



# Provider Reimbursement Methods

Date: Thursday October 18, 2018  
Presented as part of the 2018  
Joint Network and CAPPA  
Conference



# Overview and content for today

- ❖ To discuss reimbursement of providers based on attendance sheets versus invoices
- ❖ Pros and cons of both methods
- ❖ Broadly consistent definitions
- ❖ Variable work schedules & samples
- ❖ Communicating with providers

# Input and questions are valued

- ❖ One person talks at a time
- ❖ For each area we will be covering, we will take questions following each issue
- ❖ This is a safe place to ask any questions
- ❖ A final call for questions will happen before we end so there is always time

*Our desired outcome for this workshop is to provide different options and information for you to consider*

# Panelists



- ❖ Jessica Kranz, Go Kids, Inc.
- ❖ Susana Magana - Community Action Partnership of Kern
- ❖ Elaine Arteaga – Child Action, Inc.
- ❖ Anna Luu – Children’s Council of San Francisco
- ❖ Mindy Brown - Valley Oak Children’s Services
- ❖ Denyne Micheletti Colburn - CAPPA



# Definitions

- ❖ Certificate
- ❖ Attendance
- ❖ Invoice
- ❖ Variable work schedule

# Attendance sheet versus invoice

So what are we talking about?

In January 2014 legislation was enacted to allow agencies to collect attendance sheets or invoices from providers that included the following:

- The name of the child receiving services.
- The specific dates services were provided.
- The actual times the child entered and the times the child left care for each day services were provided, and recorded on a daily basis.
- Signatures of both the provider and the parent at the end of each month, attesting under penalty of perjury that the information provided on the attendance record or invoice is accurate.



# First you start with a Child Care Certificate





# Certificate



## Certificate of Authorization Family Childcare Services

☐ New Enrollment

☐ Re-Certification

☐ Change

☐ Termination

Parent/Guardian Name:

Child's Name:

Date of Birth:

Child's Name:

Date of Birth:

Provider Name:

Dates of Authorized care: Beginning:

Ending:

Comments:

Approved days and Hours for ( ):

Monday-Friday

Certificate Value for ( ): Maximum Reimbursement may be up to:

- This certificate is an agreement between Go Kids, Inc. and the parent
- This certificate will be honored when parents and providers have met all program requirements and have submitted all required Go Kids, Inc. enrollment forms.
- Certificate is void without original signature from agency representative.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date







Migrant AP, Madera / Madera County

525 E. Yosemite Ave.

Madera, CA 93638

(559) 385-2503 Ext. 1840

Specialist: \_\_\_\_\_

# Certificate

## CHILD CARE CERTIFICATE

Schedule ID: 87769

Date Created: 10/9/2018

This certificate is redeemable for child care services only for the time indicated and for the child listed on this certificate.

**This certificate is non-transferrable**

Child's Name: \_\_\_\_\_ Child's ID: \_\_\_\_\_ DOB: 11/14/2017 Age: 0.90

Parent Name: \_\_\_\_\_ Family ID: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Family Fees: Full Time Monthly: \$0.00 Part Time: \$0.00

Effective Date: Beginning: 9/29/2018 Ending: \_\_\_\_\_

Regular																											
V	Days							Start Time	Stop Time	Daily Hrs	Wkly Hrs	AH	W	SN	EN	SH	Rate Type*	Prog Code	\$ Rate		\$ Co-Pay		Rt Bk	Meals			
	S	M	T	W	T	F	S												FT	PT	FT	PT		B	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			9.50	57.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	CMAP	\$784.42	\$567.24	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
											57.00																
* Rate Type Codes: Hourly (H), Daily (D), Weekly (W), Monthly (M)																											

\* Rate Type Codes: Hourly (H), Daily (D), Weekly (W), Monthly (M)

Notes: \_\_\_\_\_

☒ Pay Enrolled Attendance Only ☐ Pay Actual Attendance Only

Provider Name: \_\_\_\_\_ Provider ID: \_\_\_\_\_

Provider Address: Madera CA 93638-3116

Registration/Materials Fee \_\_\_\_\_ Fee Date \_\_\_\_\_

Sibling Discount ☐ Yes Any sibling discount is included in the above rates

Type of care: MADERA- Large Family Licensed Childcare Home





# Certificate



Child Action, Inc.  
9800 Old Winery Place  
Sacramento, CA 95827-1700  
(916) 369-3292

Provider

Type of Care Center 04 /Sacramento  
Fund CAPP Effective Date 09/26/2016

## Child Care Certificate

Page 1 of 1

Parent Name **[REDACTED]** Reason For CCS Provider change  
Child Name **[REDACTED]** Child Age 8 yrs., 10 mo. DOB 12/03/2009

The schedule below has been approved effective 10/01/2018 through 06/06/2019 based on the parent's approved child care needs for this child. We will only pay for care between the hours listed on this schedule. If the schedule indicates a range of min/max hours or days, we will never pay for more than the maximum and may pay for less depending on the parent's documentation of need. The rate(s) listed below may be capped (based on the State-mandated payment ceiling). The parent is responsible to pay the difference between the provider's rate and the payment made by Child Action, Inc.

