



Department Of Social Services

PROGRAM AREA: Economic Security	EFFECTIVE DATE: 11/01/2012 REVISION DATE:
TITLE: Child Care Manual Claims (Manual Billing)	AUTHORIZING SIGNATURE: 

Reference: CDHS 3.911 F
CDHS 3.911 M

Purpose:

The Garfield County Department of Human Services shall have procedures for the Child Care Provider's manual billing claims process.

Policy:

Providers shall bill counties monthly for services authorized but not paid through the Point of Service (POS) machine based on county payroll policies. Child Care providers must submit manual claims within 60 calendar days following month of service. The submission of a manual claim will only be permitted if swipes were attempted and unsuccessful. A manual claim can be approved if the error/denial of the swipe did in fact occur and it is beyond the control of the client and/or provider.

Acceptable reasons for Manual Claims:

1. System Error
2. County Error
3. New Provider waiting for POS device
4. New Client Lag time
5. Lost Card Lag time

Procedures:

The Child Care Provider must request and submit in writing using the approved manual claim form with all supporting documentation. Any action taken must be documented and retained in the technician's client file as well as the payment file which is with the Finance Department.

The Child Care Provider Shall:

1. Submit the manual claim form, filled out completely and signed
2. Sign In/Out sheets must be attached, signed by parent or authorized person responsible for drop off and pickup, provider cannot be an authorized designee, time in and out is required and Initials will not be accepted.
3. Must submit a copy of the payment summary that provider receives for the period he/she is billing for which allows county to see that the billing cycle has passed.

4. Attach a copy of the POS machine receipts if the swipe occurred so that the cause for denial can be viewed by the county.

The Child Care technician and/or TANF/CC Case Manager shall:

1. Make sure that all forms required are present and completed in their entirety.
2. Check the schedule to ensure that the client was authorized for the billed time frame.
3. Check attendance swipes to see if and when client swiped the card
4. Send the manual claim back to the provider with a denial letter if claims are not completed. Provider may resubmit corrected claim as long as it is within the 60 days. If the claim has already been paid, it will be denied and then given to the finance department and they will send a copy of the claim to provider that shows the denial as well as keeping record of it in the payment file.
5. When a worker approves or denies a claim his/her signature is required along with a brief description of the reason why and it has to be written on the claim as well as documented in CHATS. Technician will then give to supervisor or Child Care specialist for final approval before sending to finance for payment.

The Finance Department shall:

1. Process the approved manual claim in the CHATS system
2. Send the provider the Notice of Established Claim, showing the provider what they were approved for along with a copy of the manual claim that they originally submitted.

Attachments; Navigation training for payments – 3 pages
Best Practice – Considerations 1 page
Child Care Rules 3.911 F and 3.911 M – 3 pages

Reasons for Accepting Manual Claims

- System Error
- County Error – admit and be flexible
- Snow day / Closure day (outside Normal)
- New Provider waiting for POS device
- New Client Lag Time
- Lost Card Lag Time
- Pay Absences outside of CHATS
- RAT Fees

Notice of Established Claim CR221

- This correspondence is created for each individual claim
- Does not combine with Payment Summary correspondence
- Will be dated the time that claim was processed by CHATS
 - Claim finalized on 1/13/2011
 - CHATS processes it in overnight batch
 - Claim shows paid on 1/14/2011

Notice of Established Claim CR221

Notice of Established Claims for Providers

Adams County Department of Human Services
450 Courtney Way
Suite 101
Lafayette, CO 80026-0000

PROVIDER #: 45526
ADJUSTMENT #: 17925
Date of Action: 01/14/2011

DOTTIES DAY CARE AND PRESCHOOL INC



Dear DOTTIES DAY CARE AND PRESCHOOL INC.

You were underpaid or have filed a claim for child care assistance reimbursement for the following children due to:
Manual Claim

Children Names:
I

Case Number:

The claim was filed for a period of care starting 10/01/2010. The amount you are getting paid for this claim is \$256.80. Additional notes are below.

Best Practice - Considerations

These are researched and proven by other counties and used as general day-to-day options. As the "what-ifs" arise, work them individually.

- Only accept Manual Claim Forms AFTER the corresponding Payment Summary is in the provider's hand.
- If a mistake is found on the form, Send it back for re-do.
 - Determine how many re-dos your county will allow
- Insist on Supporting Documentation – Sign-in sheets.
- Minimize pending authorizations.
- Expect the system to work properly.
- Decide on consequences for non-compliance – Stick to it!

