DEPARTMENT OF HUMAN SERVICES

Administration of the Child Care Assistance Program

2020-2021 Faribault & Martin County and Tribal Child Care Fund Plan

Administration of the Child Care Assistance Program

Background: Counties and tribes must submit a biennial Child Care Fund Plan to the commissioner. Child Care Assistance Program (CCAP) rules and laws allow counties and tribes to establish some local policies and procedures. These local policies and procedures, when included in this plan and approved by the commissioner, are considered county/tribal policy and are used to support agency decisions during appeals. The Department of Human Services (DHS) will review and approve County and Tribal Child Care Fund Plans. Counties and tribes will receive approval letters for their Child Care Fund Plans from the commissioner of DHS. This plan period begins on January 1, 2020.

Minnesota Statute, section 119B.08, subdivision 3

Steps to complete the plan process:

Step One – Review the plan

Review this plan to make sure you understand what's being asked. Determine if there are changes to policies or procedures compared to previous plans, or if there are new policies or procedures. Involve other staff as needed.

Note: New questions were added and questions may have been re-ordered, changed, or removed.

Step Two – Draft the plan responses

Step Three – Inform or involve stakeholders

DHS encourages counties and tribes to develop optional policies for the Child Care Assistance Program in coordination with local child care stakeholders. This may include: parents, child care providers, culturally specific service organizations, Child Care Aware agencies (formerly known as child care resource and referral agencies), interagency early intervention committees, potential collaborative partners and agencies involved in the provision of care and education to young children. Consult with other agency staff such as fraud investigators and income maintenance and employment services staff.

Step Four – Share the draft plan

Prior to submission, you must make copies of the proposed plan available to the public and allow sufficient time for public review and comment. See question II.D of this plan; describe methods used to make the plan available to the public, particularly to those members listed in II.D.

Step Five – Submit the plan by the deadline

Submit the plan by the deadline, and note these guidelines:

- Identify all optional county/tribal Child Care Assistance Program policies; see question IX.A.
- Do not answer questions by stating that the reviewer should refer to a previous plan.
- Submit any agency-developed forms that have not been previously submitted and approved. Do not submit DHS and MEC^2 standardized forms. Refer to the DHS memo announcing this plan for a list of DHS created documents that are required for CCAP.
- Provide an answer to each question. Incomplete plans will be returned.

Amendments to plans

A county or tribe may amend their Child Care Fund Plan at any time, but the commissioner must approve the amendment before it becomes effective. If approved by the commissioner, the amendment is effective on the date requested by the agency unless a different effective date is set by the commissioner. Plan amendments must be approved or denied by the commissioner within 60 days after receipt of the amendment request. The department reserves the right to direct a county or tribe to amend its child care fund plan if the plan is no longer in compliance with Minnesota Statutes, Minnesota Rules, or federal law.

Minnesota Rules, part 3400.0150, subpart 3

Amendments include changes in county/tribal contacts, county/tribal optional policies, new or revised forms and notices. Amendments can be sent in letter form or by email to the agency's CCAP policy specialist.

Return completed plans by **Friday, August 30, 2019** to:
DHS.CCAP@state.mn.us

Administration of the Child Care Assistance Program

I. Child Care Assistance Program contacts

A. County or tribal agency

COUNTY OR TRIBE NAME	GENERAL PHONE NUMBER	EXTENSION	GENERAL FAX NUMBER
Faribault & Martin	507-238-4757		507-238-1574

AGENCY'S FULL NAME	CCAP INTAKE PHONE NUMBER	EXTENSION
Human Services of Faribault & Martin Counties	507-238-4757	

MAIN OFFICE STREET ADDRESS	CITY	ZIP CODE
115 W 1st St	Fairmont	56031

MAIN OFFICE MAILING ADDRESS (if different)	CITY	ZIP CODE

B. County or tribal branch office (if applicable)

BRANCH NAME	GENERAL PHONE NUMBER	EXTENSION	GENERAL FAX NUMBER	CCAP INTAKE PHONE NUMBER	EXTENSION
Faribault County Human Services	507-526-3265		507-526-2039	507-526-3265	

ADDRESS OF BRANCH OFFICE	CITY	ZIP CODE
412 N Main St	Blue Earth	56013

C. Agency contact people

This contact information is required to be completed and will be used by DHS staff to communicate with counties or tribes.

1. County or tribal CCAP administrative contact

Who is your primary contact for the Child Care Assistance Program? This contact will receive policy bulletins, memos, and other high level communications. You may have more than one administrative contact.

○ Mr. ○ Mrs. ◉ Ms.	FIRST NAME	LAST NAME
	Nicole	Worlds

TITLE	PHONE NUMBER	EXTENSION	FAX NUMBER
Financial Assistance Supervisor	507-238-8457		507-238-1574

EMAIL ADDRESS	SIR EMAIL ADDRESS
nicole.worlds@fmchs.com	X146554@cty.dhs.state.mn.us

ADDRESS	CITY	ZIP CODE
115 W 1st St	Fairmont	56031

2. County or tribal client access contact

Who is your lead person/s who has contact with families receiving CCAP? You may have more than one client access contact.

