CHILD CARE ASSISTANCE PROGRAM

Policies and Procedures Manual

State of Alaska
Department of Health and Social Services
Division of Public Assistance
Child Care Program Office

Revised Effective July 1, 2020

CHILD CARE ASSISTANCE FAMILY POLICIES AND PROCEDURES MANUAL

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4000 STATE OF ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF PUBLIC ASSISTANCE, CHILD CARE ASSISTANCE PROGRAM GENERAL INFORMATION

The Child Care Assistance Program (CCAP) is within the Department of Health and Social Services (DHSS), Division of Public Assistance (DPA), Child Care Program Office (CCPO). This section details the CCPO Mission and Vision; CCAP Overview; Purpose of the CCAP Manual and Users; and CCAP Tools and Resources.

1. MISSION

The DHSS mission is "to promote and protect the health and well-being of Alaskans." The DPA mission is "We promote self-sufficiency and provide for basic living expenses to Alaskans in need in order to support the health, safety, and well-being of all Alaskans." The CCPO mission is "We support families in accessing quality child care."

2. VISION

The DHSS vision is "Alaska individuals, families, and communities are safe and healthy." The DPA vision is, "DPA is a national leader in best practices for the delivery of public assistance benefits and services. We continuously improve our business processes, effectively leverage technology, and enable our quality workforce to provide participant centered services." The CCPO vision is: "Safe, healthy child care is available and affordable for all families in Alaska."

3. CHILD CARE PROGRAM OFFICE STRATEGIES

The CCPO contributes to the Department's mission by: providing child care subsidies to allow low and moderate income families to obtain and retain employment; monitoring child care facilities to ensure the health and safety of children while in care; and by promoting improvements to the quality of child care.

The CCPO contributes to the Division's mission by helping low to moderate income working families pay for a portion of their child care costs. Circumstances in which assistance may be provided include while the parent(s) is working, looking for work, attending job training or an educational program. By providing access to affordable, safe, and quality child care, families can succeed in the

workplace and attain self-sufficiency.

Providing access to quality child care is a key component in efforts to assist families in achieving economic self-sufficiency. To accomplish the mission and achieve the vision of the CCPO, the following strategies for families accessing quality child care will be applied.

a. Access:

- Helping families pay child care costs;
- Connecting families to the statewide Child Care Resource and Referral Network (CCR&R); and
- Recruiting and retaining child care providers.

b. Quality:

- Licensing child care facilities;
- Providing professional development opportunities for child care providers;
- Distributing consumer information about quality child care;
- Offering financial and technical support to child care facilities; and
- Supporting early childhood care and education initiatives to promote and reflect best practices in the field of Early Childhood Education.

4000-1 CHILD CARE ASSISTANCE PROGRAM OVERVIEW

Nationally child care assistance programs have been in existence for over thirty (30) years. Child care programs were initially authorized under Title IV-A of the Social Security Act-Aid to Families with Dependent Children (AFDC) Child Care, Transitional Child Care and At-Risk Child Care.

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) repealed the child care programs authorized under Title IV-A of the Social Security Act and amended section 418 of the Social Security Act to provide new entitlement Federal child care funds and transferred them to the Lead Agency under the amended Child Care and Development Block Grant Act (CCDBG). Alaska's Lead Agency is the Department of Health and Social Services (DHSS), Division of Public Assistance (DPA), Child Care Program Office (CCPO).The new statutory provisions unified and streamlined the system for child care programs. This integrated

funding has a single unified purpose and the United States Department of Health and Human Services (DHHS) named the combined funds, the Child Care and Development Fund (CCDF). 45 CFR Parts 98 and 99 are the official regulations for the CCDF effective August 24, 1998. PRWORA authorized states to further develop child care assistance programs, to aid public assistance recipients and low and moderate income families, as they work or participate in job training or educational programs.

Additionally, PRWORA created a block grant, Temporary Assistance for Needy Families (TANF) as part of a federal effort to "end welfare as we know it." The TANF block grant replaced the AFDC program, which had provided cash welfare to low income families with children since 1935.

Under the TANF structure, the federal government provides a block grant to the states, which use these funds to operate their own programs. States can use TANF dollars in ways designed to meet any of the four purposes set out in federal law, which are to: "(1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and (4) encourage the formation and maintenance of two (2)-parent families."

The CCDBG was reauthorized effective November 19, 2014. The reauthorization law promotes a two (2) generational approach by encouraging states to: further consider services for the parent(s); promote parental involvement in the development of their children in child care settings; improve the child care and development of participating children; and increase the number and percentage of low income-children in high-quality child care settings.

Native and/or Tribal Organizations, in addition to States, may apply to receive federal funding to operate a Native TANF program as allowed under 45 CFR 286. Several Tribal organizations in Alaska receive federal funding to operate Tribal TANF programs and receive a Native Family Assistance grant from DPA. Tribal organizations operating a Native Family Assistance Program (NFAP) serve a specific population and operate within a specific region of the state. More information regarding the Native Family Assistance Program can be found at: http://dpaweb.hss.state.ak.us/manuals/NFAP/NFAP_Guide.htm

In Alaska, child care subsidies were initially administered by the Department of Community and Regional Affairs. The Child Care Assistance Program (CCAP) was moved to the Department of Education and Early Development in 2001, and subsequently transferred to DHSS in 2003.

Funding for the State of Alaska CCAP and other CCPO services comes from the federal CCDF and the TANF block grant, along with state general funds.

4000-2 PARENTS ACHIEVING SELF-SUFFICIENCY (PASS) CATEGORIES

The Department of Health Social Services (DHSS) has designated its Child Care Assistance Program (CCAP) as the Parents Achieving Self-Sufficiency (PASS) program, and has created three (3) categories of assistance: PASS I, PASS II, and PASS III.

1. **PASS I:**
   PASS I Child Care Assistance (CCA) is a self-sufficiency supportive service under Alaska Statute (AS) 47.27 and Alaska Administrative Code (ACC) 7 AAC 45 to low income eligible families applying for or receiving Alaska Temporary Assistance Program (ATAP) benefits. ATAP is also referred to as Temporary Assistance (TA) and is funded federally through the TANF block grant.

   The goal of TA is to "Move Alaskans from welfare into jobs so they can support their families…"

   PASS I CCA is administered statewide through collaboration between the Division of Public Assistance (DPA), Work Services Technical Assistance Team (WSTA), who oversees case management and delivery of supportive services for families receiving TA work services accomplished by contractors, grantees, and/or DPA Staff. Recipients of PASS I CCA must be currently employed, involved in work search, or participating in an approved activity.

2. **PASS II:**
   PASS II CCA is a self-sufficiency service under AS 47.25 and 7 AAC 41 to low to moderate income eligible families for the first year for

transitional purposes after TA benefits cease due to earnings from employment at the time of the TA case closure.

PASS II CCA is administered statewide through grants and sub-grants to agencies (Designees) who deliver CCAP services on behalf of the Child Care Program Office (CCPO). Recipients of PASS II CCA must be currently employed or participating in an eligible job training or educational activity.

3. **PASS III:**
   PASS III CCA is a self-sufficiency service under AS 47.25 and 7 AAC 41 to low to moderate income eligible families, who are not otherwise eligible for PASS I or PASS II CCA. PASS III CCA, like PASS II CCA, is administered statewide through grants and sub-grants to agencies (Designees) who deliver CCAP services on behalf of the CCPO. Recipients of PASS III CCA must be currently employed or participating in an eligible job training or educational activity.

4000-2 A. TYPES OF CHILD CARE PROVIDERS FOR THE CHILD CARE ASSISTANCE PROGRAM

The following are child care provider types for participation in the CCAP:

1. Approved Relative;
2. In-home;
3. Licensed Center;
4. Licensed Group Home;
5. Licensed Home;
6. Tribally Approved or Tribally Certified;
7. United States (US) Department of Defense or US Coast Guard Certified providers; and
8. Nationally Accredited or Nationally Certified Day Camp (or similar facility or program).

Designees approve all provider types for CCAP participation within their service delivery area.

The CCPO includes Licensing Staff who assist individuals outside the Municipality of Anchorage (MOA), wishing to become Licensed child care providers. Licensing Staff provide technical assistance and monitor providers to ensure licensing compliance. The State of Alaska delegates authority to the MOA to provide licensing services within the MOA.

4000-2 B. CHILD CARE ASSISTANCE PROGRAM DELIVERY SYSTEM

The CCAP is administered statewide through grants. Grant applicants must be eligible to apply under 7 AAC 78.030. Eligible applicants include nonprofit organizations, municipalities and Regional Educational Attendance Areas, other political subdivisions of the State, other State agencies, and Alaska Native Entities (Tribes). The CCAP delivery system includes key components and five (5) regional service delivery areas for families and providers.

1. **Key Components Include:**
   a. Program outreach – helping eligible families in Alaska access affordable quality child care and supporting child care providers in administering quality child care programs;
   b. Family eligibility services – determining eligibility forfamilies to participate in the CCAP and issuing child care authorizations; and
   c. Child care provider eligibility services- determining eligibility for child care providers to participate in the CCAP.

2. **Service Delivery Areas Include:**
   a. PASS I: Work Services Providers (WSP) provide case management and issue supportive services for families in ATAP service delivery areas.
   b. PASS II and PASS III regional service delivery areas are:
      - Southeast: includes the communities within the City and Borough of Juneau, Haines Borough, Hoonah-Angoon Census Area, Ketchikan Gateway Borough, Prince of Wales-Hyder Census Area, and Yakutat City and Borough;
      - Coastal: includes communities on the Kenai Peninsula, Kodiak, Bristol Bay area, Kotzebue area, and Nome area;
      - Municipality of Anchorage: includes all communities within the Municipality of Anchorage;

- Central: includes communities within the Matanuska - Susitna Borough, and the Valdez/Cordova Census area; and
- Northern: includes communities within the Fairbanks North Star Borough, Interior Alaska, and North Slope Borough.

3. **Child Care Licensing service delivery areas are:**
   a. Central North consists of cities geographically located in western central and northern Alaska, including Wasilla, Talkeetna, Healy, Fairbanks, North Pole, Delta Junction, Barrow, Nome, Kotzebue, Brevig Mission, Bethel, Dillingham, The Aleutian Islands, and Kodiak.

   b. Central South consists of cities geographically located in eastern central and southeast Alaska, including: Palmer, Sutton, Kenai, Soldotna, Nikiski, Sterling, Kasilof, Anchor Point, Homer, Seward, Valdez, Cordova, Juneau, Douglas, Wrangell, Haines, Gustavus, Skagway, Petersburg, Sitka, Ketchikan, and Prince of Wales; and the

   c. Municipality of Anchorage (MOA) consists of cities geographically located within the Municipality of Anchorage, Alaska including: Anchorage, Eagle River, Chugiak, Peters Creek, Eklutna, and Girdwood. The State of Alaska delegates authority to the MOA.

4000-3 PURPOSE OF THE CHILD CARE ASSISTANCE PROGRAM MANUAL AND MANUAL USERS

This manual is to be used for training, reference, and as a supplement to the statutes and regulations mentioned below. It provides the policy, procedure, and technical details to support workers in administering the Child Care Assistance Program (CCAP).

Child Care and Development Fund (CCDF) rules under 45 Code of Federal Regulation (CFR) 98 and 99 require each state to develop regulations and rules for implementing child care subsidies. Alaska Statute (AS) and Alaska Administrative Code (AAC) authority for administering the CCAP are as follows:

1. AS 47.05.300 - .390 Criminal History; Registry;

2. AS 47.25.001 - .095 Day Care Assistance and Child Care Grants;

3. AS 47.27.005, AS 47.27.035 Alaska Temporary Assistance Program;

4. AS 47.32.010 - .900 Centralized Licensing and Related Administrative Procedures;
5. 7 AAC 10 Barrier Crimes and Conditions; Background Checks;

6. 7 AAC 39 Child Care Grant Program;

7. 7 AAC 41 Child Care Assistance Program;

8. 7 AAC 45 Alaska Temporary Assistance Program;

9. 7 AAC 49 Hearings; and

10. 7 AAC 57 Child Care Facilities Licensing.

Users of the manual include, but are not limited to:

11. Agencies who receive grants or contracts from the Division of Public Assistance (DPA) Work Services and Family Support Team to provide case management and supportive services for families who receive Temporary Assistance (TA) cash benefits. These families may be ready or near ready to work or have multiple challenges or a profound challenge and are involved with multiple agencies. Supportive services may include Parent's Achieving Self-Sufficiency (PASS) I Child Care Assistance (CCA). Agencies providing supportive services are referred to throughout this manual as Work Services Providers (WSP).

12. The DPA Work Services Technical Assistance Team (WSTA) who provides overall oversight of the statewide Work Service program and provides technical assistance to WSP.

13. DPA Field Services staff who determine eligibility for families to receive a TA cash benefit.

14. Agencies who receive grants from the Child Care Program Office (CCPO) or sub-grants from a grantee of the CCPO to administer PASS II and PASS III CCA for families who, either no longer receive a TA cash benefit or have never received a TA benefit and have low to moderate income. These agencies also administer CCA for child care providers wanting to participate in the CCAP to be eligible to receive child care payments on behalf of participating families.

Agencies providing these services are referred to throughout this manual as Designees.

15. CCPO Staff who: provide overall CCAP oversight and guidance; determine Alaska Inclusive Child Care Program (Alaska IN!) eligibility; determine Child Care Grant Program (CCG) eligibility; process CCAP requests for payment statewide; process CCG Reimbursement Requests statewide; conduct requests for information; conduct incorrect payment determinations; conduct pre-hearing conferences; and perform debarment actions.
16. State of Alaska and Municipality of Anchorage (MOA) Child Care Licensing Staff who monitor licensed child care facilities, conduct health and safety inspections, and investigate reports of concern of approved child care facilities. These agencies are referred to throughout this manual as Child Care Licensing.
17. State of Alaska and Municipality of Anchorage (MOA) Child Care Licensing Staff who monitor licensed child care facilities, conduct health and safety inspections, and investigate reports of concern of approved child care facilities. These agencies are referred to throughout this manual as Child Care Licensing.
18. The Department of Health and Social Services (DHSS), DPA, Program Integrity and Analysis (PI&A)Quality Assessment (QA); Contracted Services Quality Assurance (CSQA); and Fraud Control Units who monitor for grant and contract compliance, process requests and represent DPA in the hearing process; and investigate intentional program violations and represent DPA in the intentional program violation hearing process.
19. Child Care Resource and Referral Network (CCR&R) Staff who receive referrals from Designees and assist families in finding quality child care, provide professional development opportunities to child care providers, and in collaboration and coordination with the CCPO work with families and providers for the inclusion of children with special needs through Alaska IN!
20. Interested and/or participating families.
21. Interested and/or participating providers.
22. Other state and federal workers/contractors with a direct or indirect involvement and interest in the administration of CCA Programs.

This manual cannot anticipate every situation that may occur while administering the CCAP. Users, as applicable, may encounter circumstances where the manual does not provide enough detail to make a decision. Sound and reasonable judgment, also known as prudent person judgment (PPJ), is expected to be exercised when encountering specific family or provider situations as well as use of appropriate tools and resources.

4000-4 CHILD CARE ASSISTANCE PROGRAM TOOLS AND RESOURCES

A variety of tools and resources are available and must be used, as applicable, to deliver Child Care Assistance Program (CCAP) services.

These tools include the following data systems: Alaska's Resource for Integrated Eligibility Services (ARIES); Case Management System (CMS); Eligibility Information System (EIS); Integrated Child Care Information System (ICCIS); Integrated Resource Information System (IRIS); and NEW Alaska Background Check System (NABCS).

To obtain access to any of the data systems, a signed *Division of Public Assistance Confidentiality Statement* Gen 144 and *Service Provider Computer Security Agreement* applicable to the user as a State of Alaska worker or a non-state worker must be received and approval granted to access the system before a profile specific to the actions the user will be completing is established in ICCIS. CCAP Designee's must also complete the *ICCIS Access Template* which will be provided to the agency's Local Administrator.

The *Division of Public Assistance Confidentiality Statement* Gen 144 is available on-line at:
http://dpaweb.hss.state.ak.us/e-forms/pdf/gen144.pdf and the *Service Provider Computer Security Agreement* is available on-line based on if the individual is a State of Alaska employee or Grantee/Contractor at: https://dpaworks.dhss.alaska.gov/.

Select the Security tab in the ribbon under Systems Operations then select the applicable: *DPA Security Agreement for EIS, Network & Related Systems* if a State of Alaska employee; or the *DPA Service Provider EIS Security Agreement for Grantee/Contractors*.

The *Division of Public Assistance Confidentiality Statement* Gen 144, *Service Provider Computer Security Agreement,* and if applicable the *ICCIS Access Template,* are faxed to the Child Care Program Office (CCPO) toll free at 1-888-224-4536 or 907-269-1064. These forms must be completed and submitted annually.

CCAP Designee's Local Administrator will submit the completed and signed *Division of Public Assistance Confidentiality Statement* Gen 144, *Service Provider Computer Security Agreement* and *ICCIS Access Template* to the CCPO at: ccpo@alaska.gov for each new staff member who will be working in ICCIS for the CCAP.

When a staff member leaves an organization or access to ICCIS is no longer needed, the CCPO must be notified immediately by submitting a *Service Provider Computer Security Agreement* with the delete check box selected to ccpo@alaska.gov, using the subject line "ICCIS Access Deletion".

Additional tools include: Adverse Action Calendar; CCPO at a Glance; CCPO Brochures; CCPO website; Inquiries and Consultation; Interpreter Services; Retention Schedule; and What's Happening, etc. As tools are developed and resources provided, the CCPO will make every attempt to include them in this document for future reference.

4000-4 A. ALASKA'S RESOURCE FOR INTEGRATED ELIGIBILITY SERVICES (ARIES)

ARIES is the replacement system for the EIS. Release One contains the federally-mandated Affordable Care Act (ACA) Medicaid Eligibility determination functionality only.

4000-4 B. CASE MANAGEMENT SYSTEM (CMS)

CMS is used by agencies performing case management and approving supportive services. Requests for Parents Achieving Self-Sufficiency (PASS) I Child Care Assistance (CCA) are initiated through CMS. Users must have signed a *CMS Security Access Request* applicable to the user and have approval granted to access the system. The *CMS Security Access Request* and the *CMS User Guide* are available on-line at: https://dpaworks.dhss.alaska.gov/.

4000-4 C. ELIGIBILITY INFORMATION SYSTEM (EIS)

EIS is the system used to document and authorize Temporary Assistance (TA), Food Stamp Program (Supplemental Nutrition Assistance Program, SNAP), Chronic and Acute Medical Assistance (CAMA), General Relief Assistance (GRA), Interim and Adult Public Assistance, Senior and Disability Benefits, and some Medicaid benefits for families.

Most contractors and grantees are not granted access to this system. Information from EIS is populated into CMS and ICCIS for families participating in the CCAP. A security agreement must be completed and approval granted for staff to receive access to this system. The security agreement is available on-line at: https://dpaworks.dhss.alaska.gov/.

4000-4 D. INTEGRATED CHILD CARE INFORMATION SYSTEM (ICCIS)

ICCIS is the system used to conduct family and provider eligibility actions for the CCAP; conduct and manage child care provider licensing actions; and verify child care assistance payments to providers.

ICCIS User Guide is on-line after logging into ICCIS at: https://iccis.dhss.alaska.gov/.

4000-4 E. INTEGRATED RESOURCE INFORMATION SYSTEM (IRIS)

IRIS is maintained by the Department of Administration, Division of Finance and used to manage and track the state's financial resources. IRIS accepts transactions generated by outside systems, such as ICCIS, via a batch interface which are processed throughout the day. The Financial Transaction Processor (FTP) processes all financial transactions entered into IRIS. These entries must be balanced with the verifications completed each day by Designees and the CCPO. Identified discrepancies are returned to the Designee for correction.

4000-4 F. NEW ALASKA BACKGROUND CHECK SYSTEM (NABCS)

The Department of Health and Social Services (DHSS), Division of Health Care Services, Alaska Background Check Program (BCP) provides centralized background check support for programs that provide for the health, safety, and welfare of persons who are served by the programs administered by the DHSS.

Individuals applying to become child care providers or who reside in a child care facility must obtain clearance regarding their criminal background. NABCS is the on-line system for processing background check applications and receiving results. Information about the BCP can be obtained at: http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck

4000-4 G. ADVERSE ACTION CALENDAR

Families and providers must be given ten (10) days notice prior to the last day of the month, based on the Adverse Action Calendar, advising the adverse (negative) action will affect benefits or program participation the first (1st) day of the following month.

DPA Field Services produce a monthly calendar, commonly known as the Adverse Action Calendar, to assist workers in determining timeframes related to case processing. This calendar also assists workers in determining the last date an action can be taken in the current month to implement the change the following month.

The Adverse Action Calendar reflects ten (10), fifteen (15) and thirty (30) day timeframes, without asterisks, for the due dates when requesting information from the applicant.

It also identifies due dates with asterisks as noted in the legend, for taking action on reports of change, and for making a determination on an application.

The Adverse Action Calendar identifies different programs in dates within the calendar. The calendar is distributed each month by DPA Field Services to the CCPO and partners via email or can be accessed at: http://dpaweb.hss.state.ak.us/main/PDF/adverseAction.pdf

The Adverse Action Calendar includes the following items in a legend defining the dates information is due when requested from a family and dates action is to be taken by workers:

1. **10, 15 and 30-Day Request for Information (Pend) Date**
   When requesting information needed to process an application report of change, or when information or verification must be requested, the family or provider must be given at least ten (10) days to provide it. A specific longer timeframe is used when prescribed or allowed in policies and procedures for the required information or verification needed. To determine when the information is due, the first (1st) day is the day after the notice is mailed, except for notices issued on Fridays the mail date is always considered to be the following Monday. The mailing date is day zero (0) not included as one (1) of the ten (10) days. When the tenth (10th) day falls on a weekend or Federal holiday, the date is moved to the next business day.

2. **10-Day Timeframe to Act on Reported Changes**
   All reports of change must be acted on within ten (10) days. This action date is reflected on the Adverse Action Calendar by asterisk(s) ten (10) date. Day zero (0) is the date the day the reported change was received. When the tenth (10th) day falls on a weekend or Federal holiday, the action must be taken the business day prior to the tenth (10th) day.

3. **** 30-Day Application ProcessingTimeframe**
   All applications received are to have a determination of approve or deny no later than thirty (30) days from the date the application is date stamped received. Day zero (0) is the date the application is date stamped received. When the thirtieth (30th) day falls on a weekend or Federal holiday, the application must be worked by the first (1st) business day after the thirtieth (30th) day.

4. **Adverse Action Date**
   A notice, including closure and end of approval status notices, of the adverse action must be mailed at least ten (10) days before the effective date of the adverse action. The adverse action date noted on the calendar is the last day staff can prepare and mail a notice for adverse actions taking effect the first (1st) day of the following month. When information is due on the adverse action date identified on the Adverse Action Calendar, families and providers must be allowed through the close of business on that day to provide the requested information or verification.

The ten (10) day count begins the day after the date the adverse action notice is mailed. Designees must be aware of the day the prepared notice will actually go out in the mail.

Designees and CCPO Staff are to use the Adverse Action Calendar for determining the due date on Pend and Information Needed notices, the eligibility end date to use in the Information Needed, Closure and End of Status notices, and the date to send the Closure and End of Status notices to families and providers and the action completion date by staff.

When requesting information from families and providers, based on the date the notice will be mailed, use the listed ten (10) day Request for Information (Pend) date unless policies and procedures prescribe a longer specific time.

5. Due Date Before Adverse Action Date

When the due date in an Information Needed Notice is before the Adverse Action date in the Adverse Action Calendar for the current month, the eligibility end date in this notice is to be the last day of the current month. The business day following the due date in the Information Needed Notice, a Closure or End of Approval Status Notice is to be mailed to the family or provider informing them that their eligibility will end the last day of the current month. The eligibility end date is the same in each notice, however, if the Closure or End of Approval Status notice is not sent timely and before the Adverse Action date, the eligibility end date must be changed to the last day of the following month.

Example: An Information Needed notice is sent on 4/3/18, telling the family or provider information is due by 4/16/18 (they have until the close of business on this day to submit to the Designee), or if not received by the Designee their eligibility will end 4/30/18. This is because on 4/17/18, when the Closure Notice or End of Approval Status Notice is to be sent, it is still before the Adverse Action day in the Adverse Action Calendar for the current month and action is taken to close that case 4/30/18.

Exception: When requesting information or verification from a family to support a reported change, the eligibility end date to use is the last day of the family's certification period. The change will not be made without the required verification, however, it will not end their eligibility.

6. **Due Date Same or After the Adverse Action Date**
When the due date in an Information Needed Notice is the same day or any day after the Adverse Action date in the Adverse Action Calendar for the current month, the eligibility end date in this notice is to be the last day of the following month. The business day following the due date, a Closure or End of Approval Status Notice is to be mailed to the family or provider informing them that their eligibility will end the last day of the following month. The eligibility end date should be the same in each notice.

Example: An Information Needed Notice is sent on 4/6/18, telling the family or provider information is due by 4/19/18 (they have until the close of business on this day to submit to the Designee), or if not received by the Designee their eligibility will end 5/31/18. This is because on 4/20/18, when the Closure Notice or End of Approval Status Notice is to be sent, that day falls after the Adverse Action day in the Adverse Action Calendar for the current month and action is taken to close that case 5/31/18.

Exception: When requesting information or verification from a family to support a reported change, the eligibility end date to use is the last day of the family's certification period. The change will not be made without the required verification, however, it will not end their eligibility. See section 4170-2 Notice of Action for Family.

4000-4 H. CCPO AT A GLANCE

The CCPO maintains a roster with the primary duties and contact information for each CCPO staff person titled "CCPO At A Glance". This document is reviewed and updated at least quarterly and made available to Designees and other partners.

4000-4 I. CHILD CARE PROGRAM OFFICE BROCHURES

The CCPO has developed and makes available brochures describing the office and programs administered: The Child Care Program Office; Child Care Assistance PASS I; Child Care Assistance PASS II and PASS III; Child Care Licensing; Child Care Grant Program; and Alaska

Inclusive Child Care Program (Alaska IN!).

Contact the CCPO to request brochures toll free at 1-888-268-4632 or by email to: ccpo@alaska.gov, using the subject line "Brochure request". The title of the brochure, quantity and timeframe to receive are to be included in the request.

These brochures can be viewed on the CCPO website: http://dhss.alaska.gov/dpa/Pages/ccare.