Non-school	Start time	End time	Min/Max hrs	School	Start time	End time	Min/Max hrs
Monday	7:00AM	6:00PM	0/3.5-11	Monday	3:12PM	6:00PM	0/0.25-2.75
Tuesday	7:00AM	6:00PM	0/3.5-11	Tuesday	3:12PM	6:00PM	0/0.25-2.75
Wednesday	7:00AM	6:00PM	0/3.5-11	Wednesday	1:12PM	6:00PM	0/0.25-4.75
Thursday	7:00AM	6:00PM	0/3.5-11	Thursday	3:12PM	6:00PM	0/0.25-2.75
Friday	7:00AM	6:00PM	0/3.5-11	Friday	3:12PM	6:00PM	0/0.25-2.75
Min Days Per Week	1	Max Days Per Week	5	Min Days Per Week	0	Max Days Per Week	5

### Provider rate description

Kindergarten and up, 1st to last day of school, Monday-Friday, 1-5 days/week  
- SCHOOL OR SCHOOL/NON-SCHOOL COMBINATION WEEKS  
\$137.59/week: after school only  
+ additional \$52.41/day when care is reserved on non-school days (whether care is used or not)

- FULL NON-SCHOOL WEEKS DURING THE SCHOOL YEAR  
\$52.41/day: full non-school weeks

### Rate allowed by State regulations

2-5 days/week  
• 30 hours or more per week  
Pay per provider's rate not to exceed \$230.97/week -CAP  
• Less than 30 hours per week  
Pay per provider's rate not to exceed \$132.59/week -CAP

1 day/week  
• 6 hours or more per day  
Pay per provider's rate  
• Less than 6 hours per day  
\$10.24/hour -CAP not to exceed provider's rate

### Comments

No additional charges for minimum days.  
Registration fee: \$60.00/child due at enrollment (10/1/18) and every August.  
Payment for child care plus registration fee cannot exceed the CAPs above.



alternative  
payment  
program

Case Manager  
Date

School district Twin Rivers Unified  
School name Fredrick C. Joyce Elementary  
School track Traditional



<input type="checkbox"/> <b>Start of Service</b>	<input type="checkbox"/> <b>Change in Service</b>	<input type="checkbox"/> <b>Termination of Service</b>
The family and child(ren) listed above have been approved for child care payment(s). Rates listed above are based from your rate sheet. The agency will determine, upon receipt of the Attendance Record, the appropriate rates and payment amount for the family and child(ren) listed above, subject to any future changes.	<input type="checkbox"/> <b>Hours/days</b> <input type="checkbox"/> <b>Rate</b> <input type="checkbox"/> <b>Other:</b> _____	<input type="checkbox"/> <b>Termination of Service for Delinquent Fees</b>  The last day the agency above will pay for child care is:
<b>Comment:</b>		





Specialist: Mindy Brown

## Date Created: 10/10/2018

This certificate is redeemable for child care services only for the time indicated and for the child listed on this certificate.

**This certificate is non-transferrable**

Child's Name: Ethan Sample      Child's ID: 21188      DOB: 4/15/2017      Age: 1.49

Parent Name: Mindy Sample Family ID: 13989

Parent's Address: 3120 Cohasset Rd. #6 Chico, CA 95973-7672

Family Fees: Full Time Monthly: Part Time:

Effective Date: Beginning: 1/8/2018 Ending: 10/31/2018

Notes: PT \$800/mo Monday, Wednesday, Friday 7:30am - 3:30pm.

Parent MUST sign and give reasons for all absences.

☐ Pay Enrolled Attendance Only☐ Pay Actual Attendance Only

Provider Name: Smart Start Preschool

Provider ID: 5092

Provider Address: 1565 East Ave Chico CA 95926-1611

Registration/Materials Fee	Fee Date
----------------------------	----------

Sibling Discount ☐ Yes Any sibling discount is included in the above rates

Type of care: Center

Type of case: \_\_\_\_\_ Center







# Attendance Sheets





# Attendance Sheet

\*Comment on back/Comentarios atrás

Go Kids, Inc.  
ATTENDANCE SHEET  
Hojas de Asistencia  
09/01/2018-09/30/2018  
CAPP

«Parent\_A»  
«Childs\_Last», «Childs\_Name»  
Full Name of Child/Nombre del Niño/a

«Provider\_Last» «Provider\_First Name»

Provider's Name/Proveedor/a

«License»

«Initial DOE»

Date of Enrollment Fecha de inscripción

«Days» «Hours»

Contracted Days & Hours/Días y horas de contrato

«DOB»

Date of Birth/Fecha de nacimiento

«Age»

	Date	School		Time Out	Absence Reason	Comments	Total Hours
		Time In	Time Out				
S	1						
Su	2						
M	3						
T	4						
W	5						
Th	6						
F	7						
S	8						
Su	9						
M	10						
T	11						
W	12						
Th	13						
F	14						
S	15						
Su	16						
M	17						
T	18						
W	19						
Th	20						
F	21						
S	22						
Su	23						
M	24						
T	25						
W	26						
Th	27						
F	28						
S	29						
Su	30						

I, attest under penalty of perjury that the child attended as indicated above. Any fraudulent, false, or misleading documentation will be grounds for termination and recovery of funds.  
Certificamos por este medio, que los servicios fueron proporcionados al niño nombrado arriba y que los días de asistencia están correctos.

Parent's Full Signature/Firma del Padre \_\_\_\_\_ Date/Fecha \_\_\_\_\_

I, attest under penalty of perjury that the child attended as indicated above. Any fraudulent, false, or misleading documentation will be grounds for termination and recovery of funds.  
Certificamos por este medio, que los servicios fueron proporcionados al niño nombrado arriba y que los días de asistencia están correctos.

Provider's Full Signature/Firma de Proveedor/a \_\_\_\_\_ Date/Fecha \_\_\_\_\_

Hours

x\$ \_\_\_\_\_

= \_\_\_\_\_

Weeks

x\$ \_\_\_\_\_

= \_\_\_\_\_

Days

x\$ \_\_\_\_\_

= \_\_\_\_\_

Months

x\$ \_\_\_\_\_

= \_\_\_\_\_

(GO-Kids Use Only) Payment

\$ \_\_\_\_\_





# Payment Process

- While the provider (or their designated representative) is present, the FSW will inspect the attendance sheets before accepting them to be sure that each attendance sheet is correctly and completely filled out inclusive of the provider's invoiced amount.
- The FSW will give each provider an attendance receipt upon request once attendance sheets have been received and verified.
- Each attendance sheet will be carefully inspected for missing documentation and errors.
- If no errors are present, the FSW will process the attendance sheet for payment
  - The FSW will determine the appropriate payment using the Regional Market Rate (RMR) based on the location of the provider.
  - The FSW will then compare the provider's invoiced amount to the RMR. Payment will be based upon the lesser of the provider's invoiced amount or the RMR.
  - Notation of the amount of the payment is made in the section on the attendance sheet noted "Go Kids Use Only – Payment".
- The Accounts Receivable Specialist will review all attendance sheets and make notations of inaccurate payment, scheduling issues and/or missing information. Appropriate corrections will be made in red pencil.
- The FSW will make all payment corrections and prepare top sheet (inclusive of calculation tape and sign off).





