status Update to the CCAP worker. The CCAP worker will determine if the child care authorization needs to be reduced or ended and send a 15 day notice of adverse action to the participant and the child care provider and close the CCAP case. See Chapter 4.3.3.9 (MFIP Sanctions) for more information about how sanctions impact Child Care Assistance Program authorizations.

EMPLOYMENT PLANS AND CCAP OVERPAYMENTS

Participants may be charged with CCAP overpayments if:

- The job counselor fails to notify the CCAP worker within 10 days that an employment plan has changed or ended or that the participant is sanctioned;
- The participant does not provide timely reports of changes in income, family composition or other factors related to the family’s eligibility for child care assistance;
- The participant fails to cooperate with child support.
A job counselor may determine that a participant has not been in compliance for a prior period of time with some or all of the activities identified in the Employment Plan. There should not be a CCAP overpayment due to lack of or reduced participation in the EP activities, except in cases of fraud.

The county should implement safeguards to ensure that the appropriate amount of care is being provided to CCAP clients. Safeguards might include EP/CCAP audits.

LEGAL AUTHORITY
Minnesota Statutes 119B.05
Minnesota Statutes 119B.07
Minnesota Rules 3400.0080