○ Mr. ◉ Mrs. ○ Ms.	FIRST NAME	LAST NAME		
	Lea	Silverthorn		
TITLE		PHONE NUMBER	EXTENSION	FAX NUMBER
Lead Eligibility Worker		507-238-4757		507-238-1574
EMAIL ADDRESS		SIR EMAIL ADDRESS		
lea.silverthorn@fmchs.com		X146203@cty.dhs.state.mn.us		
ADDRESS		CITY		ZIP CODE
115 W 1st St		Fairmont		56031

3. Management of waiting list contact

Who is your waiting list contact person? The waiting list contact person identified is responsible for maintaining the waiting list and responding to the state's questions about families reported on the waiting list. Only identify one waiting list contact.

○ Mr. ◉ Mrs. ○ Ms.	FIRST NAME	LAST NAME		
	Lea	Silverthorn		
TITLE		PHONE NUMBER	EXTENSION	FAX NUMBER
Lead Eligibility Worker		507-238-4757		507-238-1574
EMAIL ADDRESS		SIR EMAIL ADDRESS		
lea.silverthorn@fmchs.com		X146203@cty.dhs.state.mn.us		
ADDRESS		CITY		ZIP CODE
115 W 1st St		Fairmont		56031

4. Provider billing contact

Who is your lead billing contact person who is able to answer questions about billing and payments? Only identify one provider billing contact.

○ Mr. ◉ Mrs. ○ Ms.	FIRST NAME	LAST NAME		
	Lea	Silverthorn		
TITLE		PHONE NUMBER	EXTENSION	FAX NUMBER
Lead Eligibility Worker		507-238-4757		507-238-1574
EMAIL ADDRESS		SIR EMAIL ADDRESS		
lea.silverthorn@fmchs.com		X146203@cty.dhs.state.mn.us		
ADDRESS		CITY		ZIP CODE
115 W 1st St		Fairmont		56031

5. Provider registration contact

Who is your lead provider registration contact person who is able to answer questions about provider registrations? Only identify one provider registration contact.

○ Mr. ◉ Mrs. ○ Ms.	FIRST NAME Lea	LAST NAME Silverthorn		
TITLE Lead Eligibility Worker		PHONE NUMBER 507-238-4757	EXTENSION	FAX NUMBER 507-238-1574
EMAIL ADDRESS lea.silverthorn@fmchs.com	SIR EMAIL ADDRESS X146545@cty.dhs.state.mn.us			
ADDRESS 115 W 1st St	CITY Fairmont	ZIP CODE 56031		

6. LNL provider monitoring contact

Who is the lead contact person in the agency who is able to answer questions about LNL annual monitoring visits? Only provide one monitoring contact.

○ Mr. ○ Mrs. ◉ Ms.	FIRST NAME Camela	LAST NAME Moore		
TITLE County Agency Social Worker/Licensor		PHONE NUMBER 507-238-4757	EXTENSION	FAX NUMBER 507-238-1574
EMAIL ADDRESS camela.moore@fmchs.com	SIR EMAIL ADDRESS			
ADDRESS 115 W 1st St	CITY Fairmont	ZIP CODE 56031		

D. Subcontracted services

Counties and tribes may contract with an agency to administer all or part of their Child Care Assistance Program.

Minnesota Rules, part 3400.0140, subpart 7

If you are planning any changes in the administration of your CCAP, tell your CCAP policy specialist immediately. This could involve subcontracting or mergers of counties. Failing to notify DHS may delay the changes that you are planning to make.

Does your county or tribe contract with an agency for any part of the administration of CCAP? ○ Yes ◉ No

Do not include cooperative agreements with employment and training service providers that work with MFIP/DWP families to develop and approve the employment service plan.

II. Collaboration and outreach

A. How do you share information about the Child Care Assistance Program so that individuals, child care providers, social service agencies, etc. are aware of child care assistance? (Minnesota Rules, part 3400.0140, subpart 2)

County agency staff are informed of the program, which allows them to refer perspective applicants to the program. DHS-3551, Do you need help paying for child care, is given to clients when they are inquiring or applying for child care assistance programs or other programs if applicable. Information sheets are also located in the lobby, at the Workforce Center, and on our web site. Cild Care providers are given program information at the time of licensing.

B. Agencies are required to work with other public and private community resources that provide services to families to maximize community resources for families with young children. These other resources include, but are not limited to, Child Care Aware, School Readiness, Early Learning Scholarships, Head Start, and Early Childhood Screening. List the community programs your agency works with. (Minnesota Statute, section 119B.08, subdivision 3 (1))

MVAC, Head Start, ECFE, Community Preschools, Licensed Child Care Providers, Workforce Center & WIC.

C. How do you work with the community based programs and service providers identified above to maximize public and private community resources for families with young children? Include in this description the methods used to share information, responsibility, and accountability among these service and program providers as you work to foster collaboration among agencies and other community-based programs that provide flexible, family-focused services to families with young children and to facilitate transition into kindergarten.

FMCHS Works closely with other agencies and community resources to provide services to our families. We often share information regarding CCAP through email and through presentations. The Family Case Bank meets w/ our Employment Counselor Monthly regarding our DWP & MFIP clients. The goal is to make our customers aware of all of the opportunities that are available in our counties and to help our children be successful and ready for kindergarten.