4000-4 J. CHILD CARE PROGRAM OFFICE WEBSITE

The CCPO maintains a website with information regarding the programs administered and other early childhood activities and initiatives. The website also contains a current listing of ICCIS active/open child care providers, excluding In-home.
The CCPO website can be accessed at:
http://dhss.alaska.gov/dpa/Pages/ccare

4000-4 K. DIRECT SECURE MESSAGING (DSM)

When sending confidential or sensitive information to an email address that is not state sponsored, the DHSS requires the information to be faxed or emailed through use of a platform for file transfer called Direct Secure Messaging (DSM). Both the sender and receiver must have established accounts with DSM in order for the information to be transmitted and received. DSM transfers sensitive information to be emailed in the form of encrypted messages. When sending sensitive information via email to the CCPO is to be sent to a shared DSM account at:
DPA.CCPODSMMailbox@direct.dhss.akhie.com

Sensitive information includes:

1. Personal information, including name **along with** one (1) of the following: Social Security Numbers (SSN)/Employment Identification Numbers (EIN); and/or financial or benefits information (bank account numbers and balance transfers, salary and compensation data, credit card numbers, etc.);

2. Reports until finalized and determined public (inspections, plans of correction, incidents, complaints, investigations, hearings, etc.);

3. Electronic Protected Health Information (EPHI, e.g. anything that associates a specific person with a type of treatment.); and

4. Personal Health Information (PHI).

Designees and contractors must submit the *Alaska Health Information Subscription Agreement for Direct Secure Messaging* form for an account to be established to: info@ak-ehealth.org. Fees may apply.

DSM secures the entire email (body, subject line) and the attachment therefore the subject lines can include family or provider specific information. Certified return of receipt is available to be set up on individual user accounts and communications between DSM user accounts can be forwarded.

Additional information is available at:
http://ak-ehealth.org/for-providers/direct-secure-messaging/

For other technical help using DSM such as resetting passwords, contact the AeHN Help Desk toll free at 1-888-484-5763 or helpdesk@alaska.gov

4000-4 L. INQUIRIES AND CONSULTATION

Designees and Work Services Providers (WSP) are expected to utilize this manual, discuss the situation with their lead and/or supervisor and apply prudent person judgment (PPJ) prior to requesting policy or procedural guidance.

Designees and WSP should consult with the CCPO if they are unable to reach a decision on child care eligibility or have questions about a particular issue.

For questions or additional guidance on policy or procedural issues, or as the result of a file review, for PASS I, PASS II, or PASS III CCA, send e-mail inquiries to the CCPO Policy Mailbox at: dpaccp@alaska.gov and not to a specific CCPO individual.

Client names and ICCIS account number or member identification number should be included to identify the specific situation. However, dates of birth, social security numbers or other sensitive information are not to be used in the email for confidentiality reasons. When sending sensitive information, utilize DSM or fax the information to the

CCPO toll free at: 1-888-224-4536 or 907-269-1064.

The subject line of the message must include the PASS category (PASS I, PASS II, or PASS III), a designated priority level as outlined below and the topic.

Examples:

"PASS I – Level 1 – Allowable additional care"

"PASS II – Level 2 – Irregular income for spouse"

"PASS III – Level 3 –Incorrect Payment clarification."

For general inquiries, the body of the message needs to include: your specific question, relevant information, the preferred solution and justification for the preferred solution.

When submitting questions or requests for additional guidance on policy or procedural issues for PASS I, PASS II, or PASS III CCA, the CCPO requires the Designee and WSP to categorize each request into one (1) of three (3) levels described below. The priority level is determined based on the content of the question or guidance needed and the urgency, such as processing timeframe requirements. Delay in working a case or submitting a question does not necessarily constitute a higher level of priority. Level 2 or Level 3 requests should not be identified as Level 1. If the priority level is not included the submission will be considered a Level 3.

1. **Level 1:**
   Response is to be provided within forty-eight (48) hours regarding a critically important issue.

2. **Level 2:**
   Response is to be provided within five (5) business days regarding a less time-critical question or concern.

3. **Level 3:**
   Response is not time sensitive and/or the CCPO is being alerted to a hypothetical situation or a real scenario that needs future consideration and/or thought.

   Level 3 submissions may also be tabled for general discussion during a statewide teleconference, if appropriate. The CCPO will acknowledge this request within five business days, but a decision or full response may be tabled for future discussions.

Designees who advertise the CCAP and/or who produce a newsletter must have prior approval from the CCPO Program Coordinator II with CCAP oversight responsibility before publishing. All advertising to include: newsletters, flyers, newspapers and/or electronic, audio or print media, are to be submitted to dpaccp@alaska.gov for approval, one (1) week prior to publication deadline and ensure the State of Alaska DPA is included as a funder or oversight organization.

4000-4 M. INTERPRETER SERVICES

If an individual is not able to or is limited in speaking, reading, or writing English, or the individual requests translation services, staff must make every effort to arrange for translation services.

Telephonic interpreter services are provided free of charge by DPA for DPA Staff and Designees through a contract for services. As this contract changes information is provided to the Designee with the company providing the interpreter services and procedures for accessing an interpreter.

Staff will provide this assistance through one-on-one or group orientations, using the following: telephonic interpreter service provided by the department's contracted interpreter service; resources within the community that provide translation services; bilingual employees of the Designee; or friends and family of the applicant or participant as a last resort.

Individuals who can understand English, but are unable to read the application or other printed materials must have these read aloud to them.

Staff must help the family or provider complete the application or other required forms by making sure the individual understands each question that is read. Staff will not complete the application or other forms for them. Applicants may have someone of their choosing complete the application document and other forms on their behalf, but the applicant must sign where required.

If the Staff member or an interpreter assists with translation or reading of the information, the reader's or translator's name must be documented in an ICCIS or CMS case note. The relationship between the reader or translator and the applicant must also be documented.

The case note should include: the name of the DPA contract interpreter service and individual's name, bilingual staff member (name); language used and any other information to assist the family with future interactions.

If documents are received written in a language other than English, Designees and CCPO are not to rely on the family or provider to translate the documents. These documents are to be sent to the CCPO Policy Mailbox at: dpaccp@alaska.gov with a request for translator services. The CCPO Eligibility and Benefits Team will forward the documents to the DPA contact requesting approval for translation of the documents and payment of fees. The CCPO Eligibility and Benefits Team will provide a response to the Designee to include the translation if one can be obtained.

4000-4 N. MOVEIT

The State of Alaska, DHSS has a new tool, MOVEit, available to DHSS employees and Non-DHSS employees, including grantees and contactors. The purpose of MOVEit is to securely transfer large datasets and files to other DHSS staff and Non-DHSS staff. MOVEit also allows for a secure exchange of confidential and protected health information, known as a package, through your personal MOVEit mailbox.

MOVEit does not replace Direct Secure Messaging (DSM).

Non-DHSS employees must register with MOVEit in order to send or receive a package. There is no cost associated with this registration.

When a DHSS employee uses MOVEit to send a Non-DHSS employee a package, the Non-DHSS employee is sent an email to register with MOVEit. The email will contain a registration link and one-time password. After a short registration dialog, the Non-DHSS employee will become an Ad Hoc user.

All Non-DHSS employees are encouraged to follow the registration steps required when an email notification is received advising them of a package having been sent. An example of the email the Non-DHSS employee will receive is: *the from email address is m3-moveitsecurely@ipswitch.com*

4000-4 O. RETENTION SCHEDULE

The CCPO developed a retention schedule (chart) to assist Designees and staff in determining the length of time work product and closed case files need to be retained before destroying. More detailed Department, Division and Program retention information is available should questions arise.

4000-5 DATE STAMPING

All applications, supporting verification, reports of change, requests for payment, or other documents submitted as part of a family or child care provider's application or continuing participating must be date stamped when received by the Designee or Child Care Program Office (CCPO).

Designees are to ensure the date and time are set on fax machines to accurately reflect when a fax is received particularly if the sender has not set their fax's date and/or time.

1. During business hours
   Documents received during the normal business day are date stamped with that day's month, day, and year.

2. After the Close of Business – Email or Fax
   Documents received via fax or email after the close of business and retrieved the following business day are to be date stamped according to the received date and timeframe indicated on the fax or email.

3. After the Close of Business – Drop Box
   Items received after the close of business via a drop box and retrieved the next business day are to be date stamped with the date of the previous or most recent business day.

4. Mail
   Documents that are received via mail, are to be date stamped the date they are received. The envelope is stapled to the documents and the envelope postmark date is to be used to determine whether the document(s) were received timely.

   Example: A *Child Care Assistance Application Received – Pended Notice* was issued and mailed requesting verification of income with a due date of November 30th. The family mailed the verification which the Designee received on December 6th. The

postmark on the envelope shows November 28th. The Verification is considered timely even though the verification was date stamped as received on December 6th.

4000-6 RETURNED MAIL PROCESSING

Child Care Assistance Program (CCAP) participating families and child care providers are required to ensure their contact information is current and correct.

When the United States Postal Service (USPS) returns a notice mailed by either regular or certified delivery, receipt of the returned mail is documented in an Integrated Child Care Information System (ICCIS) case note.

If the notice was incorrectly addressed by the Designee or Child Care Program Office (CCPO), the address is corrected on the mailing including any necessary adjustments to due dates in the notice. The corrected notice is documented in an ICCIS case note and mailed to the correct address.

In instances where the reason for the notice is resolved prior to it being returned by the USPS, the notice does not need to be resent. If the reason for the notice is not resolved and the family's or provider's case was closed due to lack of response prior to the notice being returned by the USPS, the notice must be resent if it was originally sent to an incorrect address and/or a new address is identified.

4000-6 A. NO FORWARDING ADDRESS PROVIDED

When the USPS mail returned provides no forwarding address, the Designee or CCPO is to attempt to contact the family or child care provider by telephone to inquire about their new or updated mailing address. Attempts to call the family or provider must be documented in ICCIS.

If the Designee or CCPO is unable to contact the family or child care provider, the *Child Care Assistance – Mailing Address Needed Notice* is issued to the address on record, requesting a current mailing address. The family or child care provider is given ten (10) days, based on the Adverse Action Calendar, to respond.

If more than one notice has been mailed to the family or provider and has been returned with no forwarding address, and a call has been attempted and documented in ICCIS, the agency has made effort to reach the family or the provider.

1. Applying Family or Child Care Provider
   When the notice issued to an applying family or provider is a denial of their application and there is no response to the request for a mailing address, the lack of response is documented in an ICCIS case note and no further action is needed.

   When the notice issued to an applying family or provider is requesting additional information needed for a determination to be made and there is no response to the request for a mailing address and/or that notice is also returned by the USPS, the lack of response or returned mail is documented in an ICCIS case note. The family or provider application is denied and mailed to the address on record. Should this notice also be returned by the USPS it is documented in an ICCIS case note and no further action is needed.

2. Participating Family
   If there is no response from the participating family and/or the request for a mailing address notice is also returned by the USPS, it is documented in an ICCIS case note and the case is closed with adverse action.

   If the original notice issued was notification for the family to renew participation and there is no response or inquiry from the family prior to the end of their certification period, the family's case is closed at the end of their certification period. The *Child Care Assistance Closure Notice* is issued to the family to the address on record. If the closure notice is also returned by the USPS, it is documented in an ICCIS case note and no further action is taken.

3. Participating Child Care Provider
   When a notice issued by the CCPO is returned by the USPS, the CCPO will confirm the notice was addressed correctly and advise the Designee of the need to send the request for mailing address. If there is no response from the participating child care provider after the request for mailing address notice due date, the child care provider's case is closed effective the last day of the month with adverse action. The *Child Care Assistance Provider End of*

Approval Status Notice is issued to the child care provider to the address on record. The Designee provider staff must coordinate with the staff working with those families who have care authorized to the provider for the canceling of all existing future month *Child Care Assistance Authorization* documents. If the end of approval status notice is also returned by the USPS it is documented in an ICCIS case note and no further action is taken.

4000-6 B. IN-STATE FORWARDING ADDRESS PROVIDED

When the USPS provides an in-state forwarding address on mail returned, the Designee or CCPO is to document the new address in an ICCIS case note and attempt to contact the family or child care provider by telephone to inquire about their new or updated mailing address. If a new address is confirmed by a child care provider to the CCPO, the CCPO will notify the Designee to take the necessary action to update ICCIS and if a provider, obtain an updated *State of Alaska Substitute W-9* form.

If the Designee or CCPO is unable to contact the family or child care provider, the applicable family or provider, *Child Care Assistance - Information Needed Notice* is issued to the forwarding address provided by the USPS, requesting confirmation of a new mailing address. The family or child care provider is given ten (10) days, based on the Adverse Action Calendar, to respond. If there is no response from the family or child care provider and/or the notice is not returned, the mailing address is updated in ICCIS.

The notice originally returned is sent to the new address with any needed adjustments made to due dates. Additional actions may be required of the child care provider depending on the original notice being issued.

1. **Applying Family or Child Care Provider**
   When the notice issued to an applying family or provider is a denial of their application and there is no response to the information needed notice, the lack of response is documented in an ICCIS case note and no further action is needed.

   When the notice issued to an applying family or provider is to request additional information needed for a determination to be made and there is no response to the request for a mailing address and/or that notice is also returned by the USPS, the lack of

response is documented in an ICCIS case note. The family or provider application is denied and mailed to the address on record. Should this notice also be returned by the USPS it is documented in an ICCIS case note and no further action is needed.

2. **Participating Family**
   If there is no response from the participating family and/or the request for a mailing address notice is also returned by the USPS, it is documented in an ICCIS case note and no action is taken on the family's case.

   If the original notice issued was notification for the family to renew participation and there is no response or inquiry from the family prior to the end of their certification period, the family's case is closed in ICCIS at the end of their certification period. The *Child Care Assistance Closure Notice* is issued to the family to the address on record. If the closure notice is also returned by the USPS it is documented in an ICCIS case note and no further action is taken.

3. **Participating Child Care Provider**
   When a notice issued by the CCPO is returned by the USPS, the CCPO will confirm the notice was addressed correctly and advise the Designee of the need to send the request for mailing address.

   If there is no response from the participating child care provider after the request for mailing address notice due date, the child care provider's case is closed in ICCIS effective the last day of the month with adverse action. The *Child Care Assistance Provider End of Approval Status Notice* is issued to the child care provider to the address on record. The Designee provider staff must coordinate with the staff working with those families who have care authorized to the provider for the canceling of all existing future month *Child Care Assistance Authorization* documents. If the end of approval status notice is also returned by the USPS it is documented in an ICCIS case note and no further action is taken.

4000-6 C. OUT OF STATE FORWARDING ADDRESS PROVIDED

When the USPS provides an out-of-state forwarding address on mail returned, the Designee or CCPO is to document the new address in an ICCIS case note and attempt to contact the family or child care

provider by telephone to inquire about their new or updated mailing address.

If a new address is confirmed by a child care provider to the CCPO, the CCPO will notify the Designee to take the necessary action to update ICCIS and close the provider's case.

If the Designee or CCPO is unable to contact the family or child care provider, the *Child Care Assistance Closure Notice* is issued to the family to the address on record. The *Child Care Assistance Provider End of Approval Status Notice* is issued to the child care provider to the address on record.

The Designee or CCPO must coordinate with the Designee Staff working with those families for the canceling of all existing future month *Child Care Assistance Authorizations*.

4000-7 TIMELY AND ADEQUATE NOTICE

Notices issued regarding actions taken by the Designee or Child Care Program Office (CCPO), or requirements of the family or provider for participation, must be sent following either timely or adequate timeframes.

1. **Timely Notice:**
   Timely notice is required for all adverse actions to ongoing cases. This means an information needed notice and closure or end of approval status notice must be mailed at least ten (10) days prior to the first (1st) day of the affected benefit month using the Adverse Action Calendar. The ten (10) day count begins the day after the notice is mailed. All cases are closed in the Integrated Child Care Information System (ICCIS) effective the last day of the month as stated in the notice, however the action is taken the first (1st) day of the month following the closure effective date.

2. **Adequate Notice:**
   Adequate notice is to be dated and mailed on the date the action is taken or the following business day if it cannot be mailed the same day. Actions requiring adequate notice:
   a. Approval of an application for program participation;
   b. Denial of an application for program participation;
   c. Closure of a family's or provider's case due to non-renewal;
   d. Closure of a family's or provider's case at their request; or
   e. Increasing the benefit for an ongoing family's case.

4010 RIGHTS UNDER THE CHILD CARE ASSISTANCE PROGRAM

A family or provider applying for or participating in the Child Care Assistance Program (CCAP) has specific rights which must be ensured.

4010-1 CONFIDENTIALITY

Information relating to a family's participation in the Child Care Assistance Program (CCAP) is confidential. The Department of Health and Social Services (DHSS) requires strict adherence to confidentiality rules by State employees and all agencies involved in the administration of public assistance programs including the CCAP under Alaska Statute (AS) 47.05.020. All agencies and staff involved in the administration of the CCAP must read to understand confidentiality rules and requirements and sign the appropriate computer security agreement to acquire the applicable computer access.

1. **Agencies and Staff Administering the CCAP will ensure:**
   a. Files are maintained in a manner that ensures confidentiality of personal information;
   b. Individual computer logins and passwords are strong, kept confidential, and routinely changed;
   c. Eligibility reviews occur in locations that ensure confidentiality;
   d. Personal family and provider information is pertinent to eligibility and discussed only within a professional content and context;
   e. Release of Information forms signed and dated by the participating parent or provider are on file and used when requesting information from other sources;
   f. Release of Information forms signed and dated by the participating parent or provider are on file prior to releasing information to a requestor, except as described in 4010-1, 2 Prohibition Against Using Family and Provider Information;
   g. Staff does not access their own files and records or those of any co-worker, family members, friends or individuals with whom

they have a personal relationship or there is a potential conflict of interest;

h. A Child Care Program Office (CCPO) or Designee applying or participating staff member's case is processed by a supervisor or neutral third (3rd) party who is not a co-worker or subordinate of the applicant; and

i. Written notification issued to a family with an incorrect family's information is documented and the grant award *Notification of Suspected Breach* form is submitted to the CCPO.

2. **Prohibition Against Using Family and Provider Information:** It is a violation against state statute and regulation (AS 47.05.020, AS 47.05.030, AS 47.32.180 and AS 47.32.190, Alaska Administrative Code (AAC) 7 AAC 37, 7 AAC 41.400, and 7 AAC 57.055) to use information obtained from families or providers participating in the CCAP or to disclose this information to any person other than the applicant or recipient, with the following exceptions:

   a. Persons directly involved in the administration and enforcement of the Alaska Temporary Assistance Program (TA), including but not limited to users of this manual identified in 4000-3 Child Care Assistance Program Manual Users, and

   b. Persons directly involved in other state or federally funded assistance programs including, Tribal Organizations administering Temporary Assistance for Needy Families (TANF) or Child Care and Development Fund (CCDF) CCAP. CCDF CCAP persons include but are not limited to users of this manual identified in 4000-3 Child Care Assistance Program Manual Users.

4010-2 CIVIL RIGHTS

Staff administering any aspect of the Child Care Assistance Program (CCAP) will not discriminate against any applicant or participant, including, but not limited to, the: application submission or withdrawal; certification of families and approval of providers; issuance of program benefits; request to discontinue assistance; choice of participating child care provider; conduct of administrative reviews or hearing process or the conduct of any other program service, for reasons of age, race, color, sex, disability, religious creed, national origin or political belief.

A complaint is any clear expression by the complainant or person acting for him/her, to the effect that he or she believes himself or herself to be the object of discrimination based on age, race, color, sex, disability, religious creed, national origin, or political belief.

4010-3 APPEALS

Any family or provider applying or participating in the Child Care Assistance Program (CCAP), who disagrees with a written determination made by the Designee or Child Care Program Office (CCPO), may request a hearing. Requests for a hearing must be submitted in writing to the CCPO.

Participating families and those renewing without a break in participating will have their benefits automatically continued upon requesting a hearing unless they indicate on their request they do not want continued benefits.

Applying families who have not previously participated or who have a break in participation and child care providers are not entitled to continued benefits when requesting a hearing. See section 4400-1 Hearing Request.

4010-4 REQUEST FOR PUBLIC RECORDS

Requests for information from a family's or provider's file, including information maintained in the Integrated Child Care Information System (ICCIS) or other electronic means must be documented and acted upon in a timely manner.

Participating parents or providers have access to information contained in their own file which may be viewed during normal business hours of the Designee. When a request is made, a case note is entered in the participating family's or provider's ICCIS case documenting their review of the hard copy file. When a participating family or provider requests copies of any part of their file, the request must be made in writing and identify the specific information and/or timeframe for the request.

When an individual who is not associated with the case, including representatives of a law office, requests to exercise their freedom of information and view a family's or provider's file, their request must

be submitted in writing. The Designee will not release any information to the requestor prior to receiving approval from the Child Care Program Office (CCPO). The Designee must immediately forward a copy of the request received, including subpoenas, and any legal release to the CCPO at the policy mailbox: dpaccp@alaska.gov.

The Designee must immediately express mail, or hand deliver, the requested file to the CCPO, retaining a copy of information pertinent to the family's most recent application. The CCPO will forward the request and release to the Division of Public Assistance Director's Office and Department of Law who will:

1. Verify the release is in proper order;

2. Request the pertinent file from the CCPO or Designee; and

3. Submit the release and documents to the division's legal team.

4020 RESPONSIBILITIES UNDER THE CHILD CARE ASSISTANCE PROGRAM

The State of Alaska, Department of Health and Social Services (DHSS), Division of Public Assistance (DPA), Child Care Program Office (CCPO) is designated as the Lead Agency for the Child Care and Development Fund (CCDF), and manages, administers and provides oversight for the Child Care Assistance Program (CCAP). The CCPO is the primary contact regarding the CCAP for Designees, DPA Work Services Technical Assistance Team (WSTA), Work Services Providers (WPS), Child Care Licensing (CCL), and the Alaska statewide Child Care Resource and Referral Network (CCR&R). All of these agencies and their staff work together and have specific responsibilities in the delivery of CCAP services. This section provides an overview of responsibilities under the CCAP for the:

1. CCPO;

2. Other DPA Units;

3. Other State of Alaska Departments;

4. WSP for Parents Achieving Self-Sufficiency (PASS) I CCA;
5. Designee/Designee Contractor for PASS I, PASS II and PASS III CCA;
6. Municipality of Anchorage (MOA) Child Care Licensing Program;
7. CCR&R;
8. Applying and/or participating families; and
9. Applying and/or participating providers.

4020-1 RESPONSIBILITIES OF THE CHILD CARE PROGRAM OFFICE

General responsibilities of the Child Care Program Office (CCPO) include, but are not limited to:

1. Ensuring the Child Care Assistance Program (CCAP) complies with all Federal requirements relating to the administration of the program;
2. Collaborating and coordinating with the Department of Health and Social Services (DHSS), Division of Public Assistance (DPA), Program Integrity and Analysis, Quality Assessment (QA) and Contracted Services Quality Assurance (CSQA) units to conduct grant and program monitoring, desk audits and case file reviews, and to provide feedback to Designees, and Work Services Providers (WSP);
3. Promulgating regulations pertaining to programs administered by the CCPO, and that are also connected to the CCAP: Child Care Licensing (CCL), Child Care Grant (CCG) Program, and Alaska Inclusive Child Care Program (Alaska IN!);
4. Developing a CCAP policies and procedures manual and implementing use of the manual;
5. Providing interpretation and clarification of state regulations and statutes, policies and procedures governing the CCAP;
6. Maintaining a list of eligible child care providers to include names

and addresses on the CCPO web-site at: http://dhss.alaska.gov/dpa/Pages/ccare;

7. Maintaining private and confidential information on families and providers who are not eligible to participate in the CCAP;

8. Maintaining original child care provider request for payment files according to the *Retention Schedule*;

9. Conducting pre-hearing conferences and participating in the appeal process (Hearings);

10. Conducting on-site health and safety inspections of approved providers;

11. Conducting investigations related to potential incorrect payment of benefits;

12. Coordinating in the development and oversight of grants for the administration of the CCAP statewide, child care licensing within the Municipality of Anchorage (MOA), and Child Care Resource and Referral Network (CCR&R) services statewide;

13. Providing program brochures, child care assistance forms, templates of required documentation, and notices of action;

14. Notifying Designees, WSP, families, providers and communities (as applicable) of changes to regulations and policies;

15. Processing request for payment forms for child care providers statewide;

16. Evaluating reports of concern and/or non-compliance regarding a provider and if an investigation is warranted:
    a. Conducting the investigation;
    b. Developing a plan with the Designee and/or child care licensing for a coordinated investigation;
    c. Authorizing the Designee to conduct the investigation and submit a report and recommendation to the Department;
    d. Issuing a report of the investigation; and
    e. Conducting related follow-up visits to ensure compliance;

17. Approving, denying, monitoring, and investigating providers and families, as identified and deemed necessary and appropriate;

18. Providing training and technical assistance regarding CCAP statutes and regulations, policies and procedures, and Integrated Child Care Information System (ICCIS), as applicable;
19. Receiving, approving and maintaining *Division of Public Assistance Confidentiality Statement* Gen 144 and *Service Provider Computer Security Agreement* for ICCIS access and creating the ICCIS User Profile Request document;
20. Processing *Variance Request Applications* regarding childcare provider background barriers and general variances;
21. Coordinating with Designees, DPA Functional Teams and Systems Operations changes or corrections in ICCIS;
22. Coordinating with Designees and DPA Functional Teams in determining a family's eligibility for Parents Achieving Self-Sufficiency (PASS) II Child Care Assistance (CCA); and
23. Processing *Application for Alaska Inclusive Child Care* CC48 for all PASS programs.

4020-1 A. RESPONSIBILITIES OF THE CHILD CARE PROGRAM OFFICE LICENSING PROGRAM

Responsibilities of the CCPO Licensing Program for the State of Alaska, excluding the MOA, service delivery area include but are not limited to:

1. Processing applications and providing technical assistance for individuals interested in becoming licensed and processing renewal applications for Licensed child care providers;
2. Conducting announced and unannounced on-site health and safety inspections of child care providers and facilities;
3. Investigating reports of concern for Licensed, approved and unregulated providers;
4. Collaborating with CCPO Eligibility and Benefits and/or CCAP Designee Staff to receive data to identify approved providers;
5. Providing resources to providers working through the licensing process or upon request;

6. Completing requests from Designees and/or CCPO Staff to coordinate with licensed providers as needed to ensure ICCIS information is updated and consistent and advising the Designee or CCPO when completed; and/or

7. Notifying the CCAP Designee and CCPO Eligibility and Benefits Team of licensed provider changes and temporary or permanent closures, or suspensions.

4020-1 B. RESPONSIBILITIES OF THE CHILD CARE PROGRAM OFFICE FOR PASS I CHILD CARE ASSISTANCE

Responsibilities of the CCPO for PASS I CCA include, but are not limited to:

1. Coordinating regular teleconferences with the DPA Work Services Technical Assistance Team (WSTA), and WSP regarding the CCAP;
2. Coordinating an effective method of communication between agencies involved with a family's transition between the PASS categories to include child care requests, provider status and child care authorization documents; and
3. Serving as a primary point of contact for questions and issues with PASS I child care providers;

4020-1 C. RESPONSIBILITIES OF THE CHILD CARE PROGRAM OFFICE FOR PASS II AND PASS III CHILD CARE ASSISTANCE

Responsibilities of the CCPO for PASS II and PASS III CCA include, but are not limited to:

1. Collaborating and coordinating with DHSS, Grants and Contracts unit, preparing and issuing grants to Designees for delivery of PASS II and PASS III CCAP services; monitoring fiscal and program reporting associated with the grants; and approving grant award payments to Designees;

2. Approving access to an electronic data management information system for use in the delivery of CCAP services and a corresponding policy guide;

3. Coordinating regular teleconferences with Designees;

4. Providing Designees access to telephone interpreter services for serving families and providers with limited English proficiency;

5. Distributing to Designees the monthly DPA Adverse Action Calendar produced by DPA Field Services;

6. Distributing to Designees the monthly caseload reports produced by Systems Operations (SYSOPS); and/or

7. Coordinating with Licensed Providers and Designees to ensure data in ICCIS is updated and consistent.

4020-2 RESPONSIBILITIES OF OTHER DIVISION OF PUBLIC ASSISTANCE UNITS

In addition to the Child Care Program Office (CCPO), other units within the Division of Public Assistance (DPA) have responsibilities in regard to the Child Care Assistance Program (CCAP) administration.