# Attendance Sheet



OCTOBER 18

Specialist:

10/09/18

Schedule								Subsidized Rates			Child		Provider		Fixed Fees:
	SUN	MON	TUES	WED	THU	FRI	SAT	FTRate	PTRate	Type	Child ID:				
Reg	0.00	9.50	9.50	9.50	9.50	9.50	9.50	\$784.42	\$567.24	M	Child:				
Vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00				Parent:				
Start Date: 10/1/2018								Sch. Dist.:				Age: 0.90		Type: MADERA- Large Family Licens	
Stop Date: 10/31/2018								Program: Migrant Childcare AP				DOB: 11/14/2017		Phone:	
<input type="checkbox"/> Variable Schedule								MEMO						<input checked="" type="checkbox"/> Charge for Absences	

Date	Time in	School Time In	School Time Out	Time Out	Reason for Absence	For Office Use
Fecha	Hora de Entrada	Escuela Hora de Entrada	Escuela Hora de Salida	Hora de Salida	Razon de la Ausencia	Para uso de oficina
1						
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4						
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31						

Under Penalty of perjury, the above is a true and accurate report of attendance for this child for the month indicated.  
ajo pena de perjurio, yo indico que este reporte de asistencia del niño/a y el mes indicado arriba son correctos.

Parent Signature & Date / Firma del Padre y Fecha

Provider Signature & Date / Firma del Proveedor y Fecha





# Attendance Sheet

## Important Reminders/ Recordatorios Importantes

**Reporting Changes & Absences:** You have a maximum of 5 days to report any change affecting your childcare facility. All consecutive absences of 5 days must be reported to your Specialist. Failure to report changes or absences will affect your participation.

**Attendance Logs and Reimbursements:** Attendance Logs are due at our office by the 5th day of the month for the previous month of service. Reimbursement checks for attendance logs submitted on time are mailed approximately by the 30th day of that month. For example: July Attendance Logs are due by August 5th and the reimbursement check is mailed approximately by August 30th. Holidays or other unforeseen circumstances may delay payments. To process your reimbursement, you must submit your own invoice or use the Statement of Services below. You will be reimbursed what you invoice the Program, up to what is allowed by the State. The family's maximum subsidy benefit may not always cover 100% of what you charge for your services. Please mail Attendance Logs to the mailing address listed below. **If you have any questions, contact your assigned Specialist at 1-800-259-8866.**

**Reportando Cambios y Ausencias:** Tiene un máximo de 5 días para informar cualquier cambio que afecte su establecimiento de cuidado infantil. Todas las ausencias consecutivas de 5 días deben ser informadas a su Especialista. No informar cambios o ausencias afectara su participación.

**Registros de Asistencia y Reembolsos:** Los Registros de Asistencia vencen en nuestra oficina el día 5 del mes correspondiente al mes anterior. Los cheques de reembolsos para los Registros de Asistencia recibidas a tiempo son enviados aproximadamente el día 30 de ese mismo mes. Por ejemplo: Los Registros de Asistencia para el mes de Julio se vencen el día 5 de Agosto y el cheque de reembolso se envía por correo aproximadamente el 30 de Agosto. Días festivos u otras circunstancias imprevistas pueden retrasar los pagos. Para procesar su reembolso, debe enviar su propia factura o usar la Declaración de Servicios a continuación. Se le reembolsara lo que mande cobrar al Programa, hasta el máximo que el Estado permita. Pudiera ser que el subsidio máximo de la familia no siempre cubre el 100 % de lo que usted cobra por sus servicios. Por favor enví los Registros de Asistencia a la dirección postal que se detalla a continuación. **Si tiene preguntas, llámeme a su Especialista asignada al 1-800-259-8866.**

Mailing Address/Dirección de Envío:  
CAPK-Migrant Childcare Program (MCAP)  
5005 Business Park North  
Bakersfield, CA 93309

## Statement of Services/ Declaración de Servicios

For Provider Use /Para uso del Proveedor

# of Units # de Unidades	*Type of Unit Tipo de Unidad	**Rate per Unit Tarifa por Unidad	Total

\*Type of Unit: Hour, day, week, month etc. / Tipo de Unidad: hora, día, semana, mes etc.

\*\*Rate per Unit: dollar and cents amount / Tarifa por Unidad: cantidad de dólares y centavos

Grand Total/Suma Total \$ \_\_\_\_\_

☐ Compliant

*For Office Use Only/Solamente para uso de Oficina*

☐ Need Review





# Payment Process

- ❖ Confirm the certification that is printed on the Attendance Log with what is in the NOHO Database
- ❖ Determine if child's attendance is broadly consistent
  - ❖ If yes, reimburse based on the pre-selected maximum benefit level
  - ❖ If no, reimburse based on the pre-selected maximum benefit level AND notify the family specialist to follow up with family
- ❖ Determine if any reductions to the maximum benefit level are needed (prorations, off-setting family fees, etc.)
- ❖ Determine if any adjustments will be applied to the maximum benefit level (weekend/evening, special needs, etc.)
- ❖ Reimburse the provider's invoiced amount or the determined maximum benefit level, whichever is less.
- ❖ Enter reimbursement in NOHO database to print the summary report
- ❖ Submit the summary report to our fiscal department to request a provider check
- ❖ Mail out checks by the 30th day following the month of service





## Payment Process

- ❖ Attendance forms are generated and mailed the third week of the current month for the upcoming month.
- ❖ Attendance forms are due in the office by the 15th.
- ❖ Attendance forms received are date stamped and checked at a glance for signatures and completeness.
- ❖ Attendance forms are routed to the Payment Department and are paid in the date ordered received.
- ❖ Payment is calculated and reimbursement amount is entered by a payer.
- ❖ Payment is checked by staff that did not determine the initial calculation and approves it in the database.
- ❖ Reimbursement amount is exported by the Fiscal Department.
- ❖ Fiscal Department issues a check or processes a direct deposit.