D. Copies of the proposed plan must be made reasonably available to the public, including those interested in child care policies such as parents, child care providers, culturally specific service organizations, Child Care Aware of Minnesota agencies (child care resource and referral), interagency early intervention committees, potential collaborative partners and agencies involved in the provision of care and education to young children. **You must allow time for public review and comment prior to submitting this plan to DHS for approval.** (Minnesota Statute, section 119B.08, subdivision 3 (2)).

1. Describe your procedures and methods to make copies of the **draft plan** reasonably available to the public.

A copy of this plan will be accessible on our website in draft mode for 2 weeks prior to submission

2. When was your draft plan available for public review?

July 1, 2019

E. After your plan is approved by DHS, do you post your approved county/tribal plan on your website? ◉ Yes ○ No

III. Eligibility

A. Education plans outside an Employment Plan

Prior to completing this section, please review Minnesota Rules, part 3400.0040 and Minnesota Statutes 119B.10 Subdivision 3 in their entirety to ensure your policies are in compliance.

1. High school diploma/GED high school equivalency diploma

1a. Do you approve all high school and GED programs? ◉ Yes ○ No

2. Remedial and basic skills courses (includes Adult Basic Education and English as a Second Language)

2a. Do you approve all remedial and basic skills courses? ◉ Yes ○ No

3. Post-secondary programs

3a. Describe your criteria and procedures for approving a post-secondary program outside an Employment Plan that will lead to employment.

Applicants will meet with the child care worker to discuss and develop an acceptable course of study that will meet the clients need for self-supporting employment. The CCAP worker will complete an assessment with the applicant to determine the applicant's previous training/education levels. The applicant will need to present their plan which identifies their course of study, class schedules, and potential income that indicates it will support their family. These plans will be reviewed by the county and approved by the CCAP worker an the supervisor. Faribault and Martin Counties requires the student maintain a good academic standing as determined by the educational institution. The client must demonstrate aptitude for the occupation and/or training program by submitting a copy of their enrollment, copy of grades , or acceptance letter to the Agency.

3b. Identify the factors that contribute to the above criteria (for example: the availability of jobs where family resides or intends to reside, wage data, job placement rates in field of study).

Some of the main impacts for an approved education activity are: the presence of or lack of job availability, an increase in anticipated wages, higher employment stability, and/or the training or attainment of skills needed in order to lead to more secure full time employment.

The student is required to provide documentation from the institution regarding credits and hours necessary to complete the program. We do not approve a training plan for a 2nd baccalaureate degree or for education beyond a baccalaureate degree except for continuting education units or certification or coursework necessary to update credentials to obtain or retain employment

4. Changes to education plans outside an Employment Plan

4a. Do you have a different approval policy if a participant requests a change to their education plan? ○ Yes ◉ No

B. Basic Sliding Fee Waiting List management

1. Priorities for service

Have you established sub-priorities for the fifth priority Basic Sliding Fee waiting list beyond those required in Minnesota Statute, section 119B.03, subdivision 4?

○ Yes ◉ No

2. Six month review of Basic Sliding Fee Waiting List

CCAP Policy Manual, Chapter 4.3.12.12 | Minnesota Statute, section 119B.03, subdivision 2

2a. Statute requires that you review and update your waiting list at least every six months. How are families notified of this six month review? Describe your agency's process for reviewing and updating the waiting list. Please include your agency's six month review letter in Section IX.B. If your agency does not currently have a waiting list, describe your process in the event your agency does start a waiting list.

At the six month time frame, a review letter is mailed to applicants on the waiting list requesting a response as to whether or not the family wishes to remain on the waiting list or to be removed within 30 days of the contact.

2b. When families are removed from the waiting list for not responding to the six month review are they sent an additional notice or does the six month review letter include notification they will be removed from the waiting list if they do not respond?

No - our review letter notifies them that they will be removed if they do not respond.

3. Applications mailed to families on the Basic Sliding Fee Waiting List

Applications must be sent to families on the waiting list when there is funding available for Basic Sliding Fee. When do you remove the family from the waiting list?

- (●) Family is removed from the waiting list when the application is sent to the family. The notice sent with the application informs the family that their name has been removed from the waiting list.
- ( ) Family is removed from the waiting list when you receive the completed application. If no application is received, the family is removed at the end of the time period allowed for returning the application. The notice sent with the application informs the family that their name will be removed from the waiting list if the application is not received by the deadline.

3. Temporarily ineligible families on the Basic Sliding Fee Waiting List

When a family reaches the top of the waiting list and is temporarily ineligible for child care assistance, leave the family at the top of the waiting list for a period of time not to exceed 90 calendar days, according to priority group and serve the applicant who is next on the waiting list unless an alternative procedure is provided in the agency's plan.

Minnesota Rules, part 3400.0040, subpart 17

Minnesota Rules, part 3400.0060, subpart 6

Are there exceptions to the 90 day policy that extends the timeframe for a family who has reached the top of the waiting list and is temporarily ineligible?

( ) Yes (●) No

C. Child care for school release days

1. How do case workers authorize care for school release days in your agency?

CCAP Policy Manual, Chapter 9.1.3

- (●) Authorize actual hours needed and increase or decrease hours based on known school release days.
- ( ) Authorize the hours care is needed when there are no school release days.
- ( ) Authorize the highest number of hours care is needed with the provider.
- ( ) Other method.