The following facilities are required to be licensed and comply with Licensing Rules as defined in the Social Services rule manual, Sections 7.701 through 7.712 (12 CCR 2509-8):

1. Family Child Care Homes
2. Child Care Centers which are less than 24-hour programs of care by whatever name known, as defined in Section 26-6-102(1.5), C.R.S.

3.908.1 PRE-ELIGIBILITY DETERMINATIONS [Rev. eff. 9/1/11]

The Early Care and Education provider may provide services to the family prior to the final determination of eligibility and shall be reimbursed for such services only if the county determines the family is eligible for services and there is no need to place the family on the waiting list. The start date of eligibility is defined in Section 3.913, FF. If the family is found ineligible for services, the Early Care and Education provider shall not be reimbursed for any services provided during the period between his/her pre-eligibility determination and the county's final determination of eligibility.

3.909 REGISTRATION OF QUALIFIED PROVIDERS [Rev. eff. 7/1/11]

The counties or their designee shall register qualified providers and include the following provider information: name, address (not a P.O. Box #), phone number and social security number. Pursuant to Section 24-76.5-103, C.R.S., counties or their designee must verify the lawful presence in the United States of all applicants for state or local public benefits, or federal benefits provided by the Colorado Department of Human Services, or by the county departments of human/social services or their designee under the supervision of the State Department pursuant to Section 3.140.12, except as otherwise provided in subsection (3) of 24-76.5-103, C.R.S. Any contract provided by an agency of a state or local government is considered a public benefit.

3.910 PROVIDER RATES [Rev. eff. 7/1/11]

Counties will be notified of the State recommended provider(s) rates via agency letter. Counties may opt to adopt those rates or may elect to set their own rate limits. If counties elect to set their own rates, they must notify the state on the State-prescribed form prior to implementation of those rates. State and county set rates must be paid in accordance with payment policies set forth below.

A. Payments shall be made in part time/full time daily rates.

1. Part-time is defined as zero (0) hours, zero (0) minutes, and one (1) second through five (5) hours, zero (0) minutes, and zero (0) seconds per day. Part time is paid at fifty-five percent (55%) of the full time rate, unless the county designates otherwise.
2. Full time is defined as five (5) hours, zero (0) minutes, and one (1) second through twelve (12) hours, zero (0) minutes, and zero (0) seconds.
3. Full-time/part time is defined as twelve (12) hours, zero (0) minutes, one (1) second through seventeen (17) hours, zero (0) minutes, zero (0) seconds of care.
4. Full time/full time is defined as seventeen (17) hours, zero (0) minutes, one (1) second through twenty-four (24) hours, zero (0) minutes, zero (0) seconds of care.
5. Counties may set rates for basic and alternative care as defined by the county and reported in the county plan.

B. Counties shall pay for absences in accordance with the policy set by the county. Any absence policy set by the county shall address payments to hold a child's slot with a provider when the child is not in care to include, but not limited to, payments for scheduled school breaks, absences, and holidays.

C. Upon notice to the state, counties may negotiate fiscal agreements that are modified to include rates and fees in a single rate of payment in a slot contract.

D. Providers who contend that the county has not made payment for care provided under the Colorado Child Care Assistance Program in compliance with these rules may request an informal conference with staff, the appropriate supervisor, the county director or the director's designee, and, if requested by the provider(s), state program staff. Any request for a conference shall be submitted in writing within fifteen (15) calendar days of the date of the action. The county shall hold that conference within two (2) weeks of the date of the request. The county shall provide written notice of its final decision within fifteen (15) business days of the conference. The purpose of the conference shall be limited to discussion of the payments in dispute and the relevant rules regarding payment.

3.911 CHILD CARE PROVIDER RESPONSIBILITIES [Rev. eff. 7/1/11]

A. Providers shall maintain a valid child care license as required by Colorado statute unless exempt from the Child Care Licensing Act.

B. Providers shall report to the county if their license has been revoked, suspended, or denied within three calendar days of receiving notification or a recovery will be established of all payments made as of the effective date of closure.

C. Providers shall sign the child care fiscal agreement and all other county or state required forms and payment shall not begin prior to the first of the month the fiscal agreement has been signed and received by the county.

D. Providers shall develop an individualized care plan for additional care needs children based upon the Individual Education Plan (IEP), Individual Health Care Plan (IHCP), or child welfare treatment plan and provide a copy to the county eligibility worker on an annual basis or other alternate period of time determined in the plan.