## Date Received



# Payment Process

- ❖ Fiscal prints and mails Attendance Sheets to all providers.
- ❖ The Attendance Sheets are submitted to VOCS for reimbursement. (Due by the 8th)
- ❖ Reception date stamps the Attendance Sheets and routes to the Specialist.
- ❖ The Specialist checks them in on the "Check In" Sheet.
- ❖ The Specialist reviews the attendance, calculates the reimbursement and submits to Fiscal for data entry.
- ❖ Fiscal enters reimbursement into NoHo.
- ❖ Quality Assurance double checks reimbursement reports.
- ❖ Fiscal exports to Financial Edge and issues either a check or electronic transfer (direct deposit).







# Attendance Sheet



## CHILDREN'S COUNCIL OF SAN FRANCISCO ATTENDANCE SHEET

243285



Provider:

Month/Year:	Jun 2018	Program:	
Child Name:			
Child DOB:			
Parent Name:			
Specialist:			

### ATTENDANCE MUST BE COMPLETED DAILY

Date	Day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comments	Date	Day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comments
Jun 1	Fri						Jun 16	Sat					
Jun 2	Sat						Jun 17	Sun					
Jun 3	Sun						Jun 18	Mon					
Jun 4	Mon						Jun 19	Tue					
Jun 5	Tue						Jun 20	Wed					
Jun 6	Wed						Jun 21	Thu					
Jun 7	Thu						Jun 22	Fri					
Jun 8	Fri						Jun 23	Sat					
Jun 9	Sat						Jun 24	Sun					
Jun 10	Sun						Jun 25	Mon					
Jun 11	Mon						Jun 26	Tue					
Jun 12	Tue						Jun 27	Wed					
Jun 13	Wed						Jun 28	Thu					
Jun 14	Thu						Jun 29	Fri					
Jun 15	Fri						Jun 30	Sat					

### FAMILY FEE CERTIFICATION & RECEIPT

FULL TIME FEE: \$0.00

(Please Check One Box)

- |  |                               |                         |
|--|-------------------------------|-------------------------|
| <input type="checkbox"/> All Family Fees have been paid.   | Amount Collected: \$ _____    | Provider Initial: _____ |
| <input type="checkbox"/> Family Fees have not been paid and I do not have a payment plan in place. | Outstanding Balance: \$ _____ | Provider Initial: _____ |
| <input type="checkbox"/> A Payment Plan is in place between the parent and the provider.           | Amount Collected: \$ _____    | Provider Initial: _____ |

### PARENT Self-Certification

As a parent, I declare under penalty of perjury that the information above is an accurate record of child care provided and that during this time period I was employed, or attending training/school, or other qualifying activity.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PROVIDER Self-Certification

As the provider, I declare under penalty of perjury that the information above is true and correct, and that the child care as stated above was provided. I understand that I may be required to repay any overpayment.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Payment Process

## Mailing A/S

- All payment staff
- Around the 26<sup>th</sup> of each month
- Paperless: A/S for next month available for printing on the 28<sup>th</sup> of current month



## Receiving and inspecting A/S

Payment Support Staff

Complete



Incomplete



## A/S follow-up

- Missing signatures, times, etc.

Complete



## Scanning and processing A/S

- Payment Support Staff scan A/S to CC3
- CC3 distributes A/S to Payment Technicians by provider last name
- PayTech calculates A/S
- PayTech emails Family Subsidy Specialist on broadly inconsistent, family fee, or any other issues
- Payments higher than threshold would be held by CC3. Must be approved by Payments Manager before export.



## Exporting payments

- Payment Support Staff exports payments
- Senior Manager review totals and approve batch
- Finance dept transmits payments to bank



# Broadly Consistent





# Broadly Consistent in Statutes

Education Code 8221.5.



(d) The alternative payment program shall accept the monthly attendance record or invoice as documentation of the hours of care provided if the attendance record or invoice includes adequate information documented on a daily basis, including, at a minimum, the dates and actual times care was provided each day, including the time the child entered and the time the child left care each day. The alternative payment program shall reimburse child care providers based upon the following criteria:

- (1) The hours of service provided that are **broadly consistent** with certified hours of need.
- (2) For families with variable schedules, the actual days and hours of attendance, up to the maximum certified hours.
- (3) For license-exempt providers that provide part-time services, the actual days and hours of attendance, up to the maximum certified hours.





## Participants are expected to:

- **Know** their currently approved/certified days & hours of care
- **Notify Family Service Worker** in advance if family needs to request a change in their service level or will have a gap in services during their certification period.
- **Use care that is broadly consistent** with certified days & hours of care
  - Broadly consistent attendance is defined as care that reflects a pattern that is consistent with the participants certified level of services.
  - Inconsistent attendance that is temporary in nature, such as when a child has an excused absence is not considered broadly inconsistent.



## Absence Policy:

For the purpose of verifying that a child's attendance is broadly consistent with certified care, when a child is absent from regularly scheduled care at any time during the month the participant or provider must record the absence type on the attendance record. Absence types are as follows:





The Program reviews each child's monthly attendance logs for inconsistencies between the certified need and the actual usage of care. An inconsistent use of care is defined as causing a change in the family's fee , Full Time to Part Time Monthly and/or a change in the maximum benefit level from Part Time to Full Time.