4020-2 A. RESPONSIBILITIES OF THE DIVISION OF PUBLIC ASSISTANCE FIELD SERVICES FOR PASS I CHILD CARE ASSISTANCE

DPA Field Services Staff determines eligibility for participation in the Alaska Temporary Assistance Program (TA). Responsibilities of DPA Field Services Staff include but are not limited to:

1. Providing information to a family about Parents Achieving Self-Sufficiency (PASS) I Child Care Assistance (CCA) and how the Work Services Provider (WSP) can assist them with obtaining CCA;

2. Providing information to families regarding the Alaska statewide Child Care Resource and Referral Network (CCR&R) for

assistance in finding quality child care;

3. Creating a *PASS II Child Care Referral* W150 notice for the family when their TA case closes due to employment and sending a copy to the applicable PASS II and PASS III Designee; and/or

4. Documenting in the case notes of the Eligibility Information System (EIS) the date the *PASS II Child Care Referral* W150 was created or why the family is not PASS II eligible and any conversation with the family pertaining to the notice.

DPA Field Services Eligibility Staff works closely with the Work Services Technical Assistance Team (WSTA) to ensure families are smoothly transitioned to WSP.

4020-2 B. RESPONSIBILITIES OF THE WORK SERVICES TECHNICAL ASSISTANCE TEAM FOR PASS I CHILD CARE ASSISTANCE

The DPA WSTA Team works directly with WSP who administer case management services for recipients of TA. The WSTA team acts as a liaison between the WSP and the CCPO regarding PASS I CCA. Responsibilities of the DPA WSTA Team pertaining to PASS I CCA include, but are not limited to:

1. Collaborating and coordinating with the CCPO regarding grants or contracts, and WSP requirements for program procedures statewide;

2. Preparing and issuing contracts and grants, monitoring fiscal and program reporting, and approving awards for WSP;

3. Providing training and technical assistance regarding program requirements and procedures to WSP statewide contractors and/or grantees;

4. Participating in regular teleconferences with WSP, Designees and the CCPO;

5. Participating in effective communication between the CCPO, Designees, and WSP; and/or

6. Participating in the development, review and implementation of Child Care Assistance Program (CCAP) policies and procedures.

4020-2 C. RESPONSIBILITIES OF THE PROGRAM INTEGRITY AND ANALYSIS SECTION, ANALYSIS UNIT FOR PASS I, PASS II, AND PASS III CHILD CARE ASSISTANCE

Responsibilities of the Program Integrity and Analysis Section (PI&A), Analysis Staff include, but are not limited to:

1. Providing regular and ad hoc program reports regarding families, children, and child care providers;
2. Participating in monthly Integrated Child Care Information System (ICCIS) Data Integrity Group (IDIG) meetings;
3. Participating in CCPO all staff meetings;
4. Participating in CCPO Leadership Team meetings upon request;
5. Participating in regularly scheduled CCPO and Designee teleconferences and/or meetings;
6. Conducting and completing analysis of federally mandated market price survey or alternative methodology in collaboration and coordination with the CCPO;
7. Assisting in the completion and submission of the Child Care and Development Fund (CCDF) Quality Performance Report; and/or
8. Completing and submitting the annual federal Administration for Children and Families (ACF)-800 Report in collaboration and coordination with the CCPO; and
9. Creating the draft monthly federal ACF-801 report for CCPO review and transmitting the final report by the end of the month.

4020-2 D. RESPONSIBILITIES OF THE PROGRAM INTEGRITY AND ANALYSIS SECTION, QUALITY ASSESSMENT UNIT, FOR PASS I, PASS II, AND PASS III CHILD CARE ASSISTANCE

Responsibilities of the DPA PI&A Section, Quality Assessment (QA) Staff, include but are not limited to:

1. Collaborating and coordinating with the CCPO, Designees, and WSP regarding desk audits and case file reviews;

2. Measuring participation rates;

3. Completing case file reviews for federal reporting pertaining to improper payments;

4. Participating in federal calls, webinars, etc. relating to improper payments;

5. Completing and submitting the required *Record Review Worksheet* to be used during the Improper Authorization for Payment review cycle; and/or

6. Completing and submitting the required State Improper Payments Report at the end of the review cycle. 4020-2 E. RESPONSIBILITIES OF THE PROGRAM INTEGRITY AND ANALYSIS SECTION, CONTRACTED SERVICES QUALITYASSURANCE UNIT FOR PASS I, PASS II, AND PASS III CHILD CARE ASSISTANCE

Responsibilities of the DPA PI&A Section, Contracted Services Quality Assurance (CSQA) Staff include, but are not limited to:

1. Collaborating and coordinating with the CCPO and DPA WSTA Team for the grant or contract monitoring and reporting of the Designees, and WSP;
2. Scheduling on-site visits, at least one annually, with Designees, and WSP in coordination with the CCPO and DPA WSTA Team for the purpose of monitoring compliance;

3. Providing feedback to Designees, WSP, and CCPO staff pertaining to desk audits and case file reviews;

4. Participating in regular teleconferences with CCPO staff and Designees; and/or

5. Receiving and processing requests for hearings and representing the CCPO or Designee during the process.

4020-2 F. RESPONSIBILITIES OF THE PROGRAM INTEGRITY AND ANALYSIS SECTION, FRAUD CONTROL UNIT FOR PASS I, PASS II, AND PASS III CHILD CARE ASSISTANCE

Responsibilities of the DPA PI&A Section, Fraud Control Unit Staff, include but are not limited to:

1. Receiving referrals from the CCPO or Designee regarding potential child care assistance fraud or intentional program violations;

2. Investigating referrals; and/or

3. Representing the CCPO or Designee in the intentional program violation hearing process.

4020-2 G. RESPONSIBILITIES OF THE PROGRAM INTEGRITY AND ANALYSIS SECTION, BENEFIT ISSUANCE AND RECOVERY UNIT FOR PASS I, PASS II, AND PASS III CHILD CARE ASSISTANCE

Responsibilities of the PI&A Section, Benefit Issuance and Recovery unit (BIRU) include but are not limited to:

1. Notifying individuals of an overpayment of CCAP benefits;

2. Obtaining repayment agreement with individuals;
3. Receiving and tracking payments to satisfy the overpayments; and/or

4. Communicating with CCPO information on individuals who are non-compliant or non-responsive.

4020-2 H. RESPONSIBILITIES OF SYSTEMS OPERATIONS SECTION FOR PASS I, PASS II, AND PASS III CHILD CARE ASSISTANCE

Responsibilities of Systems Operations (SYSOPS) Section include, but are not limited to:

1. Maintaining computer management systems: Alaska's Resource for Integrated Eligibility Services (ARIES); Integrated Child Care Information System (ICCIS); Eligibility Information System (EIS); and Case Management System (CMS);

2. Providing "help desk" support for ARIES, ICCIS, EIS, and CMS;

3. Providing system guidance in monthly IDIG meetings;

4. Updating Integrated Resource Information System (IRIS) Vendor Customer Numbers (VCN) in ICCIS;

5. Providing the daily Benefit Issuance File (BIF) to CCPO Accounting for ICCIS-IRIS interface for payment verification;

6. Providing data downloads for Program Integrity and Analysis Unit and other batch reports for CCPO such as the ICCIS Family Caseload Report;

7. Transmitting the final federal ACF-801 report by the end of the month;

8. Maintaining the electronic version of user guides for ICCIS and CMS;

9. Establishing and maintaining user profiles and accesses in ICCIS;

10. Maintaining official ICCIS *Security User Agreements*;

11. Providing monthly ICCIS User Listing to CCPO; and

12. Assisting CCPO with legislative audits.

4020-2 I. RESPONSIBILITIES OF THE ADMINISTRATIVE SERVICES UNIT FOR PASS I, PASS II, AND PASS III CHILD CARE ASSISTANCE

Responsibilities of the Administrative Services Unit Staff include, but are not limited to:

1. Completing and submitting the quarterly federal ACF-696 report in collaboration and coordination with the CCPO and Department of Health and Social Services (DHSS)grants and contracts staff;

2. Maintaining the DPA budget and providing programs with information;

3. Providing the DPA with administrative support and information; and/or
4. Monitoring and managing the daily IRIS / ICCIS interface for rejected transactions.

4020-3 RESPONSIBILITIES OF OTHER STATE OF ALASKA DEPARTMENTS OR HEALTH AND SOCIAL SERVICES DIVISIONS FOR PASS I, PASS II, AND PASS III CHILD CARE ASSISTANCE

In administering the Child Care Assistance Program (CCAP), other State of Alaska departments and the Department of Health and Social Services (DHSS) divisions have direct or indirect responsibilities.

4020-3 A. RESPONSIBILITIES OF THE DEPARTMENT OF ADMINISTRATION

Responsibilities of the Department of Administration include, but are not limited to:

1. Processing electronic payments for direct deposit through the Electronic Payment Inquiry System (EDI);
2. Issuing warrants to participating providers and In-home families

after an interface with the Integrated Child Care Information System (ICCIS);

3. Coordinating with the Child Care Program Office (CCPO) for Vendor Customer Number (VCN) issuance; and/or

4. Issuing annual *Internal Revenue Service Miscellaneous Income* MISC-1099 forms to providers as applicable.

4020-3 B. RESPONSIBILITIES OF THE DEPARTMENT OF PUBLIC SAFETY

Responsibilities of the Department of Public Safety include providing the results of processing fingerprint cards for applicants, staff and household members of child care facilities.

4020-3 C. RESPONSIBILITIES OF THE DEPARTMENT OF REVENUE, CHILD SUPPORT SERVICES DIVISION

Responsibilities of the Department of Revenue, Child Support Services Division include providing access to child support payment information to the Designee, for parents included on the *Child Care Assistance Application* CC08 through a myAlaska account.

4020-3 D. RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, GRANTS AND CONTRACTS SECTION

Responsibilities of the Department of Health and Social Services (DHSS) Grants and Contracts Section include, but are not limited to:

1. Coordinating and collaborating with the CCPO in grant Request for Proposal (RFP) development, awards and implementation;

2. Providing oversight of grantee and contractor fiscal reporting;

3. Providing technical assistance to the Division of Public Assistance (DPA) for procurements;

4. Processing grantee payment in coordination and collaboration with the CCPO using the Grants Electronic Management System (GEMS); and/or

5. Providing grantee training and assistance related to reporting requirements and using GEMS.

4020-3 E. RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, OFFICE OF CHILDREN'S SERVICES

Responsibilities of the DHSS, Office of Children's Services (OCS) include:

1. Authorizing child care for children being temporarily cared for outside his or her home by a foster parent; and
2. Providing court records for background variance applications when an individual has a Child In Need of Aid (CINA) substantiation.

4020-3 F. RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, HEALTH CARE SERVICES, RESIDENTIAL LICENSING AND BACKGROUND CHECK UNIT

Responsibilities of the DHSS, Health Care Services, Residential Licensing and Background Check unit include:

1. Maintaining a database for background check processing;

2. Analyzing criminal history of child care facility applicants, staff and/or household members;

3. Identifying barring crimes and/or conditions;

4. Issuing a determination of clearance or barred;

5. Processing requests for redetermination of a barring determination;
6. Chairing the DHSS Variance Review Committee; and

7. Providing the DHSS oversight agency Commissioner decisions for Variance requests.

4020-4 RESPONSIBILITIES OF WORK SERVICES PROVIDERS FOR PASS I CHILD CARE ASSISTANCE

Responsibilities of Work Services Providers (WSP) include, but are not limited to:

1. Developing the Family Self Sufficiency Plan (FSSP) in collaboration with the family;

2. Gathering information from the parent(s) and verifying activities identified on the FSSP to determine the need for child care;

3. Reviewing with the parent and obtaining a signed, original *Parent Responsibility Agreement – PASS I* CC3 form from each parent who is requesting child care assistance at the time of the family's initial assessment with their WSP and then again with every annual Family Progress Review, providing a copy to the parent, and retaining the form in the client file;

4. Assisting families in finding quality child care by connecting them as early as possible with the Alaska statewide Child Care Resource and Referral Network (CCR&R);

5. Providing parents with information about:
   a. Parent must work with WSP for all child care needs;
   b. Eligible child care provider types;
   c. Rules governing PASS I CCA;
   d. Community resources that can help parents find care, including CCR&R, if appropriate;
   e. Parent's responsibility to pay the difference of child care costs if the parent chooses a provider that charges rates higher than the state rates and for care not covered under their FSSP;
   f. Exemption from work activities due to lack of available or appropriate child care;
   g. Services available through Alaska IN! for children with special needs;
   h. Potential twelve (12) month eligibility for PASS II CCA for parents when an adult family member is employed at the time the TA case closes; and

i. Agency name and contact information for PASS II or PASS III CCA when the family is transitioning from PASS I;

6. Making work exemption determinations due to lack of available or appropriate child care;

7. Working with parent(s) to develop back-up and/or alternative child care arrangements;

8. Referring parents of children who have special needs and/or require care accommodations to the Child Care Program Office (CCPO) to learn more about the Alaska Inclusive Child Care Program (Alaska IN!);

9. Notifying a parent when their identified provider has been denied or otherwise becomes ineligible for CCAP participation;

10. Submitting an electronic *Request for PASS I Child Care* CC1 or faxing a *Manual Authorization Request Form – PASS I* CC02;

11. Documenting all actions taken regarding Parents Achieving Self-Sufficiency (PASS) I CCA in a clearly written client note in the Case Management System (CMS);

12. Providing the family with a copy of the *Child Care Assistance Authorization* document created for each month care has been authorized and maintaining a copy in the family's hard case file;

13. Contacting a parent when advised through a client note, alert, etc, that the provider's Child Care Assistance (CCA) request for payment indicates a discrepancy between the parent's use of child care and the unit of care authorized to adjust the unit of care for future months as appropriate or submit a *Supplemental Payment Request* (CC06);

14. Managing information to ensure child care is authorized appropriately and meets the parent(s) eligibility and needs based on their participation in activities included in their FSSP;

15. Obtaining a copy of the ten (10) business day written notice of termination of services, or signed waiver of the ten (10) business day notice, and documenting receipt in a CMS client note, prior to requesting new authorizations for care when care is ended or a parent selects a new provider; and/or

16. Request to cancel future authorizations using adverse action when a parent stops using their provider

4020-5 RESPONSIBILITIES OF DESIGNEE/ DESIGNEE CONTRACTOR FOR PASS I, PASS II, AND PASS III CHILD CARE ASSISTANCE

General responsibilities of the designee, or the designee contractor if applicable, include but are not limited to:

1. Administering the grant from the State in compliance with federal and state law, regulations, and the grant agreement, regardless of whether the Designee has sub-contracted administrative duties to another entity;

2. Performing the duties as outlined in Alaska Administrative Code (AAC) 7 AAC 41.015;

3. Enforcing policy and procedures as described in this manual and informing the Child Care Program Office (CCPO) of ongoing and/or specific circumstance prohibiting determinations to be made within the prescribed timeframes regarding family and provider application and changes;

4. Collaborating, coordinating and fostering positive working relationships with Work Services Providers (WSP) serving the service delivery area and the CCPO to ensure families transitioning off Temporary Assistance (TA) receive information about PASS II and PASS III Child Care Assistance (CCA);

5. Reviewing the Case Management System (CMS) client notes and collaborating with the WSP staff to resolve any discrepancies related to the Request for PASS I Child Care CC1 or Manual Authorization Request Form – PASS I CC02 submission; and/or

6. Determining if care can be authorized to a non-participating provider for the family's initial authorization period.

A key component in the delivery of the child care assistance program (CCAP) is outreach. The CCPO has developed program forms and brochures to be used for this purpose. Requests for

program brochures are to be sent to ccpo@alaska.gov, using the subject line "brochure request". When requesting brochures the designee is required to include the title of the brochure, quantity, and timeframe to receive them.

Designees are responsible for:

7. Ensuring information and forms about the programs administered by the CCPO are readily available to potentially eligible families and child care providers throughout their service delivery area;

8. Recognizing the diversity of the population and the need for innovative distance delivery options;

9. Assisting interested individuals with the appropriate forms and guidelines;

10. Coordinating with the Alaska statewide Child Care Resource and Referral Network (CCR&R); and

11. Fostering positive working relationships with the CCPO, partner agencies, and communities.

Designees are to use the CCPO prescribed forms and brochures when conducting outreach activities.

Any advertising to include: flyers, newspaper and/or electronic media are to be submitted to dpaccp@alaska.gov for approval by the CCPO Program Coordinator II with CCAP oversight responsibility, at least one week prior to publication deadline. Advertising must include the State of Alaska; Division of Public Assistance (DPA) as a funder or oversight organization.

4020-6 RESPONSIBILITIES OF THE MUNICIPALITY OF ANCHORAGE CHILD CARE LICENSINGPROGRAM FOR CHILD CARE ASSISTANCE

Responsibilities of the Municipality of Anchorage (MOA) Child Care Licensing Program for the MOA service delivery area include, but are not limited to:

1. Processing applications for individuals interested in becoming licensed and processing renewal applications for licensed child care providers;

2. Conducting announced and unannounced on-site health and safety inspections to child care facilities;

3. Investigating reports of concern for Licensed, approved, and unregulated providers in the MOA;

4. Conducting administrative hearing and variance practices for the licensed providers in the MOA;

5. Providing resources to providers working through the licensing process or upon request; and/or

6. Coordinating with licensed providers and Designees to ensure the Integrated Child Care Information System (ICCIS) information is updated and consistent.

4020-7 RESPONSIBILITIES OF THE CHILD CARE RESOURCE AND REFERRAL GRANTEE FOR CHILD CARE ASSISTANCE

Resource and referral activities are administered by the Child Care Program Office (CCPO) through a grant to the Alaska statewide Child Care Resource and Referral Network (CCR&R). The CCR&R is responsible for:

1. Supporting families through the operation of child care referral and consumer education services;

2. Assisting families with children who have special needs in finding appropriate quality child care and sharing information on the Alaska Inclusive Child Care Program (Alaska IN!); and

3. Supporting existing and prospective child care programs through professional development, technical assistance, and consultation to increase availability, affordability, and quality of child care.

4020-8 CHILD CARE ASSISTANCE FAMILY RESPONSIBILITIES

A family participating in the Child Care Assistance Program (CCAP) is responsible for understanding and following all program rules. A participating family must report within twenty-four (24) hours, to local police and the department (Child Care Licensing, if their provider is licensed by the State of Alaska or Municipality of Anchorage (MOA) or the child care assistance office if their provider is an Approved Relative or In-home caregiver), a health and safety priority level 1 concern regarding abuse, harm, or serious risk of harm to a child in a child care provider's care.

4020-8 A. PROGRAM RULES FOR PASS I CHILD CARE ASSISTANCE (CCA)

To receive Parent Achieving Self-Sufficiency (PASS) I Child Care Assistance (CCA) supportive services families must:

1. Apply for and/or be a recipient of Temporary Assistance (TA) benefits;

2. Review, complete, and sign the *Parent Responsibility Agreement - PASS I* CC03 form for each parent who is requesting child care assistance at the time of the family's initial assessment with their WSP and then again with every annual Family Progress Review, if child care services continue to be needed;

3. Select a provider participating in the CCAP;

4. Communicate with their Work Services Provider (WSP) and report changes in child care needs, child care provider, or moving out of their current CCAP service delivery area or the State of Alaska;

5. Maintain compliance with TA and case management action requests;

6. Pay the balance of child care costs if they choose a provider charging rates higher than the state rates;

7. Provide at least a ten (10) business day written notice to the

current provider before changing child care providers. The ten (10) business day written notice must be given prior to care being provided on day one (1) of the notice timeframe, otherwise day one (1) is the day following the written notice being given. The written notice is to include the date issued by the family, date care will end, and signature of the parent. The provider does not have to sign the family's notice. Written ten (10) business day notice is not required:

a. In the case of family sudden program ineligibility;
b. In the case of a police and/or licensing investigation alleging abuse, harm, or serious risk of harm to a child in the provider's care; and/or
c. Upon written mutual agreement between the provider and the family signed and dated by both the parent and provider indicating the last day ofcare;

8. Cooperate with the Department regarding any investigation conducted regarding the family or the family's child care provider;

9. Apply for In-home child care when choosing to hire an In-home caregiver and:
   a. Submit all the applicable *In-home Child Care Application* CC40 documentation to the Designee;
   b. Apply to the Alaska Background Check Program (BCP) as a provider and submit all the applicable application documentation to receive a valid criminal history check for their selected caregiver; and
   c. Renew program participation for In-home child care in conjunction with the family's TA recertification process; and

10. Report to local police and the department, within twenty-four (24) hours, a health and safety priority level 1 concern regarding abuse, harm, serious risk of harm to a child in the provider's care.

4020-8 B. PROGRAM RULES FOR PASS II AND PASS III CCA

To be determined eligible and/or to maintain their eligibility for PASS II or PASS III CCA families must provide complete, accurate, and current information and required verification regarding children, family income, hours of employment or training, work activities, and other factors that would affect their eligibility. The family is required to:

1. Submit an acceptable and complete application;

2. Participate in an interview;

3. Select an eligible provider participating in the CCAP;

4. Provide documentation to support information included on the family's application;

5. Respond timely with completed required forms, respond to scheduled interview appointments and make requested records or information available;

6. Pay to the child care provider, the family's eligible cost of care that is not paid on the family's behalf. This includes the family's contribution (co-pay), and the child care provider's charges exceeding the amount paid by the CCAP on the family's behalf. Once care is authorized for a family to a provider, the only time the family is not required to pay the cost of care not paid on the family's behalf is in those circumstances when the family never uses care with the provider identified on the *Child Care Assistance Authorization* document. Any contract or agreement regarding payment is between the family and provider. When care authorized is not used the family's co-pay may need to be changed to a different provider. See section 4100-1 C. 7 Care Not Used at the Authorized Provider-Re-Assigning Co-Pay;

7. Timely renew participation prior to the expiration of authorized care to allow for processing of eligibility redetermination and issuance of authorizations to ensure continuity of care;

8. Cooperate with the Department regarding any investigation conducted regarding the family or the family's child care provider;

9. Review the provider's attendance records and request for payment forms, if requested by the Designee or Department of Health and Social Services (DHSS), to verify care was billed only for times the children were in care;

10. Repay DHSS an overpayment of program benefits;

11. Report to local police and the department, within twenty-four (24) hours, a health and safety priority level 1 concern regarding abuse, harm, serious risk of harm to a child in the provider's care;

12. Notify the Designee within ten (10) business days:

a. Following receipt of an increase of income causing the family's countable monthly income to be in excess of eighty-five percent (85%) of the Alaska State Median Income based on the *Family Income and Contribution Schedule* and provide any requested supporting documentation to verify the reported change;
b. Before changing child care providers;
c. After a change affecting the level of child care needed; and/or
d. After a non-temporary loss of employment, or ending attendance at a job training or educational program;

13. Give the provider at least ten (10) business days written notice of the family's intent to terminate child care, including the date issued by the family, date care will end, and signature of the parent. The provider does not have to sign the family's notice. The only exceptions to the required ten (10) business day written notice prior to terminating services are:
    - If the provider waives the required notice requirement in writing both the parent and provider have signed the waiver. A copy of the waiver must be submitted to the Designee and received within ten (10) business days;
    - In the case of the parent's or child care provider's sudden program ineligibility; or
    - In the case of the parent reporting a Priority Level 1 health and safety concern regarding abuse, harm, or serious risk of harm to a child in the provider's care. The report must have been made to the local police and the department with provider oversight within twenty-four (24) hours of the occurrence; and

14. Apply for In-home child care when choosing to hire an In-home caregiver and:
    a. Submit all the applicable *In-home Child Care Application* CC40 documentation;
    b. Apply to the BCP as a provider and submit all the applicable application documentation to receive criminal history clearance for the selected caregiver; and
    c. Renew program participation for In-home child care in conjunction with the family's PASS II or PASS III renewal process.

4020-8 C. REPORTING CHANGES

Families participating in the CCAP are required to report non-temporary changes in circumstances that affect their eligibility.

Families are to keep the CCAP advised of their mailing and physical address in order to ensure program notices can be received timely.

Changes may be reported in-person, by telephone, or in writing. Information received by fax or email is acceptable.

1. **Temporary Changes – No Reporting Requirement**
   For the purposes of changes in a family's circumstance for CCAP participation, a change which is considered temporary is not required to be reported. Temporary changes include:

   a. Any time-limited absence from work for an employed parent, for periods of family leave (including parental leave) or sick leave;

   b. Any interruption in work for a seasonal worker who is not working between regular industry work seasons;

   c. Any student holiday or break for a parent participating in job training or an educational program;

   d. Any reduction in work, training or education hours, as long as the parent is still working or attending job training or an educational program;

   e. Any other cessation of work or attendance at a job training or educational program that does not exceed three (3) months. This includes when employment ends with an employer and the family intends or is attempting to find new employment; and

   f. Ending of a parent's incapacitation status during the current certification period.

2. **Temporary Changes – Reported**
   When a family reports a temporary change the Designee will review to determine if the family's benefit will be increased. If the change will result in a decrease to the family's benefit (increase of co-pay or reduction of care authorized) the change is not made. If the change will result in an increase in the family's benefit (decrease of co-pay or increase in the care authorized) the change is made.

   When an increase of care needed is reported timely, within ten (10) business days following the change, it is effective up to ten

(10) days prior to the date the change was reported. If an increase of care needed is not reported timely, it is effective the date it is reported.

Reported changes reducing a family's co-pay are effective the first (1st) of the month following when the change was reported.

Some examples of temporary changes that may increase the family's benefit include:

a. A child in the family who previously didn't need child care now needs child care;

b. A change in visitation in which a child will be in the home for summer vacation which increases the family size and may reduce the family's co-pay;

c. A change in visitation in which a child will be in the home for summer vacation and child care is needed;

d. Change in a parent's work schedule increasing the hours worked or the addition of any other eligible activity in which an increase to the level of care is needed and the family is eligible; and

e. Change in a parent's work schedule or rate of pay decreasing the hours worked and/or monthly income which may also decrease to the family's co-pay.

3. **Non-Temporary Changes – Reporting is Required**

A participating family must report within ten (10) business days:

a. After a loss of employment without new employment obtained within three (3) months or ending attendance in a job training or educational activity and no other eligible activity or restarting attendance within three (3) months for any parent in the family;

b. After an increase of income which causes the family's monthly countable income to exceed eighty-five percent (85%) of the Alaska State Median Income according to the *Family Income and Contribution Schedule;*

c. After a change in family size if adding the second parent into the family causes the family's monthly countable income to exceed eighty-five percent (85%) of the SMI;

d. Before ending care with their current child care provider; and

e. After a change of the family's physical or mailing address.