2. How do you communicate scheduled and authorized hours to parents, providers and billing workers?

We add worker comments to the service agreements that note the scheduled and authorized hours and they are in MEC2 case notes. This includes families with flexible schedules.

D. Child care for families with flexible schedules

1. How do case workers authorize care for families with flexible schedules in your agency?

CCAP Policy Manual, Chapter 9.1.6

- ( ) Authorize the typical number of hours needed and when the schedule requires additional care, the provider bills for the additional care.
- (●) Authorize the minimum number of hours care is needed and when the schedule requires additional care, the provider bills for the additional care. Payment is 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.
- ( ) Authorize the highest number of hours care is needed with the provider. The provider is expected to bill only for the time that care is needed.
- ( ) Other method.

2. How do you communicate scheduled and authorized hours to parents, providers and billing workers?

Comments are added to the service agreements noting how child care hours are authorized as well as noted in MEC2 case notes.

E. Authorizing care for clients with Employment Plans

Job counselors and CCAP workers must communicate child care needs for clients with Employment Plans. Guidance is found in CCAP Policy Manual, Chapter 9.1.5.

1. CCAP workers must obtain an activity schedule or the days and times that child care is needed. Who is responsible for obtaining the schedule information from the client?

◉ Job counselor provides schedule or days and times that child care is needed to CCAP worker.

○ CCAP worker obtains schedule from client.

○ Other method.

2. How do you communicate required information between job counselors and CCAP workers (email, fax, case notes, verbal, DHS-7054, etc.)?

CCAP workers and job counselors communicate through email, employment plans, phone contact, faxes, and in person as needed.

IV. Provider compliance policies

A. Reasons for closing a provider's registration

CCAP Policy Manual, Chapter 9.3

CCAP Policy Manual, Chapter 14

Minnesota Statutes, section 119B.13, subdivision 6(d) allows counties and tribes to refuse to issue a child care authorization, revoke an existing authorization for a provider, stop payment, or refuse to pay a bill under circumstances described in the six clauses below. Counties and tribes must indicate which clauses they will include in their plan, and must apply the policies consistently to providers.

- An agency cannot implement these policies without establishing them in their plan.
- An agency must notify their CCAP Policy Specialist at least 10 days prior to closing a provider's registration or taking any other action to enforce any of these policies, except clause 4 when notified by DHS.
- An agency that does not implement these policies may still pursue a fraud disqualification for a provider. These policies can be used in addition to, or in combination with, a fraud disqualification.

Does your agency plan to disqualify providers for reasons listed in Minnesota Statutes, section 119B.13, subdivision 6(d)? ◉ Yes ○ No

Which clause(s) does your agency plan to implement? Check all that apply.

☒ **Clause 1:** A provider admits to intentionally giving the agency materially false information on the provider's billing forms.

If you checked Clause 1, your agency must also pursue, at minimum, a disqualification and establishment of an Intentional Program Violation (IPV) using the Administrative Disqualification (ADH) process described in Chapter 14 of the CCAP Policy Manual. The agency should consider pursuing a fraud determination through other means described in section 14.12.6 in the CCAP Policy Manual. There also may be overpayments charged to the provider applied to time periods when Clause 1 occurred.

When enforcing this clause, you have the option to use MEC² generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families? ◉ MEC² generated notices ○ DHS optional notices

What type of notice will you send to providers? ◉ MEC² generated notices ○ DHS optional notices

Note: If your agency uses DHS optional notices, add the optional notice(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval. You must also close the provider's registration in MEC². Contact your CCAP Policy Specialist for system instructions.

☒ **Clause 2:** The agency finds a preponderance of evidence that the provider intentionally gave the agency materially false information on the provider's billing forms or attendance records.

If you checked Clause 2, your agency must also pursue, at minimum, a disqualification and establishment of an Intentional Program Violation (IPV) using the Administrative Disqualification (ADH) process described in Chapter 14 of the CCAP Policy Manual. The agency should consider pursuing a fraud determination through other means as described in section 14.12.6 in the CCAP Policy Manual. There also may be overpayments charged to the provider applied to time periods when Clause 2 occurred.

When enforcing this clause, you have the option to use MEC² generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families? ◉ MEC² generated notices ○ DHS optional notices

What type of notice will you send to providers? ◉ MEC² generated notices ○ DHS optional notices

Note: If your agency uses DHS optional notices, add the optional notice(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval. You must also close the provider's registration in MEC². Contact your CCAP Policy Specialist for system instructions.

☐ **Clause 3:** A provider is in violation of Child Care Assistance Program rules, until the agency determines the violations have been corrected.

☒ **Clause 4:** A provider is operating after receipt of a licensing order of suspension or revocation (this occurs when providers are appealing the revocation or suspension) or a final order of conditional license, for as long as the conditional license is in effect.

Note: Agencies do not have the option to close registrations of providers operating with conditional licenses.

If you choose this option, DHS will send you a list once a month to inform you of providers in this category. You may act sooner if you learn of this licensing status through your licensors, etc. Contact your CCAP Policy Specialist if you are planning to take action prior to receiving the monthly DHS listing.

What licensing violations are subject to this clause?