## Broadly Consistent Policy

Child Action, Inc. (CAI) considers a family's use of child care to be broadly consistent with the certified scheduled care if:

- The hours of care used in the month do not change the reimbursement from full time to part time, or vice versa
- The hours of care used in the month do not change the parent fee from full time to part time, or vice versa

CAI staff will not follow up with families who are using care that is broadly consistent with their certified schedule. For families with inconsistent child care usage, CAI staff will follow up with the parent to discuss a potential schedule change that is more reflective of the family's child care needs.



## Green and White Forms



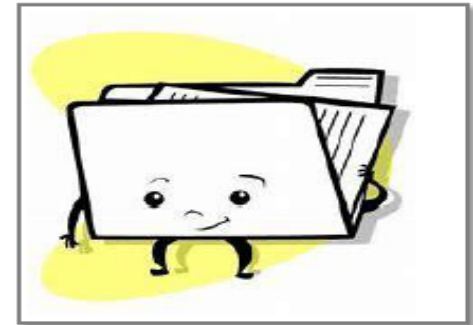
The Payment Department uses two forms to communicate with staff when discrepancies are identified; green forms and white forms. When an attendance form is received that is incomplete or has a discrepancy, the file is returned to the appropriate staff member for clarification.

### Green Forms:

Green forms are issued when attendance forms have a discrepancy but do not require immediate follow up. Green forms are returned to the Case Manager after payment has been processed.

Common green form topics include:

- Care used on unscheduled days
- Care used outside of eligible times
- Care used more/less than scheduled
- Minor changes are needed regarding rates/CAPs
- Inconsistent signatures
- Codes used incorrectly, or not used when needed
- Care recorded on the attendance form outside of the month being paid



### White Forms:

White forms are necessary for attendance forms that require follow up before payment can be processed.

Common white form topics include:

- Incorrect or missing rates
- Incorrect or missing CAPs
- Expired, incorrectly dated or overlapping certificates
- Missing or inconsistent information regarding in/out times, school hours, school or track
- Excessive, unexplained absences
- Child care usage does not match the child care certificate (CCS)
- The date on the last day of care letter does not match the last day of care noted on the attendance form
- The last day of care letter is not voided and care was used
- No last day of care letter is in the file however care ended





## Green and White Forms

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- First day of care does not match the child care certificate (CCS)
- Inconsistent signatures

### Follow up:

It is the Case Manager's responsibility to follow up on and resolve any issues discovered by the Payment Department. When following up on a discrepancy the Case Manager may need to review the attendance form, child care certificate (CCS) and/or the provider's rate sheet to clarify any inconsistencies along with contacting the parent and/or provider. Green forms are a lower priority than white forms however; they should be resolved before the next month's attendance form is paid. Resolving green forms in a timely manner avoids possible delays in the next month's payment; however white forms are a priority and should be expedited.

A completed green or white form will note the follow up and/or solution along with the Case Managers name and date stamp. After the follow up is completed, the file can be sent back to Payment Department for processing.

It is important to discuss with parents what child care they will be using at enrollment, recertification and when processing changes. When speaking with providers, the Case Manager should clarify what rates will be billed. Asking these questions can help to avoid future attendance form discrepancies.



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payment  
program



Children's Council considers care used to be "broadly consistent" with care authorized if:

- The total hours of care used in the month do not change the RMR ceiling (that was previously determined by the authorized hours of care) from fulltime to part-time, or vice versa.\*
- The total hours of care used in the month do not change family fee from fulltime to part-time, or vice versa.\*

\* Based on Monthly criteria (+/- 130 hrs/mo.). For instance, if the RMR is FT weekly and 2 weeks out of the month the parent used PT weekly care, it would still be broadly consistent if the total monthly hours used were 130 or more – even though the RMR for those 2 weeks could technically be PT Weekly.

**Example A: AUTHORIZED SET FT, USED PT**

**Example B: AUTHORIZED SET PT, USED FT**

**Example C: AUTHORIZED VARIABLE PT, USED FT**

**Example D: VARIABLE SCHEDULE TIME FRAME USED OUTSIDE OF TIME FRAME  
AUTHORIZED RESULTING IN A CHANGE TO THE RMR**

**Example E: LP (LP only) SET EW AUTHORIZED BUT WAS NOT USED IN ANY WEEK**

**Example F: EW (LP only) EW NOT AUTHORIZED BUT USED EVERY WEEK**

### Claim- SDM

Schedule Does Not Match

Care used is greater or lesser than care authorized **and** resulting in a change to the RMR ceiling or family fee (from FT to PT or vice versa).



### Indicators for inconsistent certificates:

- The same times all month,
- In/Out times missing,
- Inconsistent with certified/authorized need (more than 25% of the month).
  - **Definition of inconsistent with need:** A difference of more than 1 hour side of start/stop times (more than 25% of the month) and/or effects reimbursement rate (more than 25% of the month).

### Procedure for inconsistent certificates:

1<sup>st</sup> Occurrence: Call parent and provider

2<sup>nd</sup> Occurrence: Send Certificate Warning Letter to parent and provider

3<sup>rd</sup> Occurrence: Send NOA to parent and provider

\*Due to 12 Month Eligibility, Ed. Code 8263 and MB 14-04, child care will still be reimbursed as approved and parent will be contacted for an Occurrence. Caseworkers will contact parent whether they are using LESS child care *or* MORE child care.

- If the parent is using **LESS** child care, CW will remind the parent of the importance of consistent attendance in order to maximize the benefits of child care.
- If the parent is using **MORE** child care, CW will advise the parent to submit documentation to support an increase in care.
- In BOTH SITUATIONS, documentation of **Occurrence, Contact and "Pay as Approved"** must be written on the child care certificate and a Case Note must be entered.