4. **Non-Temporary Changes – No Reporting Requirement**
When a family reports a non-temporary change that does not have the required ten (10) day reporting timeframe, the Designee will review to determine if the family's benefit will be increased. If the change will result in a decrease to the family's benefit (increase of co-pay or reduction of care authorized) the change is not worked. If the change will result in an increase in the family's benefit (decrease of co-pay or increase in the care authorized) the change is made.

When an increase of care needed is reported timely, within ten (10) business days of the change, it is effective up to ten (10) days prior to the date the change was reported. If an increase of care needed is not reported timely, it is effective the date it is reported. Reported changes reducing a family's co-pay are effective the first (1st) of the month following when the change was reported. Some examples of non-temporary changes that may increase the family's benefit include:

a. The birth of a child;
b. A new child added to the family;
c. A child in the family who previously didn't need child care now needs child care;
d. A change in custody in which a child will be in the home for more than previously reported and additional care is needed;
e. Change in a parent's work schedule increasing the hours worked or the addition of any other eligible activity in which an increase to the level of care is needed and the family is eligible; and
f. Change in a parent's work schedule or rate of pay decreasing the hours worked and/or monthly income which may also decrease to the family's co-pay.

4020-9 CHILD CARE ASSISTANCE PROVIDER RESPONSIBLITIES

A child care provider participating in the Child Care Assistance Program (CCAP) is responsible to follow all program rules and report changes.

1. **Child Care Provider Responsibilities:**
Licensed providers must meet the applicable requirements of Alaska Statute (AS) and Alaska Administrative Code (AAC): AS 45, AS 47.05, AS 47.32, 7 AAC 10.900- 7 AAC 10.990, 7 AAC 10.1000 – 7 AAC 10.1095, and 7 AAC 57. United States (US) Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, and Nationally Accredited or Nationally Certified Day Camp or similar providers must meet the requirements of the accrediting, certifying, or approving agency.

Participating Approved Relative providers and families choosing to use an In-home caregiver must ensure they are in compliance with 7 AAC 10, 7 AAC 41, and 7 AAC 57 as applicable.

Providers approved for CCAP participation must give the family and Designee at least thirty (30) calendar days written notice before changing their rates for services.

Providers approved for CCAP participation must give the family and Designee at least ten (10) business days written notice of the provider's intent to terminate child care, including the date issued by the provider, date care will end, and signature of the provider.

Providers must report within ten (10) business days, to the Designee, Child Care Program Office (CCPO) and Child Care Licensing, as applicable, for changes including, but not limited to:

a. Name change;
b. Physical location where child care services are provided;
c. Mailing address;
d. Phone number;
e. Hours of operation to include closures;
f. Household members; and
g. Specific children in care (Approved Relative only).

Providers must immediately report to the department:

h. The death of a child while in care;
i. A serious injury or illness of a child while in care that requires attention by medical personnel outside of the premises;
j. A fire or other emergency situation that affects the child care premises; and
k. The suspension or expulsion of a child in care for challenging

or out of control behavior.

l.

2. **Child Care Facility Records:**
Providers must maintain records for at least three (3) years from the date of the record's creation pertaining to the operation of their child care facility. It is recommended providers maintain a copy of their entire application for CCAP program participation and any written notice sent or given to families. Required records include but are not limited to:
   a. Children's records which include emergency information for each child;
   b. Daily attendance records reflecting the date and time children are in care;
   c. Copies of *Request for Payment* CC78 and *Amended Request for Payment* CC79 forms submitted for program payment;
   d. Copies of records reflecting billing invoices given to parents and payments received from parents;
   e. *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10 (floor and written plans);
   f. Documentation of completed evacuation drills;
   g. Copies of *Child Care Provider Rates and Responsibilities* CC12;
   h. Child Care License, approval, certification, or accreditation notification;
   i. State of Alaska business license;
   j. Verification of trainings completed; and
   k. Variance notification, if applicable.

3. **Emergency Information for Children in Care:**
Upon admitting a child into care, semi-annually, or whenever new information is available, a provider must obtain emergency information from the child's parent and maintain the information on the *Child Emergency Information* CC47 form prescribed by the department. The information is outlined in 7 AAC 41.207, and includes information about:
   a. Any drug or other allergies;
   b. Medication the child is taking or medical or other treatment the child requires;
   c. How to contact the child's parent and at least one other local emergency contact individual;
   d. Permission slips on the form, signed by the parent, for emergency transport to a health care facility and for the provision of emergency care and treatment; and
   e. The name of a hospital and physician of choice as designated by the parent.

4. **Certification for Pediatric First Aid and Cardiopulmonary Resuscitation:**
   Providers exempt from licensure, must obtain and submit to the CCPO or Designee, pediatric first aid and Cardiopulmonary Resuscitation (CPR) certifications prior to becoming approved for program participation. Certifications for pediatric first aid and CPR must be maintained current throughout their approval time period.

5. **Orientation and Health and Safety Training Requirements**
   Providers must complete a CCAP orientation specific to their provider type prior to program participation approval.

   Providers exempt from licensure must obtain the required training within three (3) months of becoming approved to participate in the CCAP. The required training topics are:
   a. Prevention and control of infectious diseases, including immunization;
   b. Prevention of sudden infant death syndrome and the use of safe sleeping practices;
   c. Administration of medication, consistent with standards for parental consent;
   d. Prevention of and response to emergencies due to food and allergic reactions;
   e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
   f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment;
   g. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
   h. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;
   i. Precautions in transporting children;
   j. Pediatric first aid and cardiopulmonary resuscitation (this must be completed prior to program participation);
   k. Recognition and reporting of child abuse and neglect; and
   l. Minimum health and safety training.

   Training, except recognition and reporting of child abuse is available through Better Kid Care at:
   http://extension.psu.edu/youth/betterkidcare/early-care/ccdbg

Providers are to be referred to the Office of Children's Services website to take the "Report Child Abuse in Alaska Mandatory Reporter Training." OCS's website is: http://dhss.alaska.gov/ocs/Pages/default.aspx

6. **Annual Training Requirements**
   Approved Relative providers and In-home caregivers must obtain twelve (12) hours of professional development training annually based on the effective start date of their approval for Child Care Assistance Program participation. At least one (1) hour of the training must be on one (1) of the health and safety topics listed in 5 above. Providers should access the Alaska statewide Resource and Referral Network (CCR&R), thread for training options. thread's website is: www.threadalaska.org.

4030 CHILD CARE ASSISTANCE FAMILY APPLICATION

In order to receive Child Care Assistance (CCA) a family must submit a *Child Care Assistance Application* CC08 to a Designee and be determined eligible or be in the application process or a recipient of the Alaska Temporary Assistance Program (TA) and request child care coverage.

Work Services Providers (WSP) do not have access to the Integrated Child Care Information System (ICCIS). If a family is eligible for Parents Achieving Self-Sufficiency (PASS) I, but is not open under PASS I in ICCIS, the Designee will register the family as PASS I upon receiving and approving a *Request for PASS I Child Care* CC1 or a *Manual Authorization Request Form – PASS I* CC02 submitted by the WSP.

CCA benefits cannot be issued for more than one PASS Program during the same month.

A family may request an application by phone, in writing, electronically, or in person. A reasonable attempt must be made to provide or mail an application to the parent(s) the same day requested.

1. PASS I
   The Division of Public Assistance (DPA) Field Services staff receives and processes the A*pplication for Services Gen* 50C for TA. DPA Field Services staff refers families to the appropriate WSP for case management activities which includes determining the amount of child care needed.

2. PASS II or PASS III CCA Application
   A family whose TA case has closed or who has not received TA must submit a *Child Care Assistance Application* CC08 to the Designee serving the community either where the family lives or conducts their eligible activity.

4030-1 CHILD CARE ASSISTANCE PROGRAM WAIT LIST

In the event of insufficient appropriations for statewide funding for the Child Care Assistance Program (CCAP), the Child Care Program Office (CCPO) may establish the need for implementing a wait list for Parents Achieving Self- Sufficiency (PASS) II and PASS III Child Care Assistance (CCA). The wait list shall prioritize eligible families applying for participation in the event additional funding becomes available.

4030-1 A. WAIT LIST EXEMPTIONS

An eligible family which includes one or more of the following individuals, will be exempt from and not placed on a wait list, and will receive benefits upon their eligibility determination:

1. A new child of a participating family;
2. A child with special needs; benefits are limited to this specific child;
3. A child whose parent(s') Temporary Assistance (TA) participation ended within the last twelve (12) months because of employment;
4. A child whose parent(s) are participating in or are determined eligible to participate in TA;
5. A child with parent(s) who are younger than twenty (20) years of age and who are enrolled in a high school completion program, including General Educational Development (GED);
6. A child in protective services; or
7. A child in a family who is homeless.

A child in protective services or needing to receive protective services

is a child who has been the subject of a report of harm and is considered to be in the State of Alaska's custody. A child receiving or needing to receive protective services may be residing with a parent in their own home, in the care of a relative caregiver, or in established foster care.

4030-1 B. WAIT LIST PRIORITIZATION

Families who are current recipients of TA and eligible to receive PASS I CCA are to receive benefits and are not placed on a wait list. All other eligible families not listed in section 4030-1 A. Wait List Exemptions, will be prioritized with the highest being Priority One (1).

1. **Priority One (1):**
   Eligible families in which a single parent is, or both parents are:
   a. Working; or
   b. Attending school in full time status and CCA has been paid for fewer than five (5) years.

2. **Priority Two (2):**
   Eligible families in which a single parent is, or both parents are:

   a. Searching for work and is in a participating family; or

   b. Attending school in full time status and CCA has been paid for five (5) years or more, and is in a participating or applying family. The highest priority is for eligible families with the lowest family income and/or families with children with special needs. If all other priorities are equal, families shall be prioritized on the wait list by the date of program application, with the longest standing application receiving highest priority.

4030-1 C. WAIT LIST MAINTENANCE

Designees must contact families, in priority order, as funding becomes available, to update information and determine program eligibility.

New families applying to receive CCA who have been determined eligible will be placed on the wait list based on the priorities identified in section 4030-1 B. Wait List Prioritization.

4030-1 D. WAIT LIST FOR APPLYING FAMILIES WHO MOVE FROM ONE SERVICE DELIVERY AREA TO ANOTHER

When a wait listed family moves from one Service Delivery Area to another, they will maintain their original date of application on the new Designee's wait list.

4030-1 E. WAIT LIST STATISTICS

Designees are required to maintain current statistics regarding the wait list as specified by the CCPO.

4030-2 DETERMINING CORRECT PASS PROGRAM FOR A FAMILY

Additional screening and evaluation must be conducted prior to registering a family application to ensure the correct case in the Integrated Child Care Information System (ICCIS) is used and the family is registered in the appropriate Parents Achieving Self-Sufficiency (PASS) program.

Child Care Assistance (CCA) benefits cannot be issued for more than one (1) PASS program in a month.

Prior to registering an acceptable application in ICCIS, an ICCIS search and review is conducted to include:

1. Program Type and Status to determine if the family is currently in Received, Pended, or Open in PASS I, PASS II, or PASS III at the time the time a *Request for PASS I Child Care* CC1, *Manual Authorization Request Form – PASS I* CC02, or *Child Care Assistance Application* CC08 for PASS II or PASS III is received; and

2. Case notes to determine if the family has submitted a *Child Care Assistance Application* CC08 for PASS II or PASS III that has not yet been registered or had an eligibility determination made.

Designees are to refer to the *ICCIS User Guide* for additional guidance.

4030-2 A. NO EXISTING CASE IN THE INTEGRATEDCHILD CARE INFORMATION SYSTEM

Work Services Providers (WSP) do not have access to ICCIS. If a family is eligible for PASS I, but is not open under PASS I in ICCIS, the Designee will register the family as PASS I upon receiving and approving a *Request for PASS I Child Care* CC1 or a *Manual Authorization Request Form – PASS I* CC02 submitted by the WSP.

When there is no family case created in ICCIS a family's PASS program will be:

1. PASS I when:
   a. A *Request for PASS I Child Care* CC1 is received in ICCIS and there is no Family ID listed; or
   b. A *Manual Authorization Request Form – PASS I* CC02 is received and a search in ICCIS reveals there is not a family created.

2. PASS II when a family's Temporary Assistance (TA) case closed with earnings within the past twelve (12) months and the family was not issued child care benefits through PASS I; or

3. PASS III when a *Child Care Assistance Application* CC08 is received and a search in ICCIS reveals there is not a family created.

4030-2 B. EXISTING CASE IN ICCIS

When a *Child Care Assistance Application* CC08, *Request for PASS I Child Care* CC1, or *Manual Authorization Request Form – PASS I* CC02 is received and a search in ICCIS reveals an existing case for one (1) or both of the parents, additional evaluation must be done. The Designee is to determine the status of the case; the correct PASS program for the highest benefit to the family for the month of application; and the correct PASS program for the months following the month of application which may be different.

When an ICCIS search is conducted and an existing case is found for a parent of the family this case is used and a new family is not created unless the ICCIS case is a two (2) parent family and the application is for a one (1) parent family and the parent on the application is

identified as the Primary 2 (P2) in the ICCIS case. In this situation a new case is established in ICCIS to correctly identify the parent's participation.

When the application is for a two (2) parent family, and an existing case is found for only one (1) parent of the family, this case is used regardless of which parent signs the *Child Care Assistance Application* CC08 as the Family's Parent or is identified as the primary 1 parent on a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form* – PASS I CC02 for a PASS I family.

When both parents have an existing case, and only one (1) case is in a status other than closed, that case is used. When both cases are in closed or both are in any other status, the case of the parent who signed the *Child Care Assistance Application* CC08 as the Family's Parent or is identified as the Primary 1 (P1) parent on a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form* – PASS I CC02 for a PASS I family is used.

When a two (2) parent family applies for PASS II, and there is an existing case in ICCIS with both parents, and the TA case that closed was under P2s name, the ICCIS case is used; however, additional review and clarification is needed. When the TA case closed under P2 with P1 coded out and P1 has signed the CCA application CC08 as the Family's parent, P2's TA information is not going to be reflected in family's ICCIS case. In these situations, a clarifying case note must be entered in ICCIS identifying P2 as the TA recipient who's TA case is closing or has closed and who is eligible for PASS II.

When a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is received in the same month a PASS II or PASS III *Child Care Assistance Application* CC08 is received, the Designee must determine if the family applied for TA benefits or applied for PASS II or PASS III CCA benefits first.

1. **Existing Case in any PASS Program Type with a Status of Denied or Closed**
   When a family's existing ICCIS case is denied or closed for any PASS program, the family's PASS program is based on the type of "application" received.
   a. PASS I
   If a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is received the family's PASS program is PASS I, unless there is a case note indicating a *Child Care Assistance Application* CC08 for PASS II or PASS III participation has been received.

WSP do not have access to ICCIS. If a family is eligible for PASS I, but is not open under PASS I in ICCIS, the Designee will register the family by opening the PASS I case.

b. PASS II
When a *Child Care Assistance Application* CC08 is received, and the family received TA during the twelve (12) months prior to the submission of the *Child Care Assistance Application* CC08 and they were determined to be PASS II eligible at the time their TA closed, then the family's PASS program is PASS II.

c. PASS III
If the family previously received TA and their TA case closed more than twelve (12) months prior to the submission of the *Child Care Assistance Application* CC08, or if the family never received TA, the family's PASS program is PASS III.

2. Existing Case assigned to PASS I Team, with a TA Status of Denied or Closed

If a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is received the family's PASS program is PASS I.

If a *Child Care Assistance Application* CC08 is received and the family's case in ICCIS is still open in PASS I and the TA status has been denied or closed, the Designee must review to determine the TA closure date and PASS II CCA eligibility. When the family's TA case closed with earnings the correct PASS program is PASS II, even if the closure reason is at the family's request. If the family's TA case closed without earnings, the PASS program is PASS III.

When the TA Status CL (Closed), the Designee will access the family's case in the Case Management System (CMS) to determine the family's PASS I timeframe based on applicable TA denial, or closure dates.

Families whose TA application was denied are not eligible for PASS II or a post TA month of child care. They are only eligible for PASS I for the month they submitted their TA application and any following months until a determination is made on their TA application.

If the Designee does not find the information in ICCIS or CMS to make a determination regarding the family's PASS II eligibility they

must send an inquiry to the Child Care Program Office (CCPO) Eligibility and Benefits Team at: dpaccp@alaska.gov to request the PASS program eligibility and PASS I closure date. See section 4000-4 L. Inquiries and Consultation. The CCPO will verify in the Eligibility Information System (EIS) the family's TA closure date and reason, and PASS II CCA eligibility. The CCPO will document in an ICCIS case note, the family's applicable PASS II eligibility and timeframes. If the family is not PASS II eligible the Designee will register and process the application as PASS III.

If the family is PASS II eligible the Designee will contact the WSP case manager for the post TA month request. Once care for the post TA month is requested and processed the Designee will register and process the application as PASS II.

a. TA Closure In Same Month as PASS II or PASS III Application Received

If the case closure is the same month as the *Child Care Assistance Application* CC08 was received, the family is PASS II eligible, and care for the post TA month will be requested. The *Child Care Assistance Application* CC08 is denied if all non-financial and financial factors of eligibility for PASS II or PASS III are not met within sixty (60) days of the date the application was received. Depending on the date the *Child Care Assistance Application* CC08 is received it could span across three (3) different months.

b. TA Closure In Previous Month as PASS II or PASS III Application Received

If the TA case closure is prior to the month the *Child Care Assistance Application* CC08 was received the Designee must determine if a post TA month has been requested for the month following the TA closure. If not requested the Designee must contact the WSP to request the post TA month submission or clarification why it is not requested.

Once contact has been made with the WSP, the post TA month has been requested, and the authorization issued or the WSP identifies the family's TA case closed without earnings and is therefore not eligible for PASS II or the post TA month, the Designee is to document the information in an ICCIS case note and copy it to CMS client note.

Example 1: Per CMS or WSP, family's TA closed with

earnings; family is eligible for PASS II for the period of xx/xx/xx-xx/xx/xx and PASS I closure is xx/xx/xx based on the TA closure date. Family has been authorized/WSP will be submitting a CC1for the post TA month of xx/xx.

Example 2: P*er CMS or WSP, family's TA closed without earnings and is not PASS II eligible. PASS I closed xx/xx/xx based on the TA closure date*.

Upon confirmation, and if eligible, the post TA month has been authorized, the Designee is to close the PASS I case. If the TA closed with earnings and the case manager reports the family is in penalty and not eligible for supportive services, the family's PASS I case will close at the end of the post TA month. The family will be advised they are eligible for the post TA month through PASS I if they complete the requirements with their case manager and their PASS II will start the following month. The Designee is to document this contact in an ICCIS case note and copy it to CMS CLNO. If the Designee is unable to obtain the information needed to make a determination regarding the family's PASS II eligibility, they must send an inquiry to the CCPO Eligibility and Benefits Team at: dpaccp@alaska.gov, describing their attempts at obtaining the information.

If the post TA month is the same month the *Child Care Assistance Application* CC08 was received, the application is registered with a PASS II start date of the following month.

3. Existing Case in New PASS, PASS II, or PASS III with Received, Pend, or Open Status for TA

When a *Request for PASS I Child Care* CC1, *Manual Authorization Request Form* – PASS I CC02 or *Child Care Assistance Application* CC08 is submitted and the family's case in ICCIS is in Program Type of New PASS, PASS II or PASS III and the TA status reflects RE, PE, or OP status for TA benefits the Designee must determine if the family would be eligible for more benefits through PASS I, PASS II, or PASS III for the application month. The post TA month request and authorization must be completed before the application can be registered for PASS II or PASS III.

To determine which PASS program would result in the highest benefit for the family, compare the TA RE, PE, or OP date , to the start date for child care on a *Request for PASS I Child Care* CC1 or

Manual Authorization Request Form – PASS I CC02 or date the *Child Care Assistance Application* CC08 was received. The TA status date on the general screen is viewed by hovering the curser over the TA status.

> *For example: A family submitted a Child Care Assistance Application* CC08 *to the Designee on March 4, 2016 and then applied for TA on March 28, 2016. In this situation, if the family is determined eligible for PASS II or PASS III, their coverage would begin effective March 4 when their application was received by the Designee, instead of March 28 through PASS I. The family would most likely receive more benefits for the month of March under PASS II or PASS III even though they would have a co-pay. The Child Care Assistance Application* CC08 *is processed for eligibility for the month of March only as they would no longer be eligible for PASS II or PASS III due to being eligible for PASS I effective April.*

If the PASS program cannot be identified by looking in ICCIS or CMS, the Designee will contact the Child Care Program Office (CCPO) at the policy mailbox, dpaccap@alaska.gov for confirmation of the family's correct PASS program.

If the TA case is an Adult Not Included (ANI) the family's PASS program is PASS III.

The same or next day following the receipt of the *Request for PASS I Child Care* CC1, *Manual Authorization Request Form* – PASS I CC02 or *Child Care Assistance Application* CC08, the Designee will contact the family to inform them they may be eligible for either PASS I or PASS II or PASS III, for the current month and explain which program would provide the highest benefit to them for that month. The family can choose to receive one (1) month through PASS II or PASS III and then PASS I for the month following the application month forward, or they can choose to withdraw their

PASS II or PASS III application and start receiving benefits through PASS I. If the family is determined ineligible for PASS II or PASS III or chooses to withdraw their application, and they are PASS I eligible, the family is referred to the WSP.

a. **PASS I higher benefit**
If it is determined the family would receive more of a benefit through PASS I, or if the family expresses they want to be covered through PASS I, the Designee will advise the family their PASS II or PASS III case will be closed with adverse action unless case closure is requested in writing, or their *Child Care Assistance Application* CC08 will be denied.

The Designee will issue a *Child Care Assistance Application – Denied Notice* due to the family being eligible for PASS I and include information for the appropriate WSP providing supportive services for the family.

b. **PASS II or PASS III higher benefit**
If the family wishes to have the month of application covered through their existing PASS II or PASS III case, the Designee will explain to the family their PASS II or PASS III case will close at the end of the month of their TA application and the family would be eligible through PASS I for future months. The family would be advised to contact the WSP as soon as possible if child care assistance continues to be needed.

4040 PASS I FAMILY

The administration for Parents Achieving Self-Sufficiency (PASS) I Child Care Assistance (CCA) is carried out through a collaborative partnership between the Child Care Program Office (CCPO), Designees, Work Services Providers (WSP), and Division of Public Assistance (DPA) Work Services Team (WSTA). WSP do not have access to the Integrated Child Care Information System (ICCIS).

In addition to the *Application for Services* Gen 50C for Temporary Assistance (TA), the parent(s) who request child care assistance must complete and sign the *Parent Responsibility Agreement-PASS I* CC03 form in order to receive PASS I CCA. By signing the form, the parent(s) acknowledge their responsibilities for participating in the program.

At each Family Progress Review, WSP staff is responsible for:

1. Reviewing the *Parent Responsibility Agreement-PASS I* CC03 form with the parent(s) if child care assistance may be needed;

2. Obtaining the appropriate signatures;

3. Maintaining the original form in the client hard copy casefile;

4. Providing a copy of the signed *Parent Responsibility Agreement-PASS I* CC03 form to the parent; and

5. Documenting their discussion with the parent(s) in the Case Management System (CMS) client notes using the subject heading: CC03 Received (MMDDYYYY). The body of the client note is to contain confirmation the *Parent Responsibility Agreement-PASS I* CC03 form was reviewed in full, any questions from the parent with answers provided, and a copy of the document signed by both the parent and WSP was provided to the parent. If the family states they do not need child care assistance and do not foresee needing it in the future, they are not required to sign a *Parent Responsibility Agreement-PASS I* CC03. If in the future parent requests child care assistance, they would need to sign a *Parent Responsibility Agreement-PASS I* CC03 at that time and again with each Family Progress Review.

If a family is eligible for PASS I, but is not open under PASS I in ICCIS, the Designee will register the family as PASS I upon receiving and approving a *Request for PASS I Child Care* CC1 or a *Manual Authorization Request Form – PASS I* CC02 submitted by the WSP, and as needed when a family's case closes or they transition from PASS II or PASS III to PASS I.

Upon receipt of a *Request for PASS I Child Care* CC1 or a *Manual Authorization Request Form – PASS I* CC02 the Designee will review the General screen in the family's case in ICCIS for the TA status to identify the correct PASS program for the family. See section 4030-2 Determining Correct PASS Program for a Family.

4040-1 REGISTERING A NEW PASS I FAMILY

When a *Request for PASS I Child Care* CC1 is received in the Integrated Child Care Information System (ICCIS) and there is no Family ID listed, the family will need to be created by registering the family in

ICCIS and ensuring the case is assigned to the Designee's office, PASS I Team. From the Alerts Due and Overdue screen:

1. Click on CC1 alerts;

2. Click "Select" under the Action column for the family listed without a Member ID. The ICCIS Participation secondary screen is presented requiring a family to be created; and

3. Enter the Application Received date and Program Type of Parents Achieving Self-Sufficiency (PASS) I in the Application screen.

The Designee will follow the *ICCIS User Guide* for the correct process to create the family and update the General, Application, and Demographics screens.

If a *Manual Authorization Request Form – PASS I* CC02 is submitted and the family needs created in ICCIS the Designee will follow the *ICCIS User Guide* to create the family and update the General, Application, and Demographics screens.

4040-1 A. REGISTERING AN EXISTING CLOSED FAMILY AS PASS I

When a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is received, the family's existing ICCIS case is closed, and it has been determined to be a PASS I family, the Designee will:

1. Update the General Screen in ICCIS by assigning the case to the Designee's office and PASS I Team;

2. Register the family by updating the Application screen to reflect:
   a. Program Type - PASS I;
   b. Program Status - Open;
   c. Program Start Date - The date care is to start based on the Temporary Assistance (TA) status date. Hover the cursor over the TA status code (RE, PE, or OP)to find the TA application date; and
   d. Renew Month – the last day of the sixth (6th) month from the Start Date.

4040-1 B. REGISTERING AN EXISTING RECEIVED, PENDED, OR OPEN FAMILY AS PASS I

When a *Request for PASS I Child Care* CC1or *Manual Authorization Request Form – PASS I* CC02 is received, and the case shows a program type of PASS II, PASS III, or New PASS this indicates a *Child Care Assistance Application* CC08 was received. The Designee must determine if the family applied for TA benefits or applied for PASS II or PASS III Child Care Assistance (CCA) benefits first. This may mean that a family is authorized for PASS II or PASS III for the first (1st) month, then closed and referred to the Work Services Provider (WSP) for PASS I CCA. See section 4030-2 Determining Correct PASS Program for a Family.

1. **TA Status is Pend, Received, or Open and Care is Requested the Month Prior to the PASS II or PASS III Application**
   If the TA status is showing RE, PE, or OP and a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is received requesting care for a month prior to the date the *Child Care Assistance Application* CC08 was received, and an eligibility determination has not been made on the *Child Care Assistance Application* CC08 The *Child Care Assistance Application* CC08 is denied.