E. Providers shall maintain proof of current immunizations for the children in their care, if required by county policy. Immunization records shall be obtained from adult caretakers or teen parents either at the time of admission or within

thirty (30) calendar days of the date of admission and shall be updated annually. For children whose adult caretakers or teen parents object to immunizations on religious grounds or for children whose medical condition contraindicates immunization, providers shall maintain a statement in the child's file signed by the adult caretaker or teen parent stating the reason for not immunizing. This rule does not apply to the following:

1. Providers caring for children in the child's own home; or,

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2. Providers caring only for children related to the provider such as grandchildren, great-grandchildren, siblings, nieces, or nephews, etc;
- F. Providers shall maintain sign in/out sheets that the person authorized to drop off/pick up the children has signed with the time the children arrive and leave each day they attend. These records must be available for county review upon request and maintained for the current year plus three years.
- G. Providers shall report non-payment of parental fees no later than the end of the month following the month the parental fees are due unless county policy requires it earlier. The unpaid parental fees can be reported by fax, e-mail, in writing or on the billing form.
- H. Providers shall notify the county of unexplained, frequent and/or consistent absences within ten (10) calendar days of establishing a pattern.
- I. Providers shall not charge counties more than their established private pay rates.
- J. Providers shall not charge adult caretakers or teen parents rates in excess of those agreed upon in the fiscal agreement (this includes the agreed upon registration, mandatory activity and transportation fees if the county pays these fees).
- K. Providers shall offer free, age appropriate alternatives to voluntary activities.
- L. Providers shall bill for care authorized and provided.
- M. Providers shall bill counties monthly for services authorized but not paid through the Point of Service (POS), based on county payroll policies, and forfeit payment for services if the original billing form is submitted more than sixty (60) calendar days following the month of service.
- N. Providers shall return the Point of Service (POS) terminal in working condition, barring normal wear and tear; to Affiliated Computer Services (ACS) within thirty (30) days of no longer doing business with the county or they shall be responsible for a recovery of the replacement cost. The provider shall call ACS to request a paid return label to return the POS device.
- O. Providers shall never hold onto any client's "CCAP" card under penalty of being permanently disqualified from the Colorado Child Care Assistance Program.

3.912 COMPLAINTS ABOUT PROVIDERS [Rev. eff. 4/1/09]

Counties and the public may access substantiated complaint files regarding complaints about procedures other than child abuse at the Colorado Department of Human Services, Division of Child Care, or on the Division of Child Care's website at <https://gateway.cdhs.state.co.us/cccls/PublicFileReview.aspx>.

3.912.1 COMPLAINTS ABOUT LICENSED PROVIDERS [Rev. eff. 7/1/11]

The following guidelines shall apply to complaints received by counties about providers:

- A. If the complaint concerns child abuse or neglect, the county shall immediately refer the complaint to the appropriate county protective services unit.
- B. If the complaint concerns a difference of opinion between a provider and an adult caretaker or teen parent, the counties shall encourage the provider and adult caretaker or teen parent to resolve their differences.
- C. Complaints shall be referred to the Colorado Department of Human Services, Division of Child Care licensing staff the same day the county receives it when the complaint is about a family child care home or child care center and is related to non-compliance licensing issues.

3.912.2 COMPLAINTS ABOUT QUALIFIED PROVIDERS [Rev. eff. 7/1/11]

Complaints shall be referred to the Colorado Department of Human Services, Division of Child Care Licensing staff or appropriate contracted agencies the same day as it is received by the county when:

- A. The complaint is about a relative or quality provider, who is alleged to be providing illegal care.
- B. The complaint is related to issues in a relative or qualified provider such as violation of non-discrimination laws or denial of parental access (does not include investigation of illegal care).

3.912.3 COUNTIES OR THEIR DESIGNEE STAFF ACCESSIBILITY TO PROVIDER INFORMATION [Rev. eff. 7/1/11]

The county shall make available the following provider information, including protective services information, to all staff whose responsibilities include child care subsidy services:

- A. Information known to licensing staff.
- B. Information from previous agency contacts.
- C. Information obtained from the Child Care Fiscal Agreement renewals.
- D. Information obtained from adult caretaker or teen parents, caseworker visits, and other sources.
- E. Information about corrective action intervention by the counties, their designee(s), or State Department.

3.912.4 COUNTY REFUSAL TO AUTHORIZE CARE [Rev. eff. 7/1/11]

- A. Counties have the authority to refuse to enter into a Fiscal Agreement with a provider. Counties have the authority to terminate a Fiscal Agreement after providing at least eleven (11) calendar days notice by postal service mail, fax, hand-delivery or email. The counties have the authority to terminate a Fiscal Agreement without advance notice if a child's