Providers with a suspended license? ◉ Yes ○ No

When applying this clause for a provider with a suspended license, what provider types will you apply the clause to?
○ Licensed family child care ○ Licensed centers ◉ Both

Providers with a revoked license? ◉ Yes ○ No

When applying this clause for a provider with a revoked license, what provider types will you apply the clause to?
○ Licensed family child care ○ Licensed centers ◉ Both

When enforcing this clause, you have the option to use MEC² generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families? ◉ MEC² generated notices ○ DHS optional notices

What type of notice will you send to providers? ◉ MEC² generated notices ○ DHS optional notices

Note: If your agency uses DHS optional notices, add the optional notice(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval. You must also close the provider's registration in MEC². Contact your CCAP Policy Specialist for system instructions.

☒ **Clause 5:** A provider submits false attendance reports or refuses to provide documentation of the child's attendance upon request.

How will your agency determine the provider has corrected the condition?

Faribault and Martin Counties will require providers to correct these violations by writing a statement describing the procedures and how the provider will follow the procedure moving forward in order to maintain compliance

and avoid future violations. Providers will also need to submit accurate attendance sheets for 15-days prior to closure. Once the statement and accurate attendance records are received by the agency the condition will be considered corrected.

Your agency may withhold payment for a period of up to three months beyond the time the condition has been corrected.

Will you apply a penalty period beyond when the condition is corrected? ◉ Yes ○ No

How long will payment be withheld once the condition has been corrected (not to exceed three months)?

1 Month

When enforcing this clause, you have the option to use MEC² generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families? ◉ MEC² generated notices ○ DHS optional notices

What type of notice will you send to providers? ◉ MEC² generated notices ○ DHS optional notices

Note: If your agency uses DHS optional notices, add the optional notice(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval. You must also close the provider's registration in MEC². Contact your CCAP Policy Specialist for system instructions.

☒ **Clause 6:** A provider gives false child care price information.

How will your agency determine the provider has corrected the condition?

Faribault and Martin Counties will require procedures to write a statement of how they plan to correct the false prices information and attest that the correct information will be provided to their current and future customers. Once the statement is received by the agency, the condition will be considered corrected.

Your agency may withhold payment for a period of up to three months beyond the time the condition has been corrected.

Will you apply a penalty period beyond when the condition is corrected? ◉ Yes ○ No

How long will payment be withheld once the condition has been corrected (not to exceed three months)?

1 Month

When enforcing this clause, you have the option to use MEC² generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families? ◉ MEC² generated notices ○ DHS optional notices

What type of notice will you send to providers? ◉ MEC² generated notices ○ DHS optional notices

Note: If your agency uses DHS optional notices, add the optional notice(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval. You must also close the provider's registration in MEC². Contact your CCAP Policy Specialist for system instructions.

☒ **Clause 7:** A provider fails to report decreases in a child's attendance. A provider must report to the county on the billing form when a child's attendance in child care falls to less than half of the child's authorized hours or days for a four-week period.

How will your agency determine the provider has corrected the condition?

Faribault and Martin Counties will require providers to write a statement of how they plan to report to the county that a child's hours have decreased and attest that the correct information will be provided in the future. Once the statement is received by the agency, the condition will be considered to be corrected.

Your agency may withhold payment for a period of up to three months beyond the time the condition has been corrected.

Will you apply a penalty period beyond when the condition is corrected? ◉ Yes ○ No

How long will payment be withheld once the condition has been corrected (not to exceed three months)?

1 Month

When enforcing this clause, you have the option to use MEC² generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families? ◉ MEC² generated notices ○ DHS optional notices

What type of notice will you send to providers? ◉ MEC² generated notices ○ DHS optional notices

Note: If your agency uses DHS optional notices, add the optional notice(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval. You must also close the provider's registration in MEC². Contact your CCAP Policy Specialist for system instructions.

B. Notification to providers

Your agency must notify all currently registered providers and any new providers wishing to register with your agency of the provider compliance clause(s) being implemented. Notification options include:

- Sending a mailing to all providers registered with your agency.
- Adding information to your agency's provider registration packets.

How will you notify providers about the provider compliance clauses your agency is choosing to implement? Add the notification document(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval.

HSB-1643 is mailed out annually to all our current providers and is included in our provider packet so all new providers are informed.

Note: This notice differs from the adverse action notice your agency sends when closing an individual provider's registration under these clauses.

V. Policies applicable to legal nonlicensed (LNL) providers

A. Unsafe care

An agency may deny authorization as a child care provider to any applicant or rescind authorization of any provider when the agency knows or has reason to believe that the provider is unsafe or that the circumstances of the chosen child care arrangement are unsafe. See Minnesota Statute, section 119B.125, subdivision 4. When a provider's authorization is rescinded due to unsafe care, the agency must close the provider's registration with a 15 calendar day notice. If there is also an imminent risk of harm to the health, safety or rights of the child(ren) in care with a legal nonlicensed provider, child care authorization must be terminated immediately.

The department has identified that when substantiated maltreatment occurred in a legal nonlicensed care setting related to an incident where a child died or was seriously injured, the child care setting is considered unsafe care. A serious injury is one that requires treatment by a physician.