# Reimbursement on attendance, invoicing or both??

Assembly Bill 274 (Chapter 733, Statutes of 2013), which added the California *Education Code*, (EC) Section 8221.5, requires:

- Child care providers authorized to provide subsidized services through an AP or CalWORKs program are to submit a monthly attendance record or invoice. The monthly attendance record or invoice must include daily documentation of the dates and actual times the child entered and left care each day.
- AP and CalWORKs contractors to accept the monthly attendance record or invoice as documentation of care provided.
- Reimburse providers based on the hours of service provided that are broadly consistent with the certified hours of need, or for families with variable schedules and licensed exempt providers that provide part-time services, the actual days and hours of attendance up to the maximum certified hours for the month.
- For purpose of reimbursement to providers, AP and CalWORKs contractors will not track attendance.





# Attendance versus Invoice Sample Payments





## Reimbursement Sample



Example 2

### Statement of Services/ Declaración de Servicios

For Provider Use / Para uso del Proveedor

# of Units # de Unidades	*Type of Unit Tipo de Unidad	**Rate per Unit Tarifa por Unidad	Total
23	days	\$ 30.00	\$ 690.00
4	Saturdays	\$ 45.00	\$ 180.00

\*Type of Unit: Hour, day, week, month etc. / Tipo de Unidad: hora, día, semana, mes etc.

\*\*Rate per Unit: dollar and cents amount / Tarifa por Unidad: dólares y centavos

Grand Total/Suma Total \$ 870.00

☒ Compliant

For Office Use Only/Para Oficina Solamente

☐ Need Review

10% weekend/ave  
adj.

1 FTM @ \$784.42  
x 1.125

\$882.47  
- 784.42

\$98.05 wk/ave adj

paid  
SM

Example 2

### Statement of Services/ Declaración de Servicios

For Provider Use / Para uso del Proveedor

# of Units # de Unidades	*Type of Unit Tipo de Unidad	**Rate per Unit Tarifa por Unidad	Total
3	FT Weeks	\$ 200.00	\$ 600.00
4	Saturdays	\$ 50.00	\$ 200.00
3	week days	\$ 40.00	\$ 120.00

\*Type of Unit: Hour, day, week, month etc. / Tipo de Unidad: hora, día, semana, mes etc.

\*\*Rate per Unit: dollar and cents amount / Tarifa por Unidad: dólares y centavos

Grand Total/Suma Total \$ 920.00

☒ Compliant

For Office Use Only/Para Oficina Solamente

☐ Need Review

10% weekend/ave  
adj.

1 FTM @ \$784.42  
x 1.125

\$882.47  
- 784.42

\$98.05 wk/ave adj

paid  
SM



## Payment Categories Reference Sheet

### Licensed Care

Charges	Categories	Child Action Can Pay
Monthly	30 hours or more per week	Weekly FT CAP not to exceed provider's rate
	Less than 30 hours per week	Weekly PT CAP not to exceed provider's rate
Weekly	30 hours or more per week	Provider's weekly rate or FT weekly CAP (whichever is less)
	Less than 30 hours per week	Provider's weekly rate or PT weekly CAP (whichever is less)
Centers: 2-5 days/week		FCCH: 3-5 days/week
Daily	30 hours or more per week	Pay per provider's rate not to exceed FT weekly CAP
	Less than 30 hours per week	Pay per provider's rate not to exceed PT weekly CAP
Hourly	30 hours or more per week	Pay per provider's rate not to exceed FT weekly CAP
	Less than 30 hours per week	Pay per provider's rate not to exceed PT weekly CAP
Centers: 1 day/week		FCCH: 1-2 days/week
Daily	6 hours or more per day	Provider's daily rate or daily CAP (whichever is less)
	Less than 6 hours per day	Hourly CAP not to exceed the provider's daily rate
Hourly	6 hours or more per day	Provider's hourly rate not to exceed the daily CAP
	Less than 6 hours per day	Provider's hourly rate or hourly CAP (whichever is less)

### Non-licensed Care

Charges	Categories	Child Action Can Pay
Monthly	30 hours or more per week	Weekly FT CAP not to exceed provider's monthly rate
	Less than 30 hours per week	Hourly CAP not to exceed provider's monthly rate
Weekly	30 hours or more per week	Provider's weekly rate or FT weekly CAP (whichever is less)
	Less than 30 hours per week	Hourly CAP not to exceed provider's weekly rate
Daily	30 hours or more per week	Pay per provider's rate not to exceed FT weekly CAP
	Less than 30 hours per week	Hourly CAP not to exceed provider's daily rate
Hourly	30 hours or more per week	Pay per provider's rate not to exceed FT weekly CAP
	Less than 30 hours per week	Provider's hourly rate or hourly CAP (whichever is less)







Child Action, Inc.  
9800 Old Winery Place  
Sacramento, CA 95827-1700

|||||

Parent Smith, Jane  
Child Smith, Michael

Provider Acct AX123  
Child DOB 11/27/2007

Care Code 03  
Fund C2AP

Case Manager  
Mario Hernandez (916) 274-XXXX

## Sample Attendance Form

November 2013 Attendance Form

Olga Doe  
456 Main Street  
Sacramento CA 95815

- Attendance Form is due by the 15<sup>th</sup> of the month following service
- Notify us if this child is absent for three consecutive days or more
- Do not use white-out

This document must reflect actual time in care. Incomplete or inaccurate attendance forms will not be paid.

Each day the child does not use care as scheduled, enter one of the codes listed below in the "Reason Code" box on the calendar side.

C	Provider was closed	S	• Child/family member sick; at Dr.'s appt, funeral; or absent from care for another medical reason • School-age child was sick and used more hours than scheduled on a school day
M	Minimum school day	A	Child did not use care because child/parent on vacation, visiting a relative, or another non-medical reason

Provider Billing: Please fill out your billing amount in the appropriate categories. Please bill your rate. Do not bill the CAPS.  
If your billing entry on this form conflicts with your rates on the child care schedule, your payment may be delayed.