   When the family is to be registered as PASS I the Designee will:
   a. Send an email to the Eligibility Information System (EIS) helpdesk at EIShelp@alaska.gov requesting the PASS II or PASS III application registration to be removed from the ICCIS application screen to allow for PASS I actions as the family is PASS I eligible;
   b. Enter an ICCIS case note explaining the reason for requesting the PASS II or PASS III application registration removal from the application screen;
   c. Once the PASS II or PASS III application has been removed from the application screen the case can be registered as PASS I by following 4030-2 B. Existing Case In ICCIS; and
   d. Register the family as PASS I once the PASS II or PASS III application registration, if any, has been removed from the application screen, using the date of the TA Status code(RE, PE, OP) in the ICCIS general screen.

2. **TA Status is Pend, Received, or Open and Care is Requested the Same Month as the PASS II or PASS III Application – No Care Authorized**

   If the case is in Program Type of PASS II or PASS III the same month care is requested in the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02, and it is determined PASS I is the correct program, the Designee will:

   a. Send the family a *Child Care Assistance Application - Denied Notice* and document the action, reason, and notice in an ICCIS case note;
   b. Email the helpdesk at EIShelp@alaska.gov , if the PASS II or PASS III *Child Care Assistance Application* CC08 has been registered, requesting the PASS II or PASS III application registration to be removed from the ICCIS application screen to allow for PASS I actions as the family is PASS I eligible;
   c. Enter a case note to explain the reason for requesting this removal of the PASS II or PASS III registration from the application screen; and
   d. Register the family as PASS I once the PASS II or PASS III application registration, if any, has been removed from the application screen, using the date of the TA Status code (RE, PE, OP) in the ICCIS general screen.

3. **PASS II or PASS III Case is in Open Status with No Care Authorized**

   If the family's case is open in ICCIS as PASS II or PASS III and no care is authorized, a review of the Application and Case Note screens is completed to determine if the family's case should have closed, if there are any months within the PASS II or PASS III certification period not yet authorized, or if an application has been submitted and is being processed for an eligibility determination.

   The same or next day the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is received and there is not a PASS II or PASS III *Child Care Assistance application* CC08 in the process of an eligibility determination, the Designee will:

   a. Identify any months to be authorized under PASS II or PASS III and issue the authorization;
   b. Enter a case note identifying the family is eligible to receive PASS I with the effective date;
   c. Issue and mail the family the applicable denial or closure notice;

d. Close the PASS II or PASS III Program Type based on Adverse Action timeframes; and
e. Update ICCIS to reflect the Application screen PASS I start date as the first (1st) of the month following the PASS II or PASS III closure.

If there is a PASS II or PASS III *Child Care Assistance Application* CC08 in the process of an eligibility determination, see section 4030-2 Determining Correct PASS Program for a Family.

4. PASS II or PASS III in Open Status Care Authorized

If the ICCIS case is open as PASS II or PASS III and there is a *Child Care Assistance Authorization* issued for the current month and the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is identifying care through PASS I beginning in the current month, the *Child Care Assistance Authorization* document is not canceled. The *Request for PASS I Child Care* CC1 is rejected with the reason code "Care already authorized" selected and adding in the free form space "under PASS II/III".

A *Manual Authorization Request Form – PASS I* CC02 is denied and a case note is entered in ICCIS explaining the reason for denial is due to care being authorized under PASS II or PASS III. The case note is copied to the Case Management System (CMS) by clicking the "CMS" box in the ICCIS case note screen.

This may also be the case for a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 identifying care for the next month, depending on the Adverse Action timeframe at the time the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is received.

If the family requests for their PASS II or PASS III case to be closed, the Designee will determine the closure date. See sections 4120-1 D. Family Applies for Temporary Assistance and 4120-1 G. Family Requests Case Closure.

5. PASS I Transitioning to PASS II – Post TA Month

The WSP is to request child care to be authorized for the month following the family's TA closure when the TA is closed with earned income and the family continues to have a child care need. This month is commonly referred to as the post TA month.

When a family's TA case closes without earned income they are not eligible for child care coverage through PASS I for the month

following their TA closure and are not eligible for PASS II participation.

If the family's post TA month of care through PASS I has not yet been requested and the family has submitted a PASS II and PASS III *Child Care Assistance Application* CC08, the Designee is to contact the WSP requesting submission of a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form* – PASS I CC02 for the post TA month. Care cannot be authorized through PASS II until the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form* – PASS I CC02 is submitted and care authorized.

4040-2. PASS I FAMILIES

Families applying for any Parents Achieving Self-Sufficiency (PASS) category who do not have an eligible child; do not otherwise qualify as an eligible family; have one (1) or both parents in a family debarred; or otherwise excluded through System for Award Management (SAM) are not eligible for Child Care Assistance (CCA) participation in any PASS category.

When an applying family is also the owner of a child care facility they are not eligible to receive CCA benefits in any PASS category.

Families applying for PASS I CCA are determined income eligible by the Division of Public Assistance (DPA) Field Services staff. Financial eligibility is based on the family's application to receive Alaska Temporary Assistance Program (TA) benefits. These families are also determined non-financially eligible by DPA Field Services staff.

Families requesting assistance with their child care costs who are applying for or receiving TA benefits are eligible for PASS I CCA and are to be referred to the appropriate Work Services Provider (WSP) providing supportive services for families in the community. The DPA Work Services maintains and distributes a listing of WSP with their contact information on the DPA website at: http://dpaweb.hss.state.ak.us/files/Work_Service_Contacts.pdf.

WSP are to encourage and assist families in utilizing licensed providers or providers already approved for CCA participation. Families who do not have an identified child care provider or indicate they are considering an individual not yet approved as a provider,

must be referred to the Alaska statewide Child Care Resource and Referral Network (CC&R), for assistance in finding a provider who is approved so the family can start in their eligible activity as soon as possible. The referral is documented in a client note in the family's case in the Case Management System (CMS).

WSP coordinate requests for PASS I CCA with the Designee.

1. **An eligible family may receive PASS I CCA if they have a child who is identified as a dependent child and:**
   - **a.** Is twelve (12) years of age or younger. A child's age in a family receiving PASS I CCA is determined by DPA for participation in TA. The Designee will use PASS I verified for the child in the General screen of the Integrated Child Care Information System (ICCIS) when creating a new PASS I family case;
   - **b.** Is included in the TA case;
   - **c.** Is not included in the TA case because the child receives Supplemental Security Income (SSI) benefits;
     - Is not included in the TA case due to the child not being in the parent's home at least fifty-one percent (51%) of the time;
     - Is residing with the TA family for whom an adult member is the parent or is acting "in loco parentis" and is otherwise eligible for CCA but not included in the TA case;
     - Is included in the TA filing unit; is a United States (US) citizen, US national or qualified alien; is not excluded due to the five (5) year bar; and the adult in the TA filing unit is not a US citizen, US national or qualified alien. A child's citizenship in a family receiving PASS I CCA is determined by DPA for participation in TA. The Designee will use PASS I verified for the child in the general screen of ICCIS when creating a new PASS I family case; or
     - Families who are granted an extension to their TA benefit beyond the sixty (60) month limit will continue to be eligible for PASS I CCA during the TA extension timeframe. These families are eligible to receive a post TA month of coverage and are PASS II eligible if they obtain employment prior to their extended TA closing.

2. **One (1) Parent Families Seeking To Receive PASS I CCA Must Be:**
   - **a.** TA applicants who are working or participating in activities included in the Family Self Sufficiency Plan (FSSP) before the TA eligibility determination is made. See section 4040-2 A. PASS I Parent(s) Eligible Activities;

b. Recipients of TA who are working or participating in activities included in the FSSP; or

c. Recipients of TA whose case is penalized for non-compliance with the FSSP or work activities. The WSP works with the client to resolve this issue prior to requesting PASS I CCA.

3. Two (2) Parent Families Seeking To Receive PASS I CCA Must:

a. Each parent must meet the criteria above for one (1) parent families;

b. Both be in or traveling to eligible activities at the same time which is included on their FSSP and require care for the family's children; and

c. Have a combined minimum of fifty-five (55) hours per week of participation in activities included on their FSSPs.

4. PASS I Ineligible Families

Families that do not include an adult in their TA case are called Adult Not Included (ANI) and are not eligible to receive PASS I CCA except under special circumstances. These families may apply for PASS III and their TA income is included as unearned income when calculating the family's monthly income.

4040-2 A. PASS I PARENT(S) ELIGIBLE ACTIVITIES

To be eligible for PASS I the parent(s) in the family must be engaged in an eligible activity that supports the family in achieving self-sufficiency.

The goal of the TA Program is to "Move Alaskans from welfare into jobs so they can support their families…" Providing access to quality child care is a key component in efforts to assist families in achieving economic self-sufficiency.

WSP are to reference both the *Work Services Procedures Manual* and the *Alaska Temporary Assistance Manual* for guidance. Families applying for or receiving TA are referred to WSP for case management.

WSP agencies work with families who are job ready, close to job ready, have multiple challenges, involvement with more than one agency, as well as those who have a single profound challenge.

WSP staff assists in removing barriers and developing a plan for the transition to work. This plan is called a FSSP which identifies and

documents the eligible activities that will lead the family to self-sufficiency.

Activities included in the FSSP are used as a guide in assessing the need for child care. FSSP activities must lead a family toward the goal of economic self-sufficiency while taking into consideration the needs of the children. Activities or schedules may need to be adjusted to meet both short and long-term family goals.

The safety and welfare of children should always be considered during the development of the FSSP. The WSP will verify the initial FSSP activities the following month. After the initial month, PASS I is to be requested based on verification of the activities listed on the FSSP and care adjusted to match the verified activities, the parent(s) and child(ren)'s schedules and providers hours of operation.

1. **Child Care Covered for a One Parent Family Due to a Medical Exemption from Work Activity or Activity Approved in the Family Self-Sufficiency Plan**
   A one (1) parent family who is temporarily medically exempt may receive PASS I CCA. The family must submit to the WSP, a *Health Status Report Form* TA10 or medical documentation completed by a health care or mental health care professional supporting the inability to participate in paid employment and inability to care for the children of the family due to the incapacity. The WSP will use this form to assist in determining the family's need for child care and CCA eligibility. They will continue to be eligible to receive PASS I CCA through the family's TA certification period as long as their intent is to return to work and verification is provided confirming the employer is holding the parent's job.

2. **Child Care Covered for a Two Parent Family Due to a Medical Exemption from Work Activity or Activity Approved in the Family Self-Sufficiency Plan**
   In two (2) parent families this includes a family whose second parent may be coded out of the TA case due to receiving Adult Public Assistance (APA) or Supplemental Security Income (SSI), if one parent is determined incapacitated. The family must submit a *Health Status Report Form* TA10, to the WSP, completed by a health care or mental health care professional supporting the inability of the parent to participate in an eligible activity and inability to care for the children of the family due to the incapacity. The family will continue to be eligible to receive PASS I CCA so the second (2nd) parent can participate in eligible self-sufficiency activities. The *Health Status Report Form* TA10 is maintained in the

family file. The WSP will use this form to assist in determining the family's need for child care and CCA eligibility.

3. **Child Care Not Covered Due to Lack of Available and Appropriate Child Care Provider**

Access to early care and education means parents can enroll their child with reasonable effort and affordability, in an arrangement that supports the child's development and meets the parents' needs.

In situations where a child care provider is not available or appropriate, child care will not be covered under PASS I CCA even if the family is exempt from work activities. See the *Alaska Temporary Assistance Manual* and *Work Services Procedures Manual* for further guidance.

The following criteria are used when making this determination:

a. Child care is considered **available** when at least one (1) provider is located in the community where the family lives or works, their hours of operation meet the family's need, and they have space available. To determine if a parent is exempt from work activities due to lack of child care, WSP staff should contact the CCR&R to determine the availability of child care providers in the family's community. WSP staff should also consider and document in a CMS client note:
   - What the parent has done to find child care;
   - How many contacts the parent has made with child care providers;
   - Whether the parent has been referred to and contacted the CCR&R Network; and
   - If the parent has considered informal care.

b. Child care is considered **appropriate** when the child care provider has the ability to provide safe and competent care for children of the same age and development level as the family's child(ren); is willing to care for the child(ren); and is located within thirty (30) minutes travel time by public or private transportation from the family's home or work site. The WSP determines, with input from the family, if the identified individual is appropriate to provide care for the child(ren) of the family.

Parents often ask individuals to care for their children who are not approved to participate in the Child Care Assistance Program (CCAP) as a child care provider. This type of child care is referred

to as informal care. Child care will be authorized for an applying family's initial authorization period only, of up to sixty (60) days, to an informal child care provider. The individual providing informal care must become an Approved Relative or Licensed child care provider in order to continue to receive CCA payment for services beyond the sixty (60) days. The family may also choose to hire the individual as their In-home caregiver. See section 4070-5 5 In-Home Child Care.

When the family reports the name of the individual identified as their child care provider, the WSP forwards the information to the CCAP Designee on the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02.The CCAP Designee contacts the identified individual and begins the child care provider application process.

The family must be advised that payment for any care used by the family with the informal provider is the responsibility of the family until their informal provider becomes approved for participation.

4040-2 B. PASS I FAMILY ELIGIBILITY DATES

WSP must determine: the family's eligibility dates; the benefit start date; and evaluate the level of benefit for which the family is eligible.

1. PASS I CERTIFICATION PERIOD
   PASS I CCA family's certification period is set by the TA eligibility worker. A redetermination of the family's TA eligibility must be completed at least once a year although the stability of the family's situation and history of providing complete and timely reports of changes determine the review period. The PASS I certification period in ICCIS will reflect twelve (12) months.

   A PASS I family may utilize an individual for child care services even if the individual has not been approved as a child care provider during the first (1st) sixty (60) days of the family's initial certification period only. The individual providing care for the family must submit at least the information required to establish payment for the sixty (60) day timeframe to the Designee responsible for the provider eligibility in that service delivery area. If this information is not received by the Designee, the family will be responsible for payment to this individual.

If the family has used a CCAP participating provider any time during their initial sixty (60) days, they cannot be authorized to a non-participating provider. When a PASS I family has a break in their TA eligibility or certification, they begin a new certification period and may utilize an individual for child care services during the first (1st) sixty (60) days only who has not been approved as a child care provider.

Care will not be authorized to a CCAP participating provider for any period of time beyond the provider's program approval end date. When the family is using a CCAP participating licensed child care provider, care will not be issued beyond the child care provider's license expiration date.

2. PASS I BENEFIT START DATE

The DPA, *Application for Services* GEN 50C is the application used for PASS I. There is not a specific CCAP application for PASS I families. The application process is completed by the DPA Field Services eligibility staff who receives the family's application for TA.

The family is eligible to receive PASS I CCA supportive services from the date the TA application was entered into the Eligibility Information System (EIS) as "received," even if their application is later denied.

If a PASS I family does not need child care as a supportive service at the same time their TA benefit begins, but does need care later, the month in which they first need care is considered their initial authorization period.

If the family is currently receiving PASS II or PASS III CCA and applies for TA, the Child Care Program Office (CCPO) or Designee will coordinate with the WSP to determine the appropriate start date and ensure there is no reduction in the level of care authorized. The PASS category in which the family would receive the highest benefit should cover the family for the month of TA application. If care has been authorized or payment has already been made through PASS II or PASS III, for the month of the TA application, the authorization must remain in place for that month to ensure coverage for the entire month. When a PASS II or PASS III case closes to authorize care for the next month through PASS I, adverse action does not apply as long as the level of care is not decreasing. If the level of care is reduced through PASS I, adverse

action must be applied when closing the family's PASS II or PASS III case.

PASS I CCA families are eligible and should receive PASS I CCA supportive services through the end of the month following their TA closure, if their TA was closed with earnings due to employment and they are PASS II CCA eligible.

4040-3 AUTHORIZING CARE FOR A PASS I FAMILY

Work Services Providers (WSP) determine the allowable units of care to be authorized each month. Units of care are determined by comparing the allowable times of the day in which the parent(s) is/are participating in their eligible activity (ies) and any additional allowable time such as travel or sleep time, to the child's schedule, including the time the child is not in school. In a two (2) parent family, the units of care allowed are determined by the time both parents are in their eligible activity at the same time, including any travel and/or sleep time. These times are then compared to the family's selected child care provider's hours of operation. WSP are to confirm with the family or provider the provider's hours of operation to ensure the provider is open and operating when care is needed.

WSP are to clearly describe the allowable time child care is needed in detailed client notes in the Case Management System (CMS). WSP are to include each parent's schedule of activity and any other information in the comment section of the *Request for PASS I Child Care* CC1 to support the units of care requested, a change in provider, and the identification of an In-home caregiver, as applicable.

1. **ADDITIONAL CONSIDERATIONS**
   WSP must give additional consideration when determining Parents Achieving Self-Sufficiency (PASS) I, PASS II and PASS III family's allowable time.

   a. **Travel Time**
      Travel time between a parent's eligible activity and their participating provider is allowable time even if they are using an In-home caregiver. The amount of time needed is to be discussed with the parent during the interview and documented, and not automatically applied as a specific amount.

Travel time is allowable up to one (1) hour before and one (1) hour after an eligible activity. The WSP must discuss with the parent their method of transportation to and from work and the usual amount of time needed between their child care provider and the location of their eligible activity and document the parent's travel time needed each way. One (1) hour before and one (1) hour after an eligible activity is not to be authorized automatically, however, is allowable when a parent needs more than one-half (½) hour to travel from their child care provider to the location of their activity and/or one- half (½) hour to travel from their activity to reach their child care provider.

The maximum travel time of one and one-half (1½) hours before and one and one-half (1½) hours after an eligible activity is allowable if:

- The parent travels more than thirty (30) miles from the provider; and/or
- The parent uses public transportation.

Care is not allowable for travel between the family's place of residence and the participating provider. When a parent is an employee of the same provider caring for their child, travel time is not allowable unless the child is in a different physical location than the parent.

Care is allowable from the family's home to their eligible activity and from their eligible activity to home when the family is using In-home care.

b. Sleep Time

Care is allowable for up to eight (8) hours before or after a parent works a night shift, if necessary for the parent to participate in an eligible activity.

In a two (2) parent family when only one (1) parent is working a night shift, to be eligible for sleep time, the parent not working a night shift must be engaged in an eligible activity during the hours the parent working a night shift is requesting sleep time.

Night shift is defined as employment requiring a minimum of six (6) work and travel hours between the time of 8:00 pm and 6:00 am.

c. Study Time

Child care is allowable for class time, plus one (1) hour per credit hour each week for library/study, laboratory activities, tutoring or attending workshop sessions that are required. Study time also applies to those courses that do not have specific credits assigned to them such as an apprenticeship or vocational training program.

Breaks between a parent's class schedule of one (1) hour or less are to be counted as class time to allow the parent to get to their next class.

Breaks between classes of more than one (1) hour in a parent's schedule, are to be used as any applicable library/study, unscheduled laboratory time. When a parent is eligible for more study time, it can be used based on the parent's preferred times.

In a two (2) parent family, the parent's study time must be during the time the other parent is participating in an eligible activity.

When there is a break of two and one-half (2 ½) hours or more in a parent's class schedule which is not accounted for by library, study, unscheduled laboratory or travel time, the time is not covered.

d. Children Attending School

Child care is allowable during the time the parent(s) is participating in their eligible activity and any additional allowable time. Allowable time includes before and after school, in-service days, school closures, and up to five (5) full time days when a school-aged child who normally attends school is too ill to attend school. Care is not allowable for time a child has been suspended or expelled from school.
WSP are to include full days, as applicable, for all known in-service and school closures based on the school district's calendar for the specific school the child attends, in when determining if a full month or part month is to be authorized. If the school district's calendar is not yet published covering the family's full certification period, the most current published calendar will be used as a guide for the number of in-service or school closure days for those months. The calendar used is to be clearly documented in the CMS client note.

Additional days are not included in the units of care for times the child is too ill to attend school and needs child care as these cannot be anticipated. These days will be identified by the child care provider and up to five (5) full time days will be paid accordingly during the payment verification process. Sick days are only applicable for payment for school-aged children who normally attend school.

Child care is not allowable during the same hours the child could normally attend public school in first (1st) grade or higher, according to the local school district rules, criteria, and schedule. This includes those children enrolled in a home school program.

Child care is not allowable for a child enrolled in a private, public, or home school for hours when the child is in school. Children enrolled in a home school program are considered in school based on the child's grade level and hours for that grade based on the local school district. When different times are identified for different schools within the local school district, the parent's identified time for home school activity during those times will be used.

For example: Child would be in first (1st) grade if attending public school. Elementary school A starts at 8:50 am and ends at 3:30 pm and elementary school B starts at 9:15 am and ends at 4:00 pm. The time the child is considered in school would be the time identified by the parent that is between 8:50 am and 4:00 pm.

- **Variable Eligible Activity or Child Care Need**
  Child care is allowable for the times a parent is engaged in their eligible activity up to the maximum unit equivalent to a full month plus a part month. When the number of days per week/month in which a parent participates in their eligible activity varies, the most days possible to be used are to be included when determining the units of care. The parent's schedule and varying information is to be clearly detailed in a CMS client note.

  For Example 1: *A family consisting of one (1) parent with non-school aged children. The parent's typical work schedule is 8:00 am to 5:00 pm, any four (4) days per week, but one (1) or two (2) times per month they are called in to work a fifth (5th) day. (4 full days per week X 4 weeks = 16 full days plus 2*

additional full days = 18 full days possible). A full month would be warranted to be authorized.

For Example 2: *A family consisting of one (1) parent with school aged children. The parent's typical work schedule is 8:00 am to 5:00 pm, any four (4) days per week, but one (1) or two (2) times per month they are called in to work a fifth (5th) day. (4 part days per week X 4 weeks = 16 part days plus 2 additional part days = 18 part days possible + the applicable number of full day in-service or school closure days). The child could need between seventeen (17) and twenty-three (23) part days of care in a month plus additional full days for in-service/school closures. A full time month (with no additional full days) would be warranted to be authorized. See 4080-2 Definitions of Units of Care.*

- **Multiple ChildCare Providers**
  When a family utilizes more than one (1) child care provider in a given month the provider where most of the care is to be used is generally considered the primary provider. Care authorized between child care providers will not exceed the maximum unit equivalent to a full month plus a part month, except in the case of shared custody requiring care to be issued to providers in different service delivery areas.

2. UNITS OF CARE

Units of care are the length of allowable time used when authorizing the family's child care benefit. These units include part day, full day, part month and full month.

For the purposes of units of care, a day begins at 12:00 am and ends at 11:59 pm., and a week begins on Sunday and ends on Saturday. Each calendar day has the potential for two (2) units to be needed for that calendar day, if the care needed exceeds ten (10) hours for that calendar day. When care is needed for more than ten (10) hours in a calendar day the units needed will either be a full day unit plus a part day unit or two (2) full day units.

The number of full day units and the number of part day units are counted separately and then added together to get the total units needed for the calendar month to determine the correct units to authorize.

Units of care are:

a. Part Day

A part day consists of care needed for up to and including five (5) hours of care in a day. Part day units are to be used only when part days are needed beyond twenty-three (23) in a month, up to and including sixteen (16) days. These days are in addition to a full or part month. If the additional days warrant two (2) part months a full month is allowed to be authorized.

b. Full Day

A full day consists of five (5) hours and one (1) minute up to and including ten (10) hours of care in a day. Full day units are to be used only when full days are needed beyond twenty-three (23) in a month, up to the part month equivalent. These attendance days are in addition to a full month.

c. Combination ofPart and Full Days Needed

When a combination of part day units and full day units of care is needed beyond twenty-three (23) days in a month, the full day units are to be included in the full month unit and the additional days are authorized as part day units, unless the level of care needed is full day units only, then the additional day units are authorized as full day units.

Example: A family consisting of one (1) parent with school aged children. The parent's typical work schedule is 8:00 am to 5:00 pm Monday through Saturday. The children attend school from 8:50 am to 3:30 pm and the provider transports the children to and from school. Care is needed for in-service, school closures, and Saturdays. Care for the children is needed from 7:30 am to 8:45am and from 3:30pm to 5:30 pm Monday through Friday. Care for Holidays, in-service, school closures, and Saturdays is needed from 7:30 am to 5:30 pm.

Using the month of September 2017, the children need twenty (20) part days, and six (6) full days for twenty-six (26) days of care. The full days needed are counted first to authorize a full month (6 full days plus 17 part day). The remaining three (3) days are authorized as part days.

d. Part Month

A part month consists of fewer than seventeen (17) days of care in any combination of part or full day units or between seventeen (17) through twenty-three (23) part day units of care in a month. Part month units are authorized when:

- The child needs between seventeen (17) through twenty-three (23) part day units **only** of care in a month;
- The child needs **fewer than** seventeen (17) part, full, or a combination of part and full day units of care in the month; or
- The child needs seventeen (17) or more part day units of care in a month in addition to a full month.

Example 1: A family consisting of two (2) parents with school aged children. The parent's typical work schedules are 8:00 am to 5:00 pm Monday through Friday. The children attend school from 8:50 am to 3:30 pm and the provider transports the children to and from school. Care is not needed for in-service or school closures. Care for the children is needed from 7:30 am to 8:45am and from 3:30pm to 5:30 pm (part days) Monday through Friday. The children need between seventeen (17) and twenty-three (23) part days only of care per month.

Example 2: A family consisting of two (2) parents with school aged children. Parent A- typical work schedule is Tuesday – Saturday 10:00 am – 6:00 pm, Parent B – typical school schedule is Tues, Wed, Thurs, 9:00 am – 4:00 pm and Friday 9:00am – 3:00 pm. The children attend school from 8:50 am to 3:30 pm and the provider will transport the children to and from school. Care is also needed for in-service or school closures.

Care for the children is needed Tuesdays, Wednesdays, and Thursdays from 3:30 pm to 4:30pm (part days), and any in-service or school closures on Tuesday - Fridays from 8:30am to 3:30 pm (full days). This would typically be a full month as the children need between seventeen (17) and twenty-three (23) part, full, or combination of part and full days of care per month.

e. Full month

A full month consists of seventeen (17) through twenty-three (23) full day units of care in a month. Full month units are authorized when:

- The child needs between seventeen (17) through twenty-three (23) full day units only of care in a month; or
- The child needs **between** seventeen (17) through twenty-three (23) days of care in a month in a combination of full

day units and part day units and includes at least one (1) full day.

For example: A family consisting of one (1) parent with school aged children. The parent's typical work schedule is 8:00 am to 5:00 pm Monday through Friday. The children attend school from 8:50 am to 3:30 pm and the provider transports the children to and from school. Care is also needed for in-service and school closures. Care for the children is needed from 7:30 am to 8:45am and from 3:30pm to 5:30 pm (part day) plus 7:30am – 5:30 pm (full day) for in-service/school closures. This would be a full month as the children need between seventeen (17) and twenty-three (23) days of care in a month in a combination of full and part days.

3. MONTHLY MAXIMUM UNITS OF CARE

When authorizing care WSP are to include any of the applicable, additional considerations of allowable time, in addition to the actual times of each parent's participation in an eligible activity.