What other conditions of unsafe care does your agency apply to legal nonlicensed (LNL) providers or legal nonlicensed care arrangements **beyond those contained in Minnesota Statute, sections 245C.14 or 245C.15**?

In addition, unsafe care would be determined if there was one of the following: 1) finding of neglect under the child protection statues (MN Statutes 626.556, subd. 2(c) 1,2,3,8 or 9. 2) if the agency has a child protection report that there was no finding of maltreatment but it was determined that services were needed and the resulting child protection service plan has services that are indicative of an environment that would be unsafe for a child. These

plans would be reviewed by Social Services caseworker and Social Services Supervisor to determine if an unsafe environment still existed. This would apply only to current open cases. Or 3) a child protection assessment has been completed and there was no finding of maltreatment and a service plan is determined to be needed but is not implemented due to the children not being in the home. The Social Services Supervisor must review the case with the Social Services caseworker and make the determination that, based on the maltreatment issues and the areas identified as needing to be addressed in a child protection service plan, that the environment presents a safety issue to children. The look-back period on these cases would be ten years, the length of time that a case would be on record according to MN Statute 626.556, subd. 11c(b).

NOTE: The Consolidated Appropriations Act of 2018 (Public Law 115-141) prohibits states from expending federal CCDF funds on providers where a serious injury or death occurred due to substantiated health or safety violations.

B. Imminent risk

Some unsafe care conditions present an imminent risk for children in care. When there is an imminent risk of harm to the health, safety or rights of a child in care with a legal nonlicensed (LNL) provider, child care authorization must be terminated immediately. Agencies do not need to give the provider at least 15 calendar days notice. See Minnesota Rules 3400.0035, subpart 5, clause E.

What conditions does your agency recognize as presenting an imminent risk to the health, safety or rights of a child in care with a legal nonlicensed provider?

A screened-in child protection report would meet the imminent risk to the health, safety or rights of a child in care with a legal nonlicensed provider.

C. Annual monitoring

Any legal nonlicensed (LNL) provider with an open Service Authorization for a child who is not related to them must have an annual monitoring visit. Related means the provider is the child's sibling, grandparent, great-grandparent, aunt, or uncle of the child, based on blood relationship, marriage or court decree.

1. How does your agency track legal nonlicensed providers who are registered with your agency and who have an open Service Authorization for unrelated children?

CCAP Worker will track Legal Non-licensed Child Care Providers within their caseloads, tracking open Service Authorizations with related and unrelated children. Child Care licensors will track Legal Nonlicensed Child Care Providers using PV101 CCAP Provider Renewal Report along with completing annual monitoring visits for LNL Providers that care for unrelated children.

2. What are your agency's internal processes and procedures for completing monitoring visits?

When an LNL provider is issued a service authorization for an unrelated child, they must be monitored within 12 months of when care was authorized to start. The county licensor will set up the monitoring visit with the provider. The child care worker sets an alert to make sure the monitoring visit was completed and the date entered into the training window in MEC2. The child care worker will also set an alert when to schedule the next LNL provider next annual visit.

3. If a provider does not show compliance with an annual monitoring visit, under what conditions can they receive CCAP payments in the future?

◯ Only if the provider is licensed

◉ The provider must show compliance with another monitoring visit

If the agency performs another monitoring visit, what conditions are placed on the visit? For example, is there a time limit that the provider must wait before the visit can be performed? Is there a limit on the number of re-inspections?

Another visit is set in 30 days. If the provider does not show compliance at the second monitoring visit, the CCAP Provider's registration will be set to close in 15-30 days, depending on the provider renewal date. The first monitoring visit will be scheduled at least 60 days before their registration renewal date.

◯ Other

D. Complaints and incidents

1. Records of substantiated parental complaints

Within 24 hours of receiving a complaint concerning the health or safety of children under the care of a legal nonlicensed (LNL) provider, an agency must relay the complaint to the agency's child protection agency, county public health agency, local law enforcement, and/or other agencies with jurisdiction to investigate complaints. Information regarding substantiated complaints must be released following applicable data privacy laws. See Minnesota Statutes Chapter 13. When a report is substantiated, see Minnesota Rules, part 3400.0140, subpart 6, for record retention and provider payment policies.

When complaints are substantiated how do you:

1a. Maintain these records?

A complaint log indicating all complaints against a provider is maintained by the licensing worker.

1b. Make this information available to the public when requested?

Upon request, information governing substantiated complaints shall be released to the public as authorized under MN Statute, Chapter 13

2. Aggregate reporting of incidents

At least quarterly, agencies must report to the Minnesota Department of Human Services the aggregate number of deaths, serious injuries, and substantiated maltreatment incidents for children under the care of legal nonlicensed (LNL) providers.

How will you record and maintain accurate counts of incidents that occur in legal nonlicensed settings registered by your agency?

Keeping these reports in a complaint binder relating to LNL Providers along with having the information in SSIS and their Provider file.

VI. Special needs rates

Special needs rates, above the standard maximum rates, can be paid to providers if approved by the commissioner of DHS (up to the provider's charge).

Minnesota Statute, section 119B.13, subdivision 3	Minnesota Rules, part 3400.0130, subpart 3	CCAP Policy Manual, Chapter 9.54

A. Special needs rates for children in at-risk programs

You may choose to pay special needs rates to certain populations defined as "at-risk" in your County and Tribal Child Care Fund Plan. At-risk means environmental or familial factors exist that could 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.