- ☐ Monthly Rate \$ \_\_\_\_\_ / month
- ☐ Weekly Rate \$ \_\_\_\_\_ / week
- If your weekly rate varies, specify each week's rate: Wk1 \$ \_\_\_\_\_
- ☒ Daily Rate \$ 20 / day [X] 7 # of days \$ \_\_\_\_\_
- ☐ Hourly Rate \$ \_\_\_\_\_ / hour [X] \_\_\_\_\_ # of hours \$ \_\_\_\_\_ / hour [X] \_\_\_\_\_ # of hours (if applicable)

PROVIDER: The provider marks the type of rate billed for the child and fills in the rate amount. In this example, the provider's rate is \$20/day when the child uses care on a school day. (Note that the amount entered as the provider's rate should always be the rate the provider charges for services and not the state CAP.)

Other Charges (if applicable)

PROVIDER: The Provider enters any additional charges, including fees.

In-service Days \$ 30 / (day)hour [X] 1 # (days)hours Specify dates: 11/04/2013

Minimum Days \$ 25 / (day)hour [X] 1 # (days)hours Specify dates: 11/11/2013

Fee Amount \$ \_\_\_\_\_ / ☐ Family ☐ Child Type: ☐ Registration/Enrollment ☐ Annual ☐ Summer ☐ Other

**YOU MUST SIGN AND DATE THIS SECTION OF THE ATTENDANCE FORM ON OR AFTER THE LAST DAY OF CARE PROVIDED DURING THE MONTH OR IT WILL BE CONSIDERED INCOMPLETE. A FULL SIGNATURE IS REQUIRED.**

I (the parent/provider) declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this attendance form are true, correct and complete for the entire month and that the provider named in this form provided the child care.

Olga Doe  
Provider Signature

Jane Smith  
Parent Signature

November 29, 2013  
Date

11-29-13  
Date

PARENT and PROVIDER: The front of the Attendance Form must be signed and dated by both provider and parent.

Providers and parents should make sure to sign at the end of the month so they can accurately verify the total hours of care used. Child Action, Inc. will not pay for days/hours that occur after the Attendance Form has been turned in or past the date of the signatures. Providers and parents should sign just as they would a check and they must sign for themselves only.





This document must reflect actual time in care and be entered at the time child care starts and stops. Incomplete or inaccurate attendance forms may delay or affect payment.

		Use if child has split schedule				Reason Code		Office Use Only	
	Date	Time In	Time Out	Time In	Time Out				
M	11/4	7:05 <small>AM PM</small>			5:15 <small>AM PM</small>				
T	11/5	7:10 <small>AM PM</small>	7:50 <small>AM PM</small>	2:35 <small>AM PM</small>	4:40 <small>AM PM</small>				
W	11/6	7:00 <small>AM PM</small>	7:50 <small>AM PM</small>	2:35 <small>AM PM</small>	4:50 <small>AM PM</small>				
Th	11/7	7:00 <small>AM PM</small>			7:50 <small>AM PM</small>				
F	11/8	2:35 <small>AM PM</small>			5:00 <small>AM PM</small>				
Sa									
Su									
M	11/11	12:15 <small>AM PM</small>			5:00 <small>AM PM</small>	M			
T	11/12					A			
W	11/13	10:15 <small>AM PM</small>			5:05 <small>AM PM</small>	S			
Th	11/14					S			
F	11/15					C			
Sa									
Su									

Refer to each example above by the date listed.

The parent is Jane Smith and the provider is Olga Doe. The child is scheduled to use care every Monday-Friday, 7am-5pm on non-school days; and 7am-7:50am and 2:35pm-5:00pm on school days. Each scheduled day that the child uses care must have complete times, with AM or PM circled. For each scheduled day that the child is absent, a reason code must be entered for the absence.

11/4	Non-school hours: Child must be signed <u>both in and out of care</u> by the adult dropping off or picking up from care each day care is provided.
11/5 11/6	Before and after school care: The person authorized to drop off the child must complete the first "Time In" box. The provider must complete the first "Time Out" box when the child is dropped off at school and complete the second "Time In" box when the child returns to care after school. The person authorized to pick up the child must complete the second "Time Out" box when the child is picked up.
11/7	Before school only care: The person authorized to drop off the child must complete the first "Time In" box. When the child leaves for school, the provider must complete the second "Time Out".
11/8	After school only care: The provider must complete the first "Time In" box. The person authorized to pick up the child from care must complete the second "Time Out" box.
11/11	M code: Use the "M" code for a minimum school day. It explains why the child was in care at 12:15pm on a school day when the child is usually in care at 2:35pm.
11/12	A code: Use the "A" code when the child is absent from care for the whole day for a non-medical reason.
11/13	S code (school-age child): Use the "S" code when the child uses <u>more</u> care on a school day due to medical reasons. For example, the child went to the provider's earlier than scheduled because the child left school early due to sickness. It explains why the child was in care at 10:15am on a school day when the child is usually in care at 2:35pm.
11/14	S code (any child): Use the "S" code when the child is absent from care for the whole day or uses less care than scheduled due to a medical reason. For example, the child or parent was sick, had a doctor's appointment or attended a funeral.
11/15	C code: Use the "C" code when care is not used because the provider was closed. Do not use the "C" code if care was not used but the provider's facility was open.





# Reimbursement for variable schedules

## Sample #1:

FT \$200/wk (avg 30+ hrs/wk) M-F 2-5 days/wk 5-9 hrs/day btwn 7-430  
PT \$125/wk (avg less than 30 hrs/wk)

Absences must be documented and signed.

### Family Specialist Completes

### Fiscal Completes

		<b>OFFICE USE ONLY</b>			
HOURLY PAY	\$	x	HOURS OF CARE		
DAILY PAY	\$	x	DAYS OF CARE		
WEEKLY PAY	\$	200	WEEKS OF CARE	2	
MONTHLY PAY	\$	x	MONTHS OF CARE		
OTHER	\$	125	OTHER	1	
OTHER	\$	x	OTHER		

541646

TOTAL 525-

Final BH

Batch # 1234

Date Received OCT 02 2018

## Sample #2:

FT: \$30.61/day Hours as needed M-Sun up to 10.5 hours/day btwn 530 AM - 930 PM  
PT: \$2.94/hr

HAN-ABSENCES NOT PAID MO Max: \$525.37

### Family Specialist Completes

### Fiscal Completes



		<b>OFFICE USE ONLY</b>			
HOURLY PAY	\$	2.94	HOURS OF CARE	44	
DAILY PAY	\$	30.61	DAYS OF CARE	4	
WEEKLY PAY	\$	x	WEEKS OF CARE		
MONTHLY PAY	\$	x	MONTHS OF CARE		
OTHER	\$	x	OTHER		
OTHER	\$	x	OTHER		

541646

TOTAL 251.80

Final BH

Batch # 1234

Date Received OCT 02 2018





## Considerations of the benefits of invoicing





## Benefits

- ❖ The responsibility of “calculating” the provider payment shifted from program to the provider
- ❖ Helped to clearly define that participating providers are independent contractors
- ❖ Volume of provider calls inquiring about their reimbursement was cut by more than half, which allowed staff to focus more on maintaining high level of compliance instead of being inundated with irate provider calls
- ❖ Helps provider know exactly how much to charge for the co-payment, if they choose to collect that
- ❖ Provider contracts and rate sheets are now less convoluted





## Benefits continued

- ❖ Parents know exactly what the family's Maximum Benefit Level is for each child so they are able to “shop around” for childcare that best fits their needs and budget
- ❖ The Maximum Benefit Level is determined the same for any given family, no matter which Family Service Specialist processes the application. All families with the same need will be granted the same subsidy amount.
- ❖ Providers know exactly the Maximum Benefit Level rate they will be reimbursed for each child based on authorized schedule.
- ❖ The reimbursement process will yield the same dollar amount, no matter which Subsidized Reimbursement Specialist processes the reimbursement.
- ❖ Super easy to explain our staff's work during a State audit, because our method in determining the Maximum Benefit Level is uniform and consistent.





# Challenges

- ❖ Any change takes time to adjust
- ❖ Re-training staff, parents, and providers may take a large time investment upfront and requires constant support
- ❖ We have some exempt providers that are not able to read or write; so this requirement is difficult for them. Throughout the years we have experience a steady decline in exempt providers. This makes it hard for parents to find providers in very rural areas of the state.
- ❖ Many providers have children from different subsidized programs with different participation requirements, so at times the providers are hesitant to comply with the invoice requirement





## Suggestions for implementation

- ❖ Using your own program policies and procedures and staying within the mandates of Title 5, standardize your method of determining the family Maximum Benefit Level
- ❖ Implement that every NOA sent to the family and any service notice sent to the provider, will include a family certificate that clearly delineates the Maximum Benefit Level
- ❖ Using your own program policies and procedures and staying within the mandates of Title 5, Subchapter 2.5 Utilization of the Regional Market Rate Ceiling, standardize your method of reimbursement.
- ❖ Seek assistance from fellow CAPPAs members that are processing reimbursements using invoices to see how different programs are undertaking this. There is no one right way of doing this.





## Standardized answers

- ❖ Our program retrained our staff learn the program's Parent and Provider Handbook; to be able to use this as a reference to answer questions in a standardized and uniform manner
- ❖ During our staff development sessions we provide our staff role playing opportunities to practice answering common and not so common questions. This builds their confidence.









# Providers as Independent Contractors



# Reflecting on provider reimbursements and recent legal decision

- Dynamex – what is it and how can it potentially be applied to us
- Existing statutory and regulatory requirements that need to be revisited



# Dynamex Decision

***What is it?*** – An April 2018 California Supreme Court decision adopted the “ABC test” for determining whether a California worker is properly classified as an employee or an independent contractor.

***What is this test? -***

(A) the worker is free from the control and direction of the hiring entity in connection with the performance of the work, both under the contract for the performance of the work and in fact;

(B) the worker performs work that is outside the usual course of the hiring entity’s business; ***and***

(C) the worker is customarily engaged in an *independently* established trade, occupation, or business of the same nature as the work performed.



# How could it apply to the subsidized child care field??



- ❖ Workers in a family child care home or a child care center – would not apply as they are already designated employees
- ❖ Licensed Family Child Care Homes – Because of the level of control they have over their home, they can choose clients, they would not fall under the ABC test
- ❖ Family Child Care Home Education Networks – Education Code 8245 & 8246 lay out the contacting requirements, standards and reviews. Questionable.
- ❖ License exempt/Family, Friend and Neighbor - Family, Friend and Neighbor or license-exempt care providers, by definition, do not have their own independent business or clientele. In fact, they are forbidden to provide care to more than one family's children other than their own. Tit. 22, Cal. Code Regs. § 102358.
- ❖ Agencies

# Changes needed



- ❖ Invoices
- ❖ Subsidized policies that mirror private pay
- ❖ Value the RMR – get rid of regulation that require sampling or scrutiny
- ❖ Simplify the RMR – Only PT and FT Monthly
- ❖ Provider communications

Strengthen the contractual relationship  
of the parent to the provider





ANY  
QUESTIONS  
?



For your reference here is the contact information for each of the panelists:

- ❖ Jessica Kranz, Go Kids, Inc. ([Jessicak@GOKIDS.ORG](mailto:Jessicak@GOKIDS.ORG))
- ❖ Susana Magana - Community Action Partnership of Kern ([smagana@capk.org](mailto:smagana@capk.org) )
- ❖ Elaine Arteaga – Child Action, Inc. ([elaine.arteaga@childaction.org](mailto:elaine.arteaga@childaction.org))
- ❖ Anna Luu – Children’s Council of San Francisco ([aluu@childrenscouncil.org](mailto:aluu@childrenscouncil.org) )
- ❖ Mindy Brown - Valley Oak Children’s Services ([mbrown@valleyoakchildren.org](mailto:mbrown@valleyoakchildren.org))
- ❖ Denyne Micheletti Colburn – CAPPA ([Denyne@cappaonline.com](mailto:Denyne@cappaonline.com))