For a one (1) parent PASS I family the monthly maximum units of care that can be authorized per child is a full month plus a part month. Multiple units of care may be used in a given month, and authorized as appropriate to each provider the family is utilizing not to exceed the monthly maximum. Units of care are restricted to a daily maximum of a full day plus a part day.

For a two (2) parent PASS I family the monthly maximum unit of care is limited to a full month. WSP must discuss with their supervisor the need to exceed this limit. If supported, the WSP will include the justification on the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02.The WSP supervisor will enter a client note in CMS with justification to support the request.

4040-3 A. CHILD CARE AUTHORIZATION DOCUMENT FOR A PASS I FAMILY

The *Child Care Assistance Authorization* document includes specific family and provider information, the units of care each child is eligible for by month, the subsidy amount the State is authorized to pay in accordance to the current *Child Care Assistance Program Rate*

Schedule, and any specific payment guidance known as variable language.

Child Care Assistance Authorization documents are to be issued before care begins whenever possible. Issuing authorization documents before care begins helps to: reduce provider payment problems; maintain continuity of care for families; and enable providers to coordinate schedules for families in advance.

WSP enter the family's eligible units of care and the eligible child care provider in the *Request for PASS I Child Care* CC1 in CMS or manually on the *Manual Authorization Request Form – PASS I* CC02.The *Request for PASS I Child Care* CC1 is sent via an interface between CMS and the Integrated Child Care Information System (ICCIS) and retrieved by Designee staff for the creation of an authorization document. The *Manual Authorization Request Form – PASS I* CC02 is sent to the Designee responsible for the child care assistance service delivery area in which the family resides, via fax.

1. SITUATIONS WHERE CHILD CARE AUTHORIZATIONS ARE PROHIBITED

Child care is not to be authorized for a family when the:

a. Month of care requested exceeds the family's certification period;
b. Parent is also participating in the Child Care Assistance Program (CCAP) as a child care provider and care is requested during their hours of operation;
c. Selected child care provider is closed in ICCIS; is not approved for participation in CCAP, or is otherwise determined to be ineligible;
d. Month(s) of care exceed the selected child care provider's CCAP approval period and/or license expiration date. Care can only be authorized through the last month of the provider's CCAP approval period and/or licensed dates;
e. Selected Approved Relative provider does not have the children of the family identified on their application or approval as children in care;
f. Selected Approved Relative provider and the children needing care do not meet the required degree of kinship;
g. The children of the family would exceed the selected Approved Relative provider's capacity limitation; and/or
h. The family and child care provider reside in the same home.

2. ADDITIONAL PROHIBITIONS FOR PASSI

WSP are to work with families to find appropriate care if there are reservations about the character of the provider/individual, the ability of a parent to evaluate the provider, or the safety and well-being of children receiving care. The Alaska statewide Child Care Resource and Referral Network (CCR&R) is to be contacted for assistance.

Applying PASS I families may identify an individual who has not yet become approved as a provider to participate in the CCAP as their selected provider. WSP are to advise families, these situations will always cause delays in creating the family's *Child Care Assistance Authorization* document(s) which can be avoided by using a child care provider who is already participating in the CCAP. Families must also be advised should the identified individual not complete the child care provider application process, care will not be authorized and the parent is responsible for paying the individual for care provided.

Child care cannot be authorized for a family to their identified child care provider in the following circumstances:

a. The individual identified to be the family's provider has not responded within thirty (30) days to the letter sent by the Designee identifying them as a provider for a PASS I Child Care Assistance (CCA) family;

b. The individual identified to be the family's provider has not completed the application process and received approval to participate in the CCAP within sixty (60) days of the *Child Care Assistance – Information Needed Notice* sent by the Designee, listing the additional required information needed;

c. The individual identified to be the family's provider has not received approval to participate in the CCAP within sixty (60) days of the family's initial authorization period. See section 4040-2 B. b. PASS I Benefit Start Date;

d. The family's Temporary Assistance (TA) case is denied and an authorization has already been requested and issued for the month of application, or the TA case is closed and the post TA month has already been requested and authorized;

e. Parent(s) in the family home are not meeting the required participation hours;

f. The parent(s) in the family have not met with their WSP to create or update and sign their Family Self Sufficiency Plan (FSSP);

g. The family's TA case closed without earnings from employment. A post TA month cannot be authorized;

h. A TA family requests to use an individual who is not approved as a provider but the family has used child care assistance during the initial sixty (60) days of their TA certification period so must use a CCAP participating child care provider for care requested, and/or

i. A parent in the family has been debarred from CCAP participation.

4040-3 B. PASS I CHILD CARE AUTHORIZATION

An authorization worksheet in ICCIS must be created for each child and month of the family's certification period before a *Child Care Assistance Authorization* document can be created and issued. The authorization worksheet identifies the eligible units of care for each child of the family.

Care for a PASS I family can be authorized beginning on or after the family's identified eligible start date through the last day of the third (3rd) month of the family's certification period. When the same level of care is needed for each month, all three (3) months may be included on the same request, if applicable for the family's situation and requirements for WSP. Typically care will be requested on a month at a time basis and adjusted according the family's participation in the activities included in the Family Self-Sufficiency Plan (FSSP).

At no time is an authorization document to be created that exceeds a family's certification period, or a provider's CCAP approval end date or license expiration date.

When there are not additional considerations, units of care are authorized based on the child care needed.

1. CHILD CARE AUTHORIZATION CONSIDERATIONS

When WSP request care to be authorized and Designees create the authorization worksheet, the following items need to be taken into consideration:

a. Provider's Rate –PASS I Only

PASS I families who reside in a community where child care is limited or inaccessible, and/or under exceptional circumstances may experience additional child care costs causing a financial burden, WSP may request the provider's rate as documented in ICCIS be authorized for payment for these PASS I families when it allows them to meet their TA requirements.

To determine if the monthly maximum state payment should be exceeded, consideration should be given to the potential for immediate enhancement of work opportunities by paying the additional subsidy amount.

Final approval to use the provider's rates, for up to six (6) months, must be obtained from the Child Care Program Office (CCPO) Eligibility and Benefits Public Assistance Analyst (PAA) II before care can be authorized.

WSP Staff will:

1. Document the appropriate justification in a CMS client note.
2. WSP Staff are to discuss the need to exceed the maximum state payment rate with their supervisor and obtain approval before submitting the request.
3. The supervisor enters a client note in CMS detailing the justification and their approval.

Designee staff will:

1. Notify the PAA II via email of the request for a determination.

The PAA II will:

1. Document the determination in an ICCIS case note and copy the documentation into a CMS client note
2. Respond to the Designee the request can be processed.

When it is approved to authorize payment at the provider's rate, the Designee must document in the variable section of the *Child Care Assistance Authorization* document as "Payment to

be made at the provider's own rate, for the specific child's name and month."

When payment at the provider's rate is approved, the PAA II will monitor the family for each of the month(s) up to six (6) approved for payment at the provider's rate. Once care is authorized for the family the PAA II will access the ICCIS Payment Option screen for the provider and for each child of the family:

1. Enter the date the approval was granted in the "Received Date";
2. Enter the difference in the "Amount to Pay" and the provider's rate in the Supplemental field;
3. Select the Supplemental reason of "PASS I ONLY, PRVD RATE EXCEPTION;
4. Enter 1 in the attendance box;
5. Save the entry.

The CCPO payment verifier will process the supplemental with the provider's *Request for Payment* CC78 for that month. The payment verifier will attach a copy of the ICCIS case note granting approval to the *Request for Payment* CC78 when payment for the service month is verified.

b. Specials Needs:

The Special Needs box is checked in ICCIS by the Child Care Program Office (CCPO) only after they issue the *Authorization for Special Needs Supplement* CC51.

Upon receipt of an *Authorization for Special Needs Supplement* CC51, WSP are to include the supplemental percentage authorized in the comments section of the *Request for PASS I Child Care* CC1 form or *Manual Authorization Request Form – PASS I* CC02 for future care needed. See section 4140-2 Alaska Inclusive Child Care Program Issuance and Timeframes.

c. Multiple Authorizations:

Multiple authorizations can be issued if a family uses more than one (1) provider in a month or during the family's certification period. Families may need more than one (1) provider in various scenarios, such as:

a. The schedule of eligible activities extends beyond the child care provider's hours of operation;

b. The child care provider cannot provide care due to provider illness or facility closure;

c. The child is ill and cannot be cared for at the primary child care facility or cannot attend school;

d. The provider does not have room for the child during some of the periods needed;

e. Children have different primary providers based on their age; and/or

f. Provider's primary location is not operating during specified times of the year.

Typically, the authorized care should not overlap. However, if care cannot be provided due to a facility closure or illness and an enrollment authorization has been issued to a primary provider, care may overlap to the family's secondary provider.

WSP must use caution when authorizing care to providers with more than one (1) location to ensure the care is authorized to the correct child care facility.

When authorizing care to more than one (1) provider, only the units of care, up to the State monthly maximum, can be authorized regardless of the number of child care providers the family uses in a month. If the family uses a licensed provider the state rate for the license type of that provider is used in determining the month maximum. Units of care are counted separately for each provider.

b. Care is Ending with the Current Provider and Beginning with a New Provider

1. Required Ten (10) Business Day Notice Not Given
   When the required ten (10) business day notice is not confirmed as given, the existing authorization issued to the provider the family is ending care with is canceled and reissued through the last day of the required ten (10) business day notice period. Care is authorized to the new provider to start the day following the required ten (10) business day notice period, or the date care begins with the new provider, whichever is later.

2. Required Ten (10) Business Day Notice Is Waived
   When the required ten (10) business day notice is given and mutually waived, the existing authorization issued

to the provider the family is ending care with is canceled and reissued through the last day care is/was provided. Care to the new provider is authorized beginning the day following the day care is ending with the provider the family is leaving, or the day care is needed to begin if later than the day following care is ending.

3. Required Ten (10) Business Day Notice Given, Time Period Ends in the Current Month
When the required ten (10) business day notice is given and ends during the current month, the existing authorization issued to the provider the family is ending care with is canceled and reissued through the last day care is/was provided.

4040-3 C. CHILD CARE AUTHORIZATIONWORKSHEET CREATION FOR PASS I

The WSP submit a *Request for PASS I Child Care* CC1 through CMS to ICCIS or via fax to the Designee when a *Manual Authorization Request Form – PASS I* CC02 is needed, for the eligible units of care needed each month for each child.

1. A *Request for PASS I Child Care* CC1 is submitted through CMS when:
   a. A family is in received, pended, or approved status for TA;
   b. A change has been reported resulting in an increase in the level of care needed in the same month the change has been reported, or the following month if the *Child Care Assistance Authorization* document has already been issued; or
   c. When requesting care for the post TA month when a family's TA case is closed with earnings.

2. A *Manual Authorization Request Form – PASS I* CC02 is submitted via fax when:
   a. A child is excluded for the TA case due to receiving Supplemental Security Income (SSI);
   b. A child lives with a family receiving TA but is not included in the TA family unit (loco parentis); or
   c. A child lives with a family receiving TA but the primary individual of the TA family unit is not a United States citizen or qualified alien.

All requests are to be submitted by the twentieth (20th) day of the current month to allow for timely processing and issuance of care for the next month's care except for, new families, a new activity(ies), or new child care needs.

For new families and/or those with new activity(ies) or new child care needs, the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 must be submitted within sixty (60) days of the date their TA application was received or their required participation in activities listed in their FSSP which require child care.

Circumstances outside these timeframes are to be staffed between the WSP case manager and the WSP supervisor. The WSP supervisor will evaluate the request and if there is justification for the delay, approve the late request, enter a client note in CMS documenting the reason, justification, and approval of the late request. The WSP case manager or supervisor will submit an email to the CCPO for review of the client note requesting approval at: dpaccp@alaska.gov and copy the Work Services Technical Assistance (WSTA) policy mail box at WSTA@alaska.gov.

The CCPO will approve or deny the request, enter a case note in ICCIS documenting the approval or denial and reason, and select both the "Alert CMS" and "Copy to CMS". The CCPO will respond to the requestor, and copy WSTA at WSTA@alaska.gov, the CCPO policy mailbox at dpaccp@alaska.gov, and the applicable CCAP Designee with the determination. If approved, the WSP will include the justification for the delayed request in the comment section of the *Request for PASS I Child Care* CC1 form or *Manual Authorization Request Form – PASS I* CC02.

If a request is received outside of the submission timeframe, prior to rejecting the request, the Designee is to review the ICCIS case note for approval documentation. If no case note entry is found the Designee will contact the CCPO policy mailbox at dpaccp@alaska.gov to inquire about approval or denial of the request. The *Request for PASS I Child Care* CC1 request is put on hold pending CCPO approval. The CCPO will work with the WSP if it is determined approval was not requested prior to submitting the request.

The CCPO will contact the WSP if there are questions or problems associated with the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 form. Clarifications may cause delays in *Child Care Assistance Authorization* document

issuance.

When the CCPO receives the request from the WSP, the CCPO will review the situation and make a determination, document the determination and reason for approval or denial in a case note in ICCIS select both the "Alert CMS" and "Copy to CMS" from the ICCIS case note. The CCPO will respond to the requestor, copy WSTA at WSTA@alaska.gov, the CCPO policy mailbox at dpaccp@alaska.gov, and the Designee with the determination for processing.

If corrections are needed resulting in the request being rejected a new corrected *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 form must be submitted.

Unless the family is using an individual who is not yet approved for CCAP participation or when the units of care will be the same for each month, up to three (3) months may be included on the same request. Each month must be requested individually when the unit of care needed is different. WSP are to refer to the *CMS User Guide* for guidance on how to submit the requests.

Date ranges within a month are allowable to authorize care to a child care provider for a period of time up to and including the full month. Typically when the family's benefit start date is the first (1st) day of the month and they are eligible for a full month of care, the date range used is the first (1st) through the last day of the month, even if the last day of the month falls on a weekend or holiday and the family will not typically use care.

For situations when care is authorized to a secondary provider, such as spring break for school aged children, the date range is to be specific to that period of time.

> ***For Example:*** *Care is authorized for March 1 – 31 for a part month, for sixteen (16) part time days, to the family's primary provider and for March 7 – 11, for a part month, to the secondary provider to cover spring break.*

The WSP are to use the work activity and comments section of the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 form to clearly explain the family's circumstance.

If the family is requesting to use an in-home caregiver, the WSP must ensure the family meets the criteria and advise the family. When the use of an in-home caregiver is allowable, the WSP must also confirm

the name of the caregiver with each *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 and document it in the comments section.

The Designee will use prudent person judgment, when evaluating the request to authorize eligible units of care in the most practical way to meet the family's needs.

> ***Note:*** *The Request for PASS I Child Care CC1 and the Manual Authorization Request Form – PASS I* CC02 forms are internal documents and are *not valid authorizations and are not given to a family or provider.*

The WSP are not to refer families or providers to the Designee or CCPO regarding the status of authorizations or with questions regarding the unit of care authorized. The WSP are responsible for ensuring the family understands the care authorized. The WSP are to communicate directly with the Designee if additional clarification is needed.

A *Request for PASS I Child Care* CC1 for a parent who is debarred is rejected using the rejection reason of "Family Ineligible." The Designee will enter the information from the debarment case note into the note section of the rejection action for the *Request for PASS I Child Care* CC1 and copy the case note into CMS client notes advising the WSP the reason for the debarment. The WSP will work with the family to resolve the issue.

4040-3 D. CHILD CARE ASSISTANCE AUTHORIZATION DOCUMENT

The *Child Care Assistance Authorization* document identifies the period of time within the family's certification period for which care is authorized.

1. **The Document also Identifies the:**
   - **a.** Designee agency and the agency's contact information;
   - **b.** The worker who created the authorization document;
   - **c.** The PASS I case manager's name and phone number, as applicable;
   - **d.** Family name and mailing address;
   - **e.** Provider name and mailing address;
   - **f.** Children for whom child care is authorized, including: age category, and units of care;
   - **g.** Anticipated eligible cost of care and for PASS II and III, the family's contribution (co-pay) ;

h. Maximum amount payable by the State of Alaska CCAP; and

i. Variable language providing specific additional information pertaining to the unit of care authorized.

2. **Authorization Documents Include Standard Language Advising both the Family and Provider that:**
   a. Attendance based care is paid only for the time the child is actually in care and the parent is in an eligible activity;
   b. Registration fee charged by a licensed provider may be paid annually up to $50.00 per child;
   c. The parent is responsible for any costs a provider charges over the authorized rate in addition to the monthly co-pay; and
   d. Payment will be made for up to the authorized care not to exceed a full time monthly enrollment plus a part time monthly enrollment.

3. **PASS I Standard Variable Language**
   The *Child Care Assistance Authorization* document includes the PASS I family's caseworker and phone number. When a *Manual Authorization Request Form – PASS I* CC02 is submitted instead of a *Request for PASS I Child Care*, the family's case manager and phone number must be entered into the variable section before "creating" the document.

   The *Child Care Assistance Authorization* document also includes free form space for variable language to be entered, only as necessary, to provide additional information for providers about the care authorized and/or any payment parameters. Variable language is not used for every authorization.

   The following variable language options are available in ICCIS and are to be used when applicable, when creating the *Child Care Assistance Authorization* document:

   a. **In-Home**: Payment for authorized care with In-Home caregiver not to exceed the monthly maximum of $3346 Caregiver (name must be typed in); and

   b. **New Provider**: **INITIAL AUTHORIZATION: No further authorizations will be issued to this provider until they complete the application process. (This can only be used for PASS I)

   Variable language will also be typed in, if necessary, to provide additional and/or specific unit of care or payment clarification(s)

for a child or month included on the *Child Care Assistance Authorization* document.

Variable language must not include any specific parent information including a parent's: eligible activity; place of employment; income; hours engaged in their activity; or the name of a child's school; or hours the child will be in attendance.

c. Provider Changed:

When authorized care is being canceled in the current month due to a provider change, the following statement is to be typed in the variable section of the *Child Care Assistance Authorization* document when it is re-issued to the provider who will no longer be caring for the child(ren), **"REVISED. REPLACES CHILD CARE ASSISTANCE AUTHORIZATION DOCUMENT # (enter the number). Care is authorized through the 10-day notice timeframe of (Date - Date). Payment will be made for the days in the notice timeframe even if the child did not attend."**

If the parent chooses a secondary provider to cover the primary provider's closure dates, care is to be requested up to the state maximum to cover this timeframe.

d. PASS I – Provider's Own Rate:

When it has been approved for payment at the provider's rate instead of the State Rate, the following statement must be typed in the variable section of the *Child Care Assistance Authorization* document, "**PASS I ONLY. Payment will be paid at the provider's rate**."

e. SHARED CUSTODY – PART MONTH AUTHORIZED FULL MONTH WARRANTED

In shared custody situations where the parents are using a provider in two different CCAP service delivery areas, the *Child Care Assistance Authorization* document for the family who is issued a part month is to include the following statement in the variable section: **Child (name) is authorized for a full month however, current system restrictions will not allow the authorization. Supplemental Payment Requests have been submitted for the months included.**

4040-3 E. CHILD CARE ASSISTANCE AUTHORIZATION DOCUMENT CREATION FOR PASS I

Upon receipt of the *Request for PASS I Child Care* CC1 form or Manual *Authorization Request Form – PASS I* CC02, the Designee will process the request, the same day or next business day by accepting, rejecting or holding the request. If the request is held, the reason is documented in an ICCIS case note and CMS client note.

1. **Accept**
   When the *Request for PASS I Child Care* CC1 form or *Manual Authorization Request Form – PASS I* CC02 has been received and accepted the authorization worksheet is created. The date range is entered covering the month(s) care has been requested and any applicable variable language is selected or added to the document. A case note is automatically entered in ICCIS and automatically copied into a client note in CMS so the case manager is aware the request has been approved and authorized. The WSP has access to the authorization document in CMS and must print a copy for the family's file. If a change of the family's address listed on the *Child Care Assistance Authorization* document is needed, the WSP must notify the Designee of the needed change and provide the correct address for updating ICCIS.

   PASS I authorizations should always have a $0 co-pay. If an authorization is issued for PASS I that includes an authorization, the error must be corrected. If the error is found after the provider has been paid, the error must be corrected and an Underpayment for the family must be completed.

   The WSP must provide the *Child Care Assistance Authorization* document to the family either in-person or by mail to ensure the care authorized is to the correct child care facility and for the allowable care needed to cover the family's required activities. The Designee provides a copy of the family's *Child Care Assistance Authorization* document to the child care provider by mail. The case manager will fax a copy to the provider if they are aware it is needed sooner.

   When the Designee completes an authorization from a *Child Care Assistance Manual Request* CC02, the *Child Care Assistance Authorization* document is not generated in CMS. The Designee must fax the authorization to the WSP who will provide a copy to the family and maintain a copy in the family's file.

When a *Request for PASS I Child Care* CC1 form or *Manual Authorization Request Form – PASS I* CC02 has been approved and an authorization has been issued, the Designee will fax the *Child Care Assistance Authorization* document(s) to the attention of the WSP case manager listed on the request. The Designee will enter a case note in ICCIS documenting faxing the *Child Care Assistance Authorization* document(s) to the WSP, copy the case note to CMS and set an Alert for the WSP.

Upon receipt of the fax the WSP case manager will copy each *Child Care Assistance Authorization* document ensuring if the family uses more than one provider for the service month, copies of both providers are made. One (1) copy of each *Child Care Assistance Authorization* document, by family and provider, is to be placed in the family's file and another copy is to be mailed to the family or given to the family if they are there in person that day. If the WSP case manager does not receive a fax from the Designee, they are to still check CMS for the authorization(s) for printing, filing, and mailing.

2. **Reject**
When the request has been rejected, the reason for the rejection is required and is automatically entered in an ICCIS case note and automatically copied into a CMS client note so the case manager is aware the request has been rejected. When Manual *Authorization Request Form – PASS I* CC02 is rejected it is manually documented in ICCIS and copied into CMS. The WSP will need to submit a corrected *Request for PASS I Child Care* CC1 form or Manual *Authorization Request Form – PASS I* CC02 for care to be authorized.

3. **Hold**
The *Request for PASS I Child Care* form or Manual *Authorization Request Form – PASS I* CC02 is placed in hold status for up to ten (10) days when clarification is needed regarding a provider or family issue. Placing the *Request for PASS I Child Care* CC1 on hold from the family overdue alert list allows the worker to more readily see which requests have been reviewed and are on hold. Placing the *Request for PASS I Child Care* CC1 on hold from the family overdue alert list will not allow the case note to be copied into CMS therefore a second case note with the hold reason is entered and copied into CMS.

Placing the *Request for PASS I Child Care* CC1 on hold from within the open request will allow the case note to be copied into CMS,

however; that request is not identified on the family overdue alert list as already on hold.

Once the issue is resolved the request can be accepted and an authorization document created. Requests which are held and not resolved within ten (10) days are rejected.

If the family's child care provider is in the application process the request will be held for up to thirty (30) days to allow the provider to complete the application process. However, if the requested care is not for a month within the family's initial authorization period or the following month it will be rejected as care cannot be authorized prior to the provider's eligibility effective date.

4040-4 PASS I FAMILY REPORTS OF CHANGE

Work Services Providers (WSP) must refer to the *Work Services Procedures Manual* for additional guidance regarding actions needed when a Parents Achieving Self-Sufficiency (PASS) I family reports a change.

1. Timely Reports of Change
   When a change is reported timely, within ten (10) business days of the change, the change will be made effective based on when the change occurred and the family's need.

   For example: Today is January 20th and a family reports they started working more hours on the 12th and need additional care for the month. The family reported timely therefore the changes are to be made effective the 12th as identified additional care is needed.

2. Untimely Reports of Change
   When a change is not reported timely, the date the family reports the change is the date the change will be made effective.

   For example: A family reports on January 27th that they worked additional days starting January 3rd and used child care on those days. The family did not report the change timely to the WSP therefore, the change is made effective January 27th when the family reported. This means the additional care used between January 3rd and January 26th is not covered.

4040-4 A. CHANGES POSITIVELY IMPACTING THE PASS I FAMILY BENEFIT

Changes reported warranting an increase in the units of care authorized become effective the month the change occurred when reported timely, within 10 (ten) business days, or effective when the family's Temporary Assistance (TA) case is adjusted by the Division of Public Assistance (DPA). The WSP will submit a cancelation request of care already authorized and a *Request for PASS I Child Care* CC1 requesting an increased unit of care to be authorized when the family reports a change within ten (10) business days.

The family's TA case must be adjusted by the DPA worker when children are added to the family's case so the children can be added to the family's case in the Integrated Child Care Information System (ICCIS). Once the child(ren) have been added to the family's cases, care will be authorized for the month the eligible children are reported as needing care is needed.

4040-4 B. CHANGES NEGATIVELY IMPACTING THE PASS I FAMILY BENEFIT

When a WSP determines a family has not been participating as required in their activities or a family reports a change that would decrease the unit of care already authorized, the family's child care assistance benefit can be changed only after applying adverse action.

4040-4 C. PASS I FAMILY CHANGE OF CHILD CARE PROVIDER

PASS I Child Care Assistance (CCA) families are required to provide at least a ten (10) business day written notice to their current provider before changing child care providers. The ten (10) business day written notice must be given to the current provider prior to care being provided on day one (1) of the notice timeframe, otherwise day one (1) is the day following the written notice being given.

Child care providers must adhere to this same timeframe and requirement by giving families ten (10) business day written notice to families prior to care being provided on day one (1) of the notice timeframe.

Families must report a change of their child care provider to WSP verbally or by providing a copy of the written notice given to the child care provider within ten (10) business days before or after the change. Receipt of the reported change is to be documented in the Case Management System (CMS) client notes.

When the family reports a change of child care provider the WSP will contact the child care provider by telephone to verbally verify the ten (10) business day written notice was provided. The child care provider may elect to waive the ten (10) business day requirement allowing the family to more immediately be authorized to a new child care provider. Waiver of the ten (10) business day notice requires both the child care provider and the family to sign and date a written mutual agreement indicating the last day the children will be in care with the provider. The *Termination of Child Care Services* CC29 form may be used, but is not required.

Contact and/or attempts to contact the child care provider are documented in CMS client notes. A message is to be left for a return call. If unable to speak with the child care provider after two (2) business days the family is contacted for a copy of the written notice given to the provider.

If the child care provider states they have not received notice from the family, the WSP will require the family to notify the provider in writing and submit a copy to the WSP which will begin the required ten (10) business day notice. If the provider states the family owes the provider money and a payment plan is not in place, the WSP will also advise the family of their responsibility to pay the difference in the cost of care and any other fees charged by the provider and not covered by the Child Care Assistance Program (CCAP) owed or enter into a payment plan, or they may be debarred from program participation if the provider submits a *Report of Non-Payment* CC80 to the child care assistance office. See section 4040-5 PASS I Non- Payment.

The family will be authorized to the new provider beginning the date following: the required ten (10) business day written notice timeframe, the last day of care with the current provider, or a future date identified by the family, whichever occurs last. If the family does not identify their new provider or if their new provider is not approved for CCAP participation, the authorization to their current provider is canceled and reissued through the last day of care or the day after the required ten (10) day notice time frame.

The family's new provider must be a participating CCAP provider as no care will be authorized prior to the provider's approval. Once the family reports their new selected, participating provider, and the date care will start, the authorization may be issued to their new provider.