1. Do you pay a special needs rate for at-risk populations? ○ Yes ◉ No

If this information changes, including additional population groups identified by your agency, new facilities, or a proposed change in rates paid, DHS must approve the change. Submit a request to amend your plan. This information will be used during case audits.

B. Special needs rates for care of sick children

You may choose to pay special needs rates for the care of sick children. Special needs rates for care of sick children apply to rates paid above the standard maximum rates to a provider that cares for sick children. You must have DHS approval for these rates to be paid.

Minnesota Rules, part 3400.0110, subpart 8

1. Do you pay a special needs rate for care of sick children?

○ Yes ◉ No

VII. Payment policies

A. Provider registration renewal

How often do you renew a provider's registration?

○ Yearly ◉ Every two years ○ Other

Minnesota Statute, section 119B.125, subdivision 1

B. Payment to two providers when a child is sick

When a child is sick and being cared for by a second provider, do you pay both the regular provider that charges an absent day and the second provider that is caring for the child?

○ Yes ◉ No

Minnesota Statutes, secton 3400.0110, subpart 8

Note: If the rate paid for care of sick children exceeds maximum rates, the "rates for care of sick children" must be included in the special needs rates section of this plan.

C. Submission of invoices

If a provider receives an authorization of care and a billing form for an eligible family, the provider must submit the billing form to the agency within 60 days of the last date of service on the billing form. If the provider shows good cause for the delay you may pay bills submitted after 60 days.

Minnesota Statute, section 119B.13, subdivision 6

1. What is your **definition of good cause** for delay in submitting a billing form? Agency error must be included in this definition.

Good cause being an unforeseen circumstance due to medical or other verified emergency, County error or County/ State delay in provider background check verification.

2. Does your agency have any providers using MEC² PRO? ○ Yes ◉ No

3. When is a provider signature not needed on a billing form?

Vouchers without a provider signature will be paid only when the provider is unable to sign due to medical or

other verified emergency. A supervisor will approve payment of these vouchers.

4. Do you require the parent signature on the billing form? ◉ Yes ○ No

4a. When is a parent signature not needed on a paper billing form?

Vouchers without a parent signature will be paid only when the provider is unable to obtain the signature due to termination of service or unforeseen circumstances due to medical or other verified emergency. A supervisor will approve payment of these vouchers.

D. Underpayments

If you have underpaid according to Child Care Assistance Program policies, do you make corrective payments?

◉ Yes ○ No

If yes, under what conditions do you make corrective payments? You may apply criteria such as a dollar amount or how far back the situation occurred.

The case worker would go back one year to correct all underpayments that we become aware of as a result of worker error.

E. Provider rates

Does your agency enter provider rates on MEC²? ◉ Yes ○ No

F. Absent day policy

Minnesota Statute, section 119B.13, subdivision 7

The Child Care Assistance Program limits the number of paid absent days for licensed child care providers and certified license-exempt centers. Payment may exceed absent day limit at the request of the provider and with the approval of the county or tribe, if at least one parent in the family:

- Is under the age of 21; and
- Does not have a high school or general equivalency diploma; and
- Is a student in a school district or another similar program that provides or arranges for child care, parenting support, social services, career and employment supports, and academic support to achieve high school graduation.

Do you have any registered child care providers that meet these requirements? ○ Yes ◉ No

VIII. Program integrity

A. Agency case management reviews can be used to determine causes of errors and identify specific policies needing review.

1. Do you conduct case management reviews of CCAP? ◉ Yes ○ No

If yes, describe the process, including:

- How cases are selected,
- Which staff complete the reviews,
- What forms are used (DHS-5312D is available, if a different form is used, please list form(s) in Section IX.B. Agency developed forms and submit with plan),
- How errors are resolved, and
- How staff are informed of correct policy.

Income Maintenance Supervisor randomly selects cases to be reviewed. Either the income maintenance supervisor or the team lead will complete the review. The DHS 5312D is used to complete the review. Staff are informed during their individual conferences with their supervisor of any errors found and what needs to be done to correct the case.

2. Do you conduct case management reviews of CCAP providers? ○ Yes ◉ No

IX. Other information

A. Additional agency optional policies

Do you have any other policies that apply to the Child Care Assistance Program which are not specifically required by state or federal rule or law? (Minnesota Rules, part 3400.0140, subpart 1) (Minnesota Rules, part 3400.0150, subpart 2)

No

B. Agency developed forms

- All agency developed forms and notices used for CCAP must reflect current policy and be approved by DHS.
- Counties and tribes must use forms developed by DHS for administration of CCAP.
- Agency developed forms must not duplicate or replace DHS forms.
- Local agencies may create supplemental forms subject to DHS approval.
- Forms must be written using plain language standards and meet other communication guidelines.
- Review forms, notices and documents at least every two years to ensure they reflect current CCAP policy and laws.

Forms inventory for your agency

Use this table to list all agency developed forms, notices, and documents your agency uses to administer child care assistance.

Only new and/or revised forms, notices, or written documents that have not been previously approved must be submitted with this plan for DHS approval.

Note: Refer to the DHS memo announcing this plan for a list of DHS created documents required for CCAP. Do not list or submit DHS created documents.

Name of agency developed form	Form reflects current CCAP policy	Status of current form
HSB-1358 - Daycare Waiting List Update	☒ Agency assures compliance	☒ DHS previously approved - no changes ☐ DHS previously approved - revised and needs DHS approval ☐ New form - needs DHS approval
LNL Background Fee Letter	☒ Agency assures compliance	☒ DHS previously approved - no changes ☐ DHS previously approved - revised and needs DHS approval ☐ New form - needs DHS approval
LNL Clearance Letter	☒ Agency assures compliance	☒ DHS previously approved - no changes ☐ DHS previously approved - revised and needs DHS approval ☐ New form - needs DHS approval
CCAP Notice of Decision (Client RE-Provider)	☒ Agency assures compliance	☒ DHS previously approved - no changes ☐ DHS previously approved - revised and needs DHS approval ☐ New form - needs DHS approval
CCAP Notice of Decision (Provider Terminated)	☒ Agency assures compliance	☒ DHS previously approved - no changes ☐ DHS previously approved - revised and needs DHS approval ☐ New form - needs DHS approval
HSB-1643 - Child Care Plan Amendment Form	☒ Agency assures compliance	☐ DHS previously approved - no changes ☒ DHS previously approved - revised and needs DHS approval ☐ New form - needs DHS approval
CCAP Waiting List Screening Document	☒ Agency assures compliance	☒ DHS previously approved - no changes ☐ DHS previously approved - revised and needs DHS approval ☐ New form - needs DHS approval

X. County and tribal assurances

Check the designated boxes below to assure compliance.

A. The county or tribe is informing parents about the following as required under Minnesota Rules, part 3400.0035, subpart 1.

- The documentation necessary to confirm eligibility for CCAP
- Waiting list information
- Application procedures
- The importance of prompt reporting of a move to another country to avoid overpayments and to increase the likelihood of continuing benefits

☒ **County or tribe assures compliance**

In addition, the agency uses the following:

"Parent Acknowledgement When Choosing a Legal Nonlicensed Provider" (DHS-5367) assures compliance with the following:

- Families rights and responsibilities when choosing a provider

"Do You Need Help Paying for Child Care?" (DHS-3551) assures compliance with the following:

- Federal and state child and dependent care tax credits
- Earned income credits
- Other services for families with young children required by state and federal laws
- Child Care Aware services
- Child Care Assistance Program eligibility requirements
- Family copayment fees and how computed
- Information about how to choose a provider
- Availability of special needs rates
- The family's responsibility for paying provider charges that exceed county maximum payments in addition to the family copayment fee

☒ **County or tribe assures compliance and uses DHS-5367 and DHS-3551**

B. The agency is distributing the following information to registered legal nonlicensed providers as required by:

Minnesota Rules, part 3400.0140, subpart 5.

Use of "Health and Safety Resource List for Parents and Legal Nonlicensed Providers" (DHS-5192A) assures compliance with the following:

- Child immunization requirements
- Child nutrition
- Child protection reporting responsibilities
- Health and safety information required by federal law
- Child development information
- Referral to Child Care Aware; and
- Resources and training options to meet federal and/or state-required health and safety topics

☒ **County or tribe assures compliance by use of DHS-5192A**

C. Child Care Assistance Program (CCAP) Tasks and Timeframes

The county or tribe must perform tasks and meet timeframes required to administer the Child Care Assistance Program. These tasks include, but are not limited to:

- Assessing CCAP eligibility
- Registering child care providers
- Processing payments

These tasks and timeframes are required under the Child Care and Development Fund (CCDF), 98.11(a)(3) Administration under Contracts and Agreements, Minnesota Statutes 119B, Minnesota Rules 3400, CCAP Policy Manual, and MEC² User Guide.

☒ **County or tribe assures compliance**

D. Child Care Assistance Program (CCAP) Funding

DHS releases a forecast twice each fiscal year (November and February) which includes the overall budget for the Child Care Assistance Program, including all child care subprograms and administrative dollars. The county or tribe is reimbursed administrative dollars as outlined in Minnesota Statutes 119B.15. In addition to receiving the Basic Sliding Fee allocation, the county or tribe contributes a fixed local match equal to that county's/tribe's calendar year 1996 contribution, as outlined in Minnesota Statutes 119B.11, Subd. 1.

The county or tribe is provided a calendar year Basic Sliding Fee allocation, published at least annually and based on the formula outlined in Minnesota Statutes 119B.03, Subd. 6. When there is not sufficient funding to serve all eligible non-MFIP families, the county or tribe manages the Basic Sliding Fee waiting list according to the priorities outlined in Minnesota Statutes 119B.03, Subd. 4.

☒ **County or tribe assures compliance**

E. Child Care Assistance Program (CCAP) Reporting

The county or tribe is required to submit timely reports to the Department of Human Services. The reports include, but are not limited to:

- Basic Sliding Fee waiting list
- Override monitoring
- Basic Sliding Fee adjustments

☒ **County or tribe assures compliance**

F. Limited English Proficiency Plan

The county or tribe has completed a Limited English Proficiency Plan, describing how it serves families with limited English Proficiency

☒ **County or tribe assures compliance**