PASS I CCA changes in child care providers will require the WSP to evaluate how the family's authorized care will change and the appropriate actions depending on the ten (10) business day written notice.

The WSP will need to evaluate how much child care needs to be authorized to each provider based on section 4040-3 Authorizing Care for a PASS I Family. Each authorization should be either a full month or a part month.

Example: The family has an authorization to 123 Child Care for a full month. The family gave a ten (10) business day written notice to this child care facility to end care on the 3rd and needs three (3) full days of care to this *facility for that month. The family also reported care will begin with a new provider starting on the 4th and needs seventeen (17) full days from the 4th through the end of the month. The full month issued to 123 Child Care is cancelled and a part month is issued, and a full month is issued to the new provider.*

1. **Ten (10) Business Day Written Notice Given**
   Once the WSP confirms with the family's child care provider, a ten (10) business day written notice was given and the family has identified their new provider who is approved for CCAP participation, the change can be processed for care to be authorized to the new provider with an effective start date after the ten (10) business day notice time period ends.
   a. When the ten (10) business day notice time period ends in the current month, the WSP will electronically submit a *Request for PASS I Child Care* CC1 through CMS or fax a *Manual Authorization Request Form – PASS I* CC02 to the Designee:
      - A *Request for PASS I Child Care* CC1or *ManualAuthorization Request Form – PASS I* CC02 requesting to cancel authorizations to the current provider starting with the current month, if needed;
      - A *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 to authorize care as a full or part month, to the current provider for the current month through the last day of the ten (10) business day time

period, based on the number of day units needed to this provider;

- A *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 to authorize care to the new child care provider beginning the start date indicated by the family that is after the last day of care or the end of the ten (10) business day notice to the current provider. Care will be requested as a full or part month based on the number of day units needed to this provider. The WSP must indicate in the comments section of the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 how the ten (10) day notice requirement to the current provider and the last day of care was verified;
- A *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 to authorize care for any future months to the new child care provider;
- Mark the canceled *Child Care Authorization* document as "canceled or void"; and
- Provide a copy of the canceled authorization(s) and newly issued authorizations to the family.

b. When the ten (10) business day notice time period continues into the next month, the WSP will electronically submit a *Request for PASS I Child Care* CC1 through CMS or fax a *Manual Authorization Request Form – PASS I* CC02 to the Designee: A *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 requesting to cancel only existing **future** month authorizations to the current provider;

- A *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 to authorize care, as a full or part month, to the current child care provider through the ten (10) business day time period ending in the next month based on the number of day units care is needed with this provider, documenting in the comments section how the ten (10) business day notice requirement was verified and the last date of care with this provider;
- A *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 to authorize care for the next month and any future months as applicable, to the new provider, starting the day indicated by the family that is after the ten (10) business day written notice time period ends or the last day of care with the current provider. Care will be requested as a full or part month based on the number of day units needed to this provider;

- Mark the canceled *Child Care Authorization* document as "canceled or void"; and
- Provide a copy of the canceled authorization(s) and newly issued authorizations to the family.

c. The Designee will, the same day or the next business day:
   - Process the submitted *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 by canceling authorization documents to the current providers and reissuing to the previous provider and the new provider as a full or part month based on the number of day units needed to each provider; and
   - Mail a copy of the new authorization documents and the old authorization stamped "canceled or void" with the date, to the previous provider and a copy of new authorization documents to the new provider.

2. Ten (10) Business Day Written Notice Not Given

When the child care provider states the family has not given a ten (10) business day written notice to terminate care, the WSP will advise the family of the family's responsibility to notify the provider in writing before child care can be authorized to the new provider.

When a participating parent either reports to their WSP they removed their child from the care of their provider without giving the required written ten (10) business day notice, or wants out of the required notice due to a concern with the provider more information is needed. The WSP must obtain information regarding the concern by asking open ended questions such as, "Tell me what happened?" If the parent is vague about what their concern is or reports something that happened "a while ago, last month..." and the child(ren) remained in the providers care, the parent remains responsible to meet the notice requirement and care will not be authorized to a new provider for a start date prior to the required ten (10) business day notice.

If the parent describes a situation immediately preceding, (this week, yesterday...) the removal of the child(ren) from the provider's care indicating a health and safety concern regarding abuse, harm, or serious risk of harm that would be considered a priority level 1, they must report the incident within twenty-four (24) hours of the incident to: the local police;, WSP; and CCAP Designee if the provider is an Approved Relative or Child Care Licensing office responsible for the oversight of a licensed

provider. See sections 4340-2 B. Reported Allegation of Abuse, Harm, or Serious Risk of Harm and 4340-2 A. Priority Level 1.

The family must be able to provide verification of the report to local police and the WSP must be able to confirm with the office responsible for the oversight of the provider that a report was also made to that office. If the report is not considered a level 1, the family must still give their provider a ten (10) business day written notice; however the notice can be waived if the provider and family are in agreement in writing, and both parties have signed the notice.

If the family does not pay their provider for all charges and/or fees owed or does not enter into a payment plan with the provider, and the provider submits a *Report of Family Non-Payment* CC80 to the WSP, the WSP will forward the information to the Child Care Program Office (CCPO) to begin the non-payment process. See section 4040-5 PASS I Non-Payment.

3. **Ten (10) Business Day Written Notice Waived**
When the child care provider waives the family's required ten (10) business day written notice, they are agreeing care may be ended prior to the required ten (10) business days, and the provider will not receive payment beyond the last day of care. Care may be authorized to a new provider starting any time after the last day of care with the current provider. The WSP must obtain a copy of the written mutual agreement signed and dated by both the child care provider and the family.

   a. When the ten (10) business day notice is waived, the WSP will electronically submit a *Request for PASS I Child Care* CC1 through CMS or fax a *Manual Authorization Request Form – PASS I* CC02 to the Designee:
      - A *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 requesting to cancel the current and/or any future month authorizations depending on the last day of care and documenting in the comments section mutual agreement has been received and the last date of care with this provider;
      - A *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 tore-authorize care as a full or part month to the current/previously authorized provider for the month through the last day care was provided, based on the number of day units needed;

- A *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 to authorize care to the new provider as a full or part month based on the number of day units needed, starting with the date identified by the family that is after the last day of care with their current provider, and any future months previously authorized;
- Mark the canceled *Child Care Authorization* document as "canceled or void"; and
- Provide a copy of the canceled authorization(s) and newly issued authorizations to the family.

b. Designee will, the same day or the next business day:
   - Process the submitted *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 by canceling authorization documents to the current providers and reissuing to the previous provider through the last day of care and new provider; and
   - Mail a copy of the new authorization document showing through the last day of care and the old authorization document stamped "canceled or void" with the date, to the previous provider and a copy of new authorization documents to the new provider.

4. Ten (10) Business Day Written Notice Not Required

a. Sudden Ineligibility
When a participating parent becomes suddenly ineligible for participation in the CCAP, they are not required to give their child care provider a ten (10) business day written notice prior to terminating care.

b. Consolidating Location for Care with a Provider with Multiple Sites
When a family is using a child care provider with multiple sites who consolidates care to a different location during specific times of the year, for example the holiday break or summer, a ten (10) business day written notice is not required by the family or child care provider. In this instance, as long as the unit of care does not decrease, authorizations for the affected months are to be changed to reflect care at the correct site(s), without applying adverse action, and can be changed after contact with either the family or provider. The WSP and Designee will follow the steps as outlined in section 4040-4 C. 3. Ten (10) Business Day Written Notice Waived.

c. Reported Allegation of Abuse, Harm, or Serious Risk of Harm – Priority Level 1
When a participating parent reports to their WSP they removed their child from the care of their provider without giving the required written ten (10) business day notice, due to a health and safety concern regarding abuse, harm, or serious risk of harm that rises to the level of a priority level 1, the WSP must receive verification from the family that a report has been made within twenty-four (24) hours to the local police. The WSP must be able to confirm child care licensing or the local child care assistance office responsible for oversight of the provider has also received the report before the required ten (10) business day written notice requirement can be waived and care requested to be authorized to a new provider.

With verification of the filed police report and report to the office responsible for the oversight of the provider, (licensing or child care assistance), the required ten (10) business day notice will be waived and care will be authorized the date care began with the new provider. If verification is not provided supporting the concern being reported to the local police and/or the WSP is unable to confirm a report was also made by the family to the office responsible for provider oversight, care will be authorized to the new provider effective the day following the required ten (10) business day notice, had it been given. If a copy of a filed police report is received, the WSP is to document receipt and forward the report to the child care licensing office.

4040-4 D. PROVIDER RATE CHANGES

When a participating child care provider reports a change of their rates to the Designee based on the office with the CCAP approval responsibility for the provider, existing authorizations must be canceled in order to enter the provider's new rates.

The Designee will cancel or void existing authorizations issued for the month the rate change is effective and future months, regardless of the family's PASS category, enter the provider's new rates, and reissue the previously authorized care for each family. See section 4110-6 Changes to an Authorization Document Not Due to a Mistake.

4040-4 E. SUPPLEMENTAL PAYMENT REQUEST – PASS I

A *Supplemental Payment Request* CC06 form is not needed if payment has not already been made for the service month needing additional care authorized. The existing *Child Care Assistance Authorization* document is to be canceled, additional care authorized, and the *Child Care Assistance Authorization* document recreated for all the months previously included on the document.

1. A supplemental is needed when:

a. A change has been reported timely and some or all of the required ten (10) day change notification period is in a month in which payment has already been made.

b. The Child Care Program Office (CCPO) determined an incorrect payment occurred resulting in an underpayment. See section 4380-6 Incorrect Payment Adjustments.

When a payment has been made to a provider for a service month and a family reports a change warranting additional child care to be covered for the paid service month, or when the family is retroactively approved for Alaska Inclusive Child Care (Alaska IN!), the family's Work Services Provider WSP is to complete the *Supplemental Payment Request* CC06 indicating the reason additional payment is being requested and submit to their supervisor for approval. The supervisor will submit approved requests to the CCPO Accounting Staff. The provider does not need to submit an *Amended Request for Payment* CC79.

When payment has been made for a month in which a family has been retroactively approved for Alaska IN! the CCPO Eligibility Staff will complete the *Supplemental Payment Request* CC06 and submit it to their supervisor who will forward approved requests to the CCPO Accounting Team.

A *Supplemental Payment Request* CC06 requesting a payment exceeding the maximum amount equal to a full month plus a part month will not be approved, except in the case of Alaska IN! approval when a full month is authorized and/or a shared custody situation where a child could be authorized for up to a full month to each provider when two (2) providers in different service delivery areas are needed and both are approved for Alaska IN!.

2. Preliminary Review of the Supplemental Request

The WSP Supervisor will:

a. Review the family's case in CMS and speak with the family's worker as needed for clarification; and
b. Approve or deny the supplemental request

Example: The family was authorized for a part month. The family reported timely and provided verification that more hours were worked and additional care was needed, Payment has already been verified and the Payment Options screen shows the children attended at least six (6) days. The supplemental would be approved because the family is eligible for a full month authorization based on their activity and timely reporting.

3. Approval of Supplemental Payment Request

When the WSP supervisor supports the request they will:

a. Document their approval in a case note in the family's case in CMS;
b. Check the Approved box and sign and date the *Supplemental Payment Request* CC06; and
c. Forward to the CCPO Accounting Staff for processing.

The CCPO Accounting Staff must process the approved *Supplemental Payment Request* within two (2) business days of receipt of the approval and documented in an ICCIS case note and copied to and alert set in CMS.

4. Denial of Supplemental Payment Request

If the WSP supervisor determines the request is not warranted, they will:

a. Document their denial reason in the family's case in CMS;
b. Check the Denied box and enter the reason for the denial, sign and date the *Supplemental Payment Request* CC06; and
c. Return the *Supplemental Payment Request* CC06 to the requestor.

4040-5 PASS I NON-PAYMENT

When the Work Services Provider (WSP) or Designee receives information from a provider for a family participating in the Child Care Assistance Program (CCAP) through the Parents Achieving Self-Sufficiency (PASS) I, the family has not paid the difference in the State Rate and what the provider charges, and/or any other fees charged by the provider, and the provider confirms they have been unsuccessful

in attempts to collect the money owed by the family or get the family to enter into a payment plan, they will inform the provider of the option to complete and submit a *Report of Family Non-Payment* CC80 form. The *Report of Family Non-Payment* CC80 form must be submitted to the Child Care Program Office (CCPO) for PASS I families, and received by the CCPO no later than the last day of the month following the service month in which payment has not been made.

The WSP will also inform the family of the responsibility to pay their provider or enter into a payment plan with the provider, or they may be debarred from program participation if the provider submits the *Report of Family Non-Payment* CC80 form and it is determined money is owed by the family.

Within two (2) business days of receiving a *Report of Family Non-Payment* CC80 from a provider, the WSP will document receipt in a client note in the family's case in the Case Management System (CMS) and forward the form via email to the CCPO at dpaccp@alaska.gov using the subject line "PASS I non-payment". If the Designee receives the *Report of Family Non-Payment* CC80 for a family eligible for PASS I Child Care Assistance, they will document receipt in an Integrated Child Care Information System (ICCIS) case note and forward the form to the CCPO.

The CCPO will determine the amount owed to the provider, if any. If the family was not participating in the CCAP for the month(s) identified by the provider the *Child Care Assistance – Reported Family Non-Payment Notice* is issued to the provider. The CCPO documents their findings in the family's case in ICCIS and copies the case note to CMS for the WSP.

When the family was participating in the CCAP for the month(s) identified by the provider the CCPO will:

1. Review the family's case and ensure the correct unit of care was authorized for the timeframe included on the provider's *Report of Family Non-Payment* CC80;

2. Confirm the provider's rates in ICCIS;

3. Confirm the payment verified to the provider through the Payment Options screen in ICCIS;

4. Issue a *PASS I Child Care Assistance - Report of Non-Payment Notice* to the PASS I family if it is determined the family owes the provider. The notice advises the family of their responsibility to

pay their provider the portion of the family's care that is not paid by the CCAP, identifies the amount owed to the provider, and requests either proof of payments made to the child care provider or confirmation a payment plan has been agreed upon. The notice also advises the family their WSP has been notified and may result in additional requirements or penalties on their Temporary Assistance (TA) case. The CCPO will send a copy of the notice to the family's WSP case manager, document the action in an ICCIS case note and copy it to a CMS client note.

If it is determined the family doesn't owe the provider money due to not participating in CCAP during the timeframe identified by the provider or the *Report of Family Non-Payment* CC80 timeframe identified by the provider is outside of the allowable period to request assistance, no notice is issued to the family and no further action taken against the family.

5. Issue *a Child Care Assistance – Reported Family Non-Payment Notice* to the child care provider if it is determined the family owes the provider money and the CCAP can assist. The notice advises the provider that their report had been received, the amount determined to be owed by the family, and the family was notified of the requirement to pay the provider or enter into a payment plan.

If it is determined the family doesn't owe the provider money due to not participating in CCAP during the timeframe identified by the provider or the *Report of Family Non-Payment* CC80 timeframe identified by the provider is outside of the allowable period to request assistance, the CCPO will issue a *Child Care Assistance – Reported Family Non-Payment – Denied Notice.*

WSP are to work with the family to determine if the family could receive funding for a different supportive service that could increase the family's available funds allowing them to be able to pay their provider and/or assist in facilitating a payment plan by the family to the provider.

Within ten (10) days of receiving the *Child Care Assistance Report of Non-Payment Notice* from the CCPO, the WSP will advise the CCPO of the status of communication with the family and/or agreed upon solution and document the update in a CMS client note.

If the WSP has not responded and/or no information is received, the CCPO will contact the family's provider to determine if payment has been made or a payment plan agreed upon.

When it is confirmed the family has made payment or entered into a payment plan, the CCPO will monitor the case until the debt to the provider is paid.

If the provider confirms no payment has been made and/or a payment plan has not been reached, the CCPO will notify the WSP requesting they take any action possible. The CCPO Eligibility and Benefits Staff will take action to pursue debarment. See section 4410-5 Child Care Assistance Program Debarment.

4040-6 PASS I RENEWAL

Parents Achieving Self-Sufficiency (PASS) I families do not submit a *Child Care Assistance Application* CC08 to renew their participation, however, the Temporary Assistance (TA) eligibility worker re-determines the family's TA eligibility at least once a year.

The Child Care Program Office (CCPO) or Designee enters a renewal date in the Application screen in the Integrated Child Care Information System (ICCIS) based on submissions of *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 and the family's TA participation. After accepting the renewal date in the application screen or after clicking on the "renew application" line within the *Request for PASS I Child Care* CC1, the family's benefit start date is changed to the first of the month beginning the family's new TA participation timeframe.

4040-7 PASS II CHILD CARE REFERRAL

When a family's Temporary Assistance (TA) case closes either due to or with earnings from employment, the Division of Public Assistance (DPA) staff is to issue the *PASS II Child Care Referral* W150 notice to the family with a copy sent to the Designee. This notice is issued even when the family requests their TA case to be closed as long as they are employed at the time. The notice includes the Designee agency name, address and telephone number for the family to follow up with if they continue to need child care assistance.

Families whose TA application was denied are not eligible for PASS II or a post TA month of child care. They are only eligible for PASS I for the month they submitted their TA application and any following months until a determination is made on their TA application.

If DPA Field Services does not mail a family the *PASS II Referral* W150, it does not mean the family is not eligible for Parents Achieving Self-Sufficiency (PASS) II. PASS II eligibility can be determined using the Integrated Child Care Information System (ICCIS) and Case Management System (CMS) to verify at least one of the parents in the TA household had employment earnings at the time of the family's TA closure. If a Designee is unable to confirm this information using ICCIS and CMS, they are to send an email inquiry to the CCPO Policy Mailbox. See section 4000-4 L. Inquiries and Consultation for more information.

4040-8 PASS I FAMILY (CLIENT) CASE FILE DOCUMENTATION STANDARDS

Work Services Providers (WSP) client files must contain a signed original *Parent Responsibility Agreement - PASS I* CC03 at the family's initial assessment and then again with every annual Family Progress Review for each parent who is requesting child care assistance. A *Parent Responsibility Agreement – PASS I* CC03 form is to be signed approximately every 12 months with each Family Progress Report. If a family states they do not need child care and does not foresee needing child care in the future, signing a *Parent Responsibility Agreement – PASS I* CC03 is not required. This conversation is to be documented in an electronic client note recorded in the Case Management System (CMS). If the family requests child care assistance in the future, the parent must sign a *Parent Responsibility Agreement – PASS I* CC03 and then again with every annual Family Progress Review.

The Family Self-Sufficiency Plan (FSSP) and copies of all issued *Child Care Assistance Authorization* documents, *Manual Authorization Request Form – PASS I* CC02, *Supplement Payment Request* CC06, and any modifications made must also be contained in the client file. In addition, an electronic client note is recorded in CMS. The WSP must provide clear documentation each time a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is submitted.

Standardized templates are to be utilized to ensure anyone reviewing the information has a clear understanding of the unit of care requested to be authorized.

4050 CHILD CARE ASSISTANCE FAMILY PASS II AND PASS III APPLICATION

To participate in the Child Care Assistance Program (CCAP) Parents Achieving Self-Sufficiency (PASS) II or PASS III, an acceptable *Child Care Assistance Application* CC08 and supporting verification must be submitted, an interview completed and the family determined eligible.

4050-1 PASS II TRANSITIONAL FAMILIES

A family's potential Parents Achieving Self-Sufficiency (PASS) II CCA eligibility is determined by the Division of Public Assistance (DPA) Field Services Eligibility Staff at the time their Temporary Assistance (TA) case closes. Families whose TA closed with earnings from employment are eligible for PASS II for the twelve (12) months following the TA closure, even if the family requested their case to be closed.

Families whose TA application was denied are not eligible for PASS II or a post TA month of child care. They are only eligible for PASS I for the month they submitted their TA application and any following months until a determination is made on their TA application.

When the family's TA case closes with earning, the DPA Field Services Eligibility Staff issues the *PASS II Referral* W150 notice to the family and a copy to the Designee providing Child Care Assistance Program (CCAP) services in the family's community. The *PASS II Referral* W150 notice includes:

1. Potential twelve (12) month PASS II timeframe;
2. Need to apply to the Designee for PASS II Child Care Assistance (CCA) if continued child care is needed; and
3. PASS II CCAP Designee's address and contact information.

If the Work Services Provider (WSP) is also a State of Alaska employee and/or aware the family is closing TA with earnings, they will enter a client note in the Case Management System (CMS) documenting the TA closure date, employment information and verification received to assist CCAP Designees in determining PASS II or PASS III eligibility.

Designees will send the family the *Child Care Assistance-Notification of PASS II Potential Eligibility* letter along with a *Child Care Assistance Application* CC08, unless receipt of an application is already documented in the Integrated Child Care Information System (ICCIS).

PASS II potentially eligible families must meet the same non-financial and financial eligibility criteria as PASS III families.

4050-2 PASS II AND PASS III FAMILY APPLICATION

The administration for Parents Achieving Self-Sufficiency (PASS) II and PASS III Child Care Assistance (CCA) is carried out statewide through a collaborative partnership between the Child Care Program Office (CCPO) and Designees in defined service delivery areas.

1. The family **must** submit a *Child Care Assistance Application* CC08 and participate in an interview for:
   a. Initial benefit eligibility;
   b. Transition from PASS I CCA to PASS II or PASS III CCA benefit eligibility;
   c. Annual renewal of benefit eligibility;
   d. Re-application following a determination notice of closure;
   e. Re-application following a determination notice of denial when more than thirty (30) days have passed from the initial application submission date. An interview is not required in this circumstance if the family participated in an interview within sixty (60) days prior to the re-application. See section 4060-2 Conducting the Interview; or
   f. If a family comes into compliance with an Intentional Program Violation (IPV) after their certification period has ended. See section 4410-5 C. Debar Removed.

2. Examples of situations that do **not** require a new *Child Care Assistance Application* CC08 include but are not limited to the following:
   a. A hearing decision overturns the determination of denial or closure;
   b. The Incorrect Payment process reveals a family's case was closed or denied incorrectly;
   c. A complete application is not processed by the Designee within the required thirty (30) days;
   d. The second parent is no longer in the home;
   e. The number of children in the family changes;

f. A change of household that involves the other parent of the child(ren) in common now living in the same home;
g. A change of household resulting from the marriage of a participating parent;
h. The provider changes;
i. The unit of care needed changes;
j. The family moves to a new service delivery area;
k. Family submits all required information to the Designee, or completes the application process, within thirty (30) days of the date the application was initially received by the Designee even though a determination notice of denial was issued; or
l. If within the certification period the family comes into compliance with an IPV– See section 4410-5 C. Debar Removed.

An acceptable *Child Care Assistance Application* CC08 must contain at least: applicant's name legibly written; the parent's date of birth; and the family's parent signature on the Statement of Truth, Rights and Responsibilities, and Authorization for Release of Information.

Designees are to screen applications to determine if an application is acceptable. If the application is for a two (2) parent family, the signature on the Statement of Truth, Rights and Responsibilities, and Authorization for Release of Information must be the family's parent identified in the first section of the application, for the application to be determined acceptable. A faxed, emailed or picture of the application is acceptable and an original signature on file is unnecessary. Applications and supporting documentation received via email must be printed for the family's file and each page legible. Any missing or illegible information must be requested from the family.

3. Actions Taken on an Unacceptable PASS II and PASS III Family Application

Within one (1) business day of receiving a *Child Care Assistance Application* CC08, signed by the parent of the family or both parents of the family and the family's parent name is illegible, on both page one (1) and the signature page, the Designee will attempt to call any phone number included on the application or found in the family's Integrated Child Care Information System (ICCIS) case in the family module, to obtain the correct spelling. When the correct spelling is obtained and the application is signed by the parent of the family it is determined acceptable.

Unacceptable applications are not date stamped and not documented in an ICCIS case note.

Applications determined unacceptable are not considered received, are not date stamped, registered, or case noted in ICCIS, and are returned within one (1) business day to the family with an *Unacceptable Application* letter and any supporting documentation submitted with the application. A copy of the application and notice issued is retained by the Designee for sixty (60) days after which time they are to be shredded.

If no mailing address is included on the application or listed in ICCIS, the Designee will attempt to call any phone number included and advise the family of the unacceptable application. The Designee will attempt to obtain a mailing address to return the unacceptable application to the family.

When there is parent or child information on the application, the Designee will conduct an ICCIS search to attempt to obtain a mailing address to return the unacceptable application to the family. When all attempts to identify the family and/or mailing address to return the unacceptable application have been exhausted, it is retained by the Designee for sixty (60) days after which time they are to be shredded.

4. Actions Taken on an Acceptable PASS II and PASS III Family Application

Designees must stamp all acceptable applications with the month, day, and year in which they are received.

When a *Child Care Assistance Application* CC08 is determined to be acceptable, the Designee must, within one (1) business day of receipt, conduct additional screening and evaluation to determine the correct PASS program, register the application, and process for an eligibility determination. See section 4030-2 Determining Correct PASS Program for a Family.

4050-3 REGISTERING AN ACCEPTABLE PASS II AND PASS III FAMILY APPLICATION

The Designee must, within one (1) business day of receipt of an acceptable application register new family cases and assign to the appropriate office and worker's caseload and document actions. If it is determined a post Temporary Assistance (TA) month of care is needed, follow the steps in 4040-1 B. Registering an Existing Received, Pended, or Open Family as PASS I.

Within one (1) business day of receipt of an acceptable application for a family document receipt in an Integrated Child Care Information System (ICCIS) case note; determine the correct Parents Achieving Self-Sufficiency (PASS) program, and take any action necessary for PASS I if needed.

Within one (1) business day of the completion of all PASS I actions, register the application; assign each family case to the appropriate office and worker's caseload when entering (registering) the application in ICCIS; and when verification of child support is not submitted with the application, access Child Support Services Division (CSSD) information for each parent on the application through the Designee's myAlaska account.

When a Designee staff member submits an acceptable application for program participation, the Designee must ensure the staff member's case is assigned to a supervisor or other agency neutral third (3rd) party who is not a co-worker or subordinate of the applicant.

Once the Designee has determined the *Child Care Assistance Application* CC08 is acceptable and PASS II or PASS III is the correct PASS program, the following steps are to be completed for all acceptable applications, even if they need to be forwarded to the appropriate Designee serving the community where the family lives or conducts their eligible activity.

1. Within one (1) business day of determining the correct PASS program and ensuring all PASS I actions are completed, PASS II or PASS III applications are registered in the Family module of ICCIS by:
    a. Completing the Application screen using the earliest date the acceptable application was stamped received by any Designee or State agency;
    b. Entering information from the application into the Demographic screen;
    c. Case noting the actions including contact with the Work Services Provider (WSP), using subject heading: Application Rcvd. The track of the application, Green or Red may be included. See Section 4050-5 Application Track Green or Red; and
    d. Faxing the application the same day to the appropriate Designee, if applicable.

If an application is received by a Designee in a service delivery area not serving the family, or by the Child Care Program Office (CCPO), the Designee or CCPO will within one (1) business day:

e. Date stamp the application and fax it to the Designee for the service delivery area of the applicant's physical city, including a copy of the envelope, if received by mail. The Designee or CCPO who originally received the application will hold the application until it is confirmed as received by the correct Designee. The sending Designee or CCPO can confirm receipt by the correct Designee by telephone, email or by checking for the application to be registered in ICCIS. Once confirmed the original document is shredded.

f. When the Designee in family's service delivery area receives the faxed application they are to date stamp the application as received the date the fax is received and within one (1) business day:
   - Register the application in received status using the date of the first date stamp; and
   - Case note receipt of the application, documenting the first date stamp and the date stamp received by the correct Designee.

2. Access Child Support information through myAlaska
   The Designee will utilize their myAlaska account to access and print Alaska child support payment information for all parents listed on the family application, unless verification is attached with the application submission. The search in myAlaska is to include the:
   a. Child Support member identification number; or
   b. Case number; or
   c. Parent's Social Security Number, if included on the application or in ICCIS for each parent on the case; and
   d. Start date of the first (1st) day of the month and end date of the last day of the third (3rd) month, to obtain information for the three (3) full months.

   The printed information from each parent's case is retained in the family's hard copy case file.

3. Application for Alaska Inclusive Child Care Program
   The Designee is to review the family's *Child Care Assistance Application* CC08 to determine if the parent marked any of the

child(ren) as having special needs. This information is to be discussed and confirmed during the family's interview and if applicable the parent offered the *Application for Inclusive Child Care* CC48.

4050-3 A. REGISTERING AN APPLICATION FOR A FAMILY TRANSITIONING FROM PASS I TO PASS II

When the family is determined to be PASS II eligible (TA case closed with earnings), the PASS II eligibility period start date is always the first (1st) day of the month following the TA closure month. The last day of the PASS II eligibility period is always the last day of the twelfth (12th) month following the TA case closure date. The family's PASS II eligibility period is not extended for any reason.

The family's certification period *may* include some months as PASS II and some months as PASS III depending on their PASS II eligibility period and when the family submits an acceptable *Child Care Assistance Application* CC08, completes the application process and is determined eligible.

When the family submits an acceptable *Child Care Assistance Application* CC08 within their PASS II eligibility period (twelve (12) months following their TA closure date) their PASS II program start date *may* be retroactively effective to the first (1st) day of the month up to two (2) calendar months prior to the date their application was received.

1. *Child Care Assistance Application* CC08 Submitted within Sixty (60) days / during the Two (2) Calendar Months following their TA Closure Date

   When the family submits an acceptable *Child Care Assistance Application* CC08 within sixty (60) days or during the two (2) calendar months following their TA closure date, is within their PASS II eligibility period, and receives PASS I for the month following their TA closure (post TA month) then the PASS II program start date and certification period start date are both the (1st) of the month following the post TA month.

   For example: Family's TA closure date is 12/31, the family is eligible for PASS II (determined by their TA closing with earnings) for the period of January through December (based on the TA closure date). Care is authorized through PASS I for

January (post TA month). The family submits an acceptable Child Care Assistance Application CC08 *on 2/15. The family's certification period is February through January. The PASS II program start date is 2/1. During the family's certification period of February through January, the application screen in ICCIS will need to reflect the months of February through December as PASS II and January as PASS III.*

When the family submits an acceptable *Child Care Assistance Application* CC08 within sixty (60) days or two (2) calendar months of their TA closure date, is within their PASS II eligibility period, and <u>does not</u> receive PASS I for the month following their TA closure (post TA month) then the certification period and PASS II program start date are both the first (1st) of the month following the TA closure date.

For example: Family's TA closure date is 12/31 and the family's PASS II period is January through December, however, care is not authorized through PASS I for January (post TA month). The family submits an acceptable Child Care Assistance Application CC08 *on 2/15. The family's certification period is January through December. The PASS II program start date is 1/1. During the family's certification period of January through December, the application screen in ICCIS will need to reflect the family as PASS II.*

2. *Child Care Assistance Application* CC08 Submitted More than Sixty (60) Days or after the last day of the Second (2nd) Calendar Month Following their TA Closure Date
When the family submits an acceptable *Child Care Assistance Application* CC08 more than sixty (60) days or after the last day of the second (2nd) calendar month following their TA closure date, and is within their PASS II eligibility period, the family's certification period and PASS II program start date are both the date they submitted their *Child Care Assistance Application* CC08.

For example: The family's TA closure Date is 12/31 and the family's PASS II eligibility period is January through December. Care is authorized through PASS I for January (post TA month). The family submits their Child Care Assistance Application CC08 *on 5/7. The family's certification period is May through April. The PASS II program start date start date is 5/7. During the family's certification period of May through April, the application screen in ICCIS will need to reflect the months of May through December as PASS II and the months of January through April as PASS III.*

3. *Child Care Assistance Application* CC08 Submitted after the Family's PASS II Period Ends
   When the family submits an acceptable *Child Care Assistance Application* CC08 after the family's PASS II eligibility period has ended, the family's start date and certification start date is the date the date the *Child Care Assistance Application* CC08 was date stamped received. The family's program participation in the application screen of ICCIS will need to be reflected as PASS III.

When a family has both PASS II and PASS III months included in their certification period, the PASS II application in in the application screen of ICCIS is closed the last day of the twelfth (12th) month following the date of their TA closure (PASS II eligibility period) and the case is opened as PASS III for the remaining months of the family's twelve (12) month certification period.

If the family's post TA month of care through PASS I has not yet been requested and the family has submitted a PASS II and PASS III *Child Care Assistance Application* CC08, the Designee is to contact the WSP requesting submission of a *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form* – PASS I CC02 for the post TA month. Care cannot be authorized through PASS II until the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form* – PASS I CC02 is submitted and care authorized.

If the family was eligible to receive care through PASS I and the *Child Care Assistance Application* CC08 was registered and authorized through PASS II, the PASS II authorizations need to be cancelled to accommodate authorizing the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form* – PASS I CC02. Adverse action would not apply in this case since the family would receive more of a benefit by not having a co-pay for the post TA month.

The same or next day the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is received the Designee will:

4. Review for payment verification for months authorized under PASS II or PASS III beginning with the month care is requested to be authorized through PASS I. If payment has been made the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02 is rejected;

5. Cancel all months of care authorized under PASS II or PASS III, if payment for the month needed has not been made, beginning with

the month care is requested on the *Request for PASS I Child Care* CC1 or *Manual Authorization Request Form – PASS I* CC02;

6. Email the help desk at EIShelp@alaska.gov requesting the PASS II or PASS III application to be removed from the application screen because a PASS I request was submitted for MMYY, and the family is PASS I eligible.
   a. If there is a PASS I Program Type which was closed the month prior to the month listed on the CC1 or CC02, request the PASS I application be reverted to "Open" status; or
   b. If there is not a PASS I Program Type which was closed the month prior to the month listed on the CC1 or CC02 the family must be registered as PASS I in the Application screen once the PASS II or PASS III application is removed;

7. Enter a case note to explain the reason for requesting this removal of the PASS II or PASS III registration from the application screen;

8. Issue the PASS I authorization once the case is in PASS I open status;

9. Close the PASS I case in the application screen using the last day of the month in which care was authorized, and enter a case note to document the actions; and
10. Re-register the PASS II and III application and re-issue the authorizations beginning with the month following the month issued through PASS I.

4050-3 B. REGISTERING AN APPLICATION FOR A FAMILY TRANSITIONING FROM PASS II TO PASS III

When the PASS II eligibility period ends, the Designee is to close the PASS II case in the application screen using the last day of the last month of the twelve (12) month PASS II eligibility period, which is also the last day of the twelfth (12th) month following the TA closure date. The case is opened as PASS III using the first (1st) of the month following the date of PASS II closure to complete the family's twelve (12) month certification period.

4050-3 C. REGISTERING AN APPLICATION FOR A PASS III FAMILY

When completing the Application screen in ICCIS, Designees use the earliest date the acceptable application was stamped received by any Designee or State agency. The renew month will reflect a twelve (12) month timeframe.

4050-4 REVIEWING AN ACCEPTABLE PASS II AND PASS III FAMILY APPLICATION FOR COMPLETENESS

Once a *Child Care Assistance Application* CC08 has been registered it is reviewed for completeness within one (1) business day of registration. An acceptable application submitted with spaces or sections left blank is considered complete as long as the required supporting verification is included.

The application does not need to be pended for information missing from the application that can be obtained during the interview. However, required verification is to be included in the pend notification.

If an application for a two parent family is submitted with only one of the parent's required signature or any required verification is missing the application is considered incomplete.

A complete application must be received by the Designee within thirty (30) days of the application submission date.

1. **Required Signatures on the Application**
   At the time of application, the parent of the family must sign the Statement of Truth section of the *Child Care Assistance Application* CC08, which includes attesting they have read, understand and agree to abide by the rules pertaining to family responsibilities. Signature(s) of parent(s) in the family are required on the application. The parent who signs and certifies, under penalty of perjury, the truth of the information contained in the application (Statement of Truth) is considered the "Family's Parent" and the applicant.

   In a two (2) parent family, both parents regardless of their marital status must sign the Statement of Truth and Release of

Information areas contained in the application. Exceptions to the required signature of the second parent are:

a. The parent is away from the home due to participating in an eligible work activity with supporting verification from the parent's employer or a completed and signed *Employment Statement* CC36 has been received;
b. The parent is away due to participating in an eligible job training or educational activity with supporting verification of enrollment from the training or educational institution; or
c. The parent is incapacitated in a way that prohibits being able to sign the forms and a completed *Health Status Report* CC24 form or similar documentation from a health care or mental health care professional has been received.

When the family application indicates the parent is married but does not list the other parent on the application, verification of the other parent's eligible activity and income or legal separation must be requested in the *Child Care Assistance Application Received – Pended Notice*. If the separation paperwork was received with a prior application, the worker will need to ask what has happened over the last year and if the separation is still on-going.

2. Required Verification for Initial Application

The following supporting verification documents are required for a complete application. If the family is reapplying after a closure and the required acceptable form of verification is in the family's file, they do not need to resubmit it:

a. Copy of unexpired government issued photo identification for parent(s) of the family;
b. Proof of age for each child in the family who will be receiving child care assistance;
c. Proof of citizenship or qualified alien status for each child who will be receiving child care assistance, whichever is applicable. **Note:** This verification is required for all children for whom care is requested. Proof of age and citizenship or qualified alien status may be contained on the same document depending on what is used as verification;
d. Proof of child custody, or changes to child custody, if applicable:
    - One parent applying for participation:
      The parent's statement on their application and verbal confirmation from the interview are acceptable verification when one of the child's parents is applying for participation and the other parent is not applying or currently participating.

- Both Parents Applying or Participating
  When both parents are applying for participation or when one parent is already participating and the other parent applies, a copy of the most current court order for custody or Parenting Plan is acceptable as verification as long as both parents have signed the Parenting Plan. If there is no court order or Parenting Plan, the parent's statement on their application and verbal confirmation from the interview are acceptable verification as long as there is agreement in the terms of the custody arrangement. The Designee will need to review the Integrated Child Care Information System (ICCIS) and/or the other parent's application to determine if the parents are in agreement regarding the terms of the custody.

  If an applying parent's verification submitted is not the same as the participating parent's custody verification, or verification by both applying parents is different, the applying parent or each applying parent must provide verification that is in agreement with the other parent. Written or verbal agreement from either or both parents is acceptable verification.

e. Copy of parent's school schedule for the current term or upcoming term if enrolled, if applicable;
f. Current and/or future educational financial aid, if applicable;
g. Proof of all earned income for parent(s) of the family;
h. Proof of unearned income for all members of the family;
i. Proof of self-employment activity and income including a valid State of Alaska business license, for parent(s) of the family as applicable;
j. Proof of ongoing medical or dental payments, if applicable, for any allowable deduction;
k. Proof of child support which is legally obligated and amount being paid, if applicable, for any allowable deduction; and
l. Proof of enrollment or attendance in a job training program, if applicable.

3. Required Verification for Renewing Participation

When renewing participation, a copy of the parents' government issued photo identification, proof of age for the child; proof of citizenship or qualified alien status or proof of child custody confirmed to be in the family's hard copy file are not required to be submitted again, unless there are changes to the previously submitted information. A complete application for renewal

includes the following supporting verification documents for the family:

a. Copy of each parent's current and/or future school schedule, if applicable;
b. Current and/or future educational financial aid for parent(s) of the family if applicable;
c. Proof of all earned income for parent(s) of the family;
d. Proof of unearned income for all members of the family;
e. Proof of self-employment activity and income including a valid State of Alaska business license, for parent(s) of the family as applicable;
f. Proof of ongoing medical or dental payments, if applicable for any applicable deduction; and
g. Proof of child support which is legally obligated and amount being paid, if applicable, for any applicable deduction.

The following additional information is also required from a family renewing participation if they have changes in their family composition or previously submitted documentation:

h. Copy of government issued photo identification for a parent of the family being added to the family's case;
i. Proof of Age for each child being added to the family's case who will be receiving child care assistance;
j. Proof of citizenship or qualified alien status for each child being added to the family's case who will be receiving child care assistance, if applicable; and/or
k. Proof of changes to child custody, if applicable. See 2.d. above.

4. Required Verification for a Family Identified as Homeless

When a family identifies they are homeless on their application or during their interview and they meet all other factors of eligibility they will be approved for program participation for the month of application and the following month, prior to submitting:

a. Copy of government issued photo identification for a parent of the family;
b. Proof of age for each child in the family who will be receiving care;
c. Proof of citizenship or qualified alien status for each child who will be receiving child care assistance, whichever is applicable; and/or
d. Proof of child custody, if applicable;

A family identified as homeless must provide all other required verification and meet financial and non-financial eligibility. When any of the information listed above is needed to complete the

family's application and based on the application and other verification the family meets eligibility criteria their application is approved only for the month of application and the following month.

The Designee will issue the *Child Care Assistance – Information Needed Notice* the first (1st) week of the second (2nd) month allowing the family ten (10) days to provide the needed information.

If the required information is provided by the due date in the notice, their program participation will be approved through twelve (12) months.

If a family identified as homeless does not provide the required information by the due date in the notice, their program participation will be ended at the end of that month.

4050-5 APPLICATION TRACK GREEN OR RED

Complete applications are considered Green Track and incomplete applications are considered Red Track. A determination of an acceptable application's completeness and the appropriate "Track" is documented, in an Integrated Child Care Information System (ICCIS) case note, using the subject heading: Application Rcvd - Green Track or Red Track. The track can be identified in the same case note used when documenting the application received by including the track. See section 4050-3. Registering an Acceptable PASS II and PASS III Family Application.

4050-5 A. GREEN TRACK

When a complete application has been received and the interview is the only action required of the family, the application is considered "Green Track." If the interview is not conducted the same day as the application was received, the *Child Care Assistance Application Received – Pended Notice* is issued. If it is determined information or verification is needed based on the interview or eligibility determination, a new *Child Care Assistance Application Received – Pended Notice* is issued to include all information needed with a new ten (10) day due date. Issuance of the notice is documented in an ICCIS case note. In this situation, the application becomes red track. A

case note documenting the track change is not required as long as the new pend notice sent is documented in an Integrated Child Care Information System (ICCIS) case notes.

The application is considered worked timely if an interview with the applicant is completed and a determination of approved or denied is issued within fifteen (15) days of application receipt. The fifteen (15) days will be determined by using the fifteen (15) day timeframe on Adverse Action Calendar with day zero (0) being the date the application was received.

When action is needed for Parents Achieving Self-Sufficiency (PASS) I on a Green Track application causing a delay in issuing a determination of approved or denied exceeding the fifteenth (15Th) day from the date the application is received, the application is considered worked timely if the determination is issued within one (1) business day of the Work Services Provider (WSP) and or Systems Operations (SysOps) completing needed PASS I actions.

4050-5 B. RED TRACK

Applications determined incomplete and identified as "Red Track" require follow up by the Designee. The Designee must identify all information, documentation and/or verification needed to complete the family's application.

To ensure timely processing, all documents, information and/or verification needed and the family's scheduled interview date and time are included in the *Child Care Assistance Application Received – Pended Notice* which is issued to the family within ten (10) calendar days of the date the application was received.

The family must be given at least ten (10) days based on the Adverse Action Calendar, to provide any missing, necessary information and to participate in an interview. See section 4060 PASS II and PASS III Child Care Assistance Family Interview.

If after the *Child Care Assistance Application Received – Pended Notice* is issued and it is determined required verification or action was not originally included, a new *Child Care Assistance Application Received – Pended Notice* is issued. The newly issued *Child Care Assistance Application Received – Pended Notice* is to include all items needed even if they were included in a previous notice. If a family needs to submit verification of income and/or employment after the *Child Care*

Assistance Application Received – Pended Notice is issued. The Designee will also attempt a collateral contact with the employer prior to re-pending the application.

The application is considered worked timely if a determination of approved or denied is issued within fifteen (15) days of an application being determined complete and the interview completed. The fifteen (15) days will be determined by using the fifteen (15) day timeframe on Adverse Action Calendar with day zero (0) being the date the application was determined complete or the interview completed whichever is later.

When action is needed for PASS I on a Red Track application causing a delay in issuing a determination of approved or denied exceeding the fifteenth (15Th) day from the date an application is complete and interview conducted, the application is considered worked timely if the determination is issued within one (1) business day of the WSP and or SysOps' completing needed PASS I actions.

4060 PASS II AND PASS III CHILD CARE ASSISTANCE FAMILY INTERVIEW

The purpose of an interview between the Designee and the applicant is to confirm all application information, identify additional information needed to make an eligibility determination for program participation, and to ensure parents understand their rights and responsibilities. The interview is to be open communication between the Designee and the parent and an opportunity for the Designee to explain why additional and personal questions are being asked and if applicable, additional verification requested. The interview is part of the application process and must be completed prior to making an eligibility determination or issuing child care authorization documents.

4060-1 SCHEDULING THE INTERVIEW

Whenever possible, interviews are to be conducted at the time the family submits the application to the Designee's office in person, regardless of the "Track" the application will follow. The individual who signed the application as the "family's parent" is the individual who must complete the interview and who will be responsible for program compliance. In a two (2) parent family, either parent can

complete the interview if they have both signed the application, as they are both responsible for compliance of the program rules. If the family needs to be scheduled for an interview later the same day, no notice is required to be sent to the applicant.

Within one (1) business day of receiving an application through the mail or by fax, Designees are to make at least one (1) attempt to contact the parent by telephone to conduct or schedule the interview. A case note is entered in the Integrated Child Care Information System (ICCIS) documenting the attempt.

If the interview is scheduled for a time other than the day contact was made with the family to schedule the interview, the *Child Care Assistance Application Received – Pended Notice* must be issued to the family, even if the notice will not be received until after the interview appointment. A copy of the notice is retained in the family's case file.

If the Designee is unable to reach the parent, no later than the end of the second (2nd) business day from receipt of the application, the Designee will schedule a telephonic interview for at least five (5) days from the date the notice is issued. To the extent possible the interview is to be scheduled for the parent's preferred day of the week and time of day based on the information on the application.

1. **Green Track Applications**
   The *Child Care Assistance Application Received –Pended Notice* is issued to the family with the date and time of the telephonic interview clearly indicating the Designee is to call the parent and how to contact the office should the parent need to reschedule. If the family makes it known they have phone issues and they need to call for the interview instead of the Designee calling them it must be case noted.

   A minimum of five (5) calendar days must be given when scheduling appointments without first speaking with the parent to allow for mail time.

2. **Red Track Applications**
   Designees are to include the family's scheduled interview date and time as well as the Designee's contact information should the parent need to reschedule, in the *Child Care Assistance Application Received – Pended Notice.* The *Child Care Assistance Application Received – Pended Notice* must clearly indicate the Designee is to call the parent at the date and time scheduled for the interview. If the family makes it known they have phone issues and they need

to call for the interview instead of the Designee calling them it must be case noted.

A minimum of five (5) calendar days must be given when scheduling appointments without first speaking with the parent to allow for mail time.

If the family fails or refuses to participate in an interview within the specified timeframe identified in the notice and does not contact the office to reschedule, a *Child Care Assistance Application - Denied Notice* is issued and the family's case is denied in ICCIS.

If the family fails to participate in an interview within the specified timeframe identified in the notice, but contacts the office within thirty (30) days of their original application submission, to reschedule the interview, the application is considered valid and the interview is to be scheduled. If the family's case has been closed in ICCIS, the Designee will email the System Operations Help Desk at: EISHelp@alaska.gov requesting the family's case to be reopened. In these situations the application is considered worked timely if the interview is conducted and a determination of approved or denied is issued within ten (10) days of the request to reschedule or thirty (30) days of the application receipt date.

4060-2 CONDUCTING THE INTERVIEW

The interview is to be open communication between the Designee and the parent. There are times when additional questions of a more personal nature are required to be asked to help the Designee make the best eligibility determination possible. If there is conflicting or contradicting information received or identified during the interview, the family is to be made aware of the conflict. Additional questions may need to be asked or the family asked to provide additional information or verification in order to resolve the contradiction.

Interviews will be conducted face-to-face or by telephone based on the preference of the family. The individual who signed the application as the "family's parent" is the individual who must complete the interview and who will be responsible for program compliance. During the interview the Designee must:

1. Discuss the family's responsibilities which include:
   a. Using a provider who is already participating in the Child Care Assistance Program (CCAP);

b. Providing documentation to support information included on the application;
c. Signing the Statement of Truth, Right and Responsibilities and Authorization for Release of Information section of the *Child Care Assistance Application* CC08 which allows the Department or Designee to independently obtain and verify information needed to determine eligibility and benefit level;
d. Responding timely (by the due date in each notice) to requests for information by providing completed forms or verification, responding timely to scheduled appointments, and making requested records or information available;
e. Paying the family's child care provider, the family's eligible cost of care that is not paid on the family's behalf. This includes the family's monthly contribution (co-pay) and the child care provider's charges exceeding the amount paid by the CCAP on the family's behalf for each month as long as an authorization has been issued for the family and care was used, even if there is no written agreement between the family and child care provider;
f. Timely renewing participation prior to the expiration of authorized care to allow for processing of new eligibility determination and authorizations to ensure continuity of care. Notice of the requirement to renew participation will be sent sixty (60) days prior to the end of their certification period;
g. Cooperating with the Department regarding any investigation conducted regarding the family or the family's child care provider;
h. Reviewing the provider's attendance records and *Request for Payment* CC78 form(s), if requested by the Designee or Department of Health and Social Services (DHSS), to verify care was billed only for the time the children were in care;
i. Repaying DHSS an overpayment of program benefits regardless if it is an agency or family caused error;
j. Reporting to local law enforcement and the department with provider oversight, within twenty-four (24) hours of the incident for a priority level 1 health and safety concerns regarding abuse, harm, serious risk of harm to a child in the provider's care. See section 4340-2 A Priority Level 1;
k. Giving the provider at least ten (10) business day's written notice, signed by the parent, of the family's intent to terminate child care to include the date care will end. A verbal change in provider or a copy of the written notice can be submitted to the Designee.
    - If the provider waives the required notice requirement in writing and the parent and provider both sign the waiver.

A copy of the waiver must be submitted by the family to the Designee and received within ten (10) business days;

- In the case of the parent's or child care provider's sudden program ineligibility; or
- In the case of the parent reporting a Priority Level 1 health and safety concern regarding abuse, harm, or serious risk of harm to a child in the provider's care. The report must have been made to the local law enforcement and the department with provider oversight within twenty-four (24) hours of the occurrence; and

l. Reporting non-temporary changes or anticipated non-temporary changes in circumstances that affect their eligibility or subsidy amount. Changes may be reported in writing, by telephone, or in person.
   - Ten (10) Business Day Reporting Requirements include:
     - After a loss of employment without new employment obtained within three (3) months or ending attendance at a job training or educational program and no other eligible activity or restarting attendance within three (3) months for any parent in the family;
     - After a change in family size, if adding the second parent into the family causes the family's monthly income to exceed eighty-five percent (85%) of the Alaska State Median Income (SMI);
     - After a determination of permanent incapacity status of a parent in the family;
     - Before changing child care providers; and
     - After a change of physical or mailing address.

m. Reporting temporary or non-temporary changes which will increase the family's benefit but does not have the required ten (10) day reporting requirement. When an increase of care needed is reported timely, within ten (10) business days of the change, it is effective up to ten (10) days prior to the date the change was reported. If an increase of care needed is not reported timely, it is effective the date it is reported.

   Reported changes reducing the family's co-pay are effective the first (1st) of the month following when the change was reported.
   Some examples of temporary and non-temporary changes affecting the family's benefit are:
   - Birth of a child or a new child added to the family;
   - A child in the family who previously didn't need child care now needs child care;

- A change in visitation in which a child will be in the home for summer vacation which increases the family size and may reduce the family's co-pay:
- A change in visitation in which a child will be in the home for summer vacation and child care is needed;
- A change in custody of a child in which the child will be in the home for more than previously reported and additional care is needed;
- Change in a parent's work schedule increasing the hours worked or the addition of any other eligible activity in which an increase to the level of care is needed and the family is eligible; and
- Change in a parent's work schedule or rate of pay decreasing the hours worked and/or monthly income which may also decrease to the family's co-pay.

2. Confirm with the family the information received and/or missing on the application:
   a. Family composition.
      If the family's application indicates the parent is married and the other parent is not listed, confirm during the interview the parent is married. See section 4070-3 B. 3. Residing Apart – No contact.

      When verification requested in the *Child Care Assistance Application Received – Pended Notice* is not provided with the other parent's information or verification of the legal separation, a *Request for Information* form is submitted to the Child Care Program Office (CCPO) Eligibility and Benefits Staff via the policy mail box at dpaccp@alaska.gov.

      If a family reports during the interview that children will be moving into the home or will be in the home temporarily, the Designee will request age and citizenship verification for child(ren) needing care, add the child(ren) to the participation for the family, effective as of the date the family reports the child(ren) entered the home, if reported timely, or the date of the interview if not reported timely. If the child(ren) are reported to be in the home temporarily, this may require several budgets to be created in the Integrated Child Care Information System (ICCIS) with the last budget reflecting the child(ren) has left the home and the family size is reduced.

      Example: Application for a family of four (4) was received June 5th. The family reports during the interview on June 10th

a child entered the home on June 9th and will be in the home through July 31 at which time the child will return to the other parent's home effective August 1. The following actions should happen:

1. *A budget is created effective June 5 for a family size of 4;*
2. *The child visiting is added to the participation effective June 9;*
3. *A new budget is created effective July 1st for a family size of 5;*
4. *The participation for the visiting child is ended effective July 31st; and*
5. *A new budget is created effective August 1st for a family size of 4.*

b. Unearned Income – Native Family Assistance Program
If the family has indicated they receive or will receive a benefit through the Native Family Assistance Program (NFAP), for the co-payment and/or the difference in the provider's charges and the amount paid by the State of Alaska CCAP, the Designee must determine if the benefit is paid to the family or directly to their child care provider. When the NFAP benefit is paid directly to the family it is included in the family's monthly countable income as unearned income. If the NFAP benefit is paid to the family's provider it is not counted as income. Verification of the benefit amount and who it is paid to is required from the family or confirmed through collateral contact by the Designee with the NFAP Tribal organization.

c. Paid Employment Changes
If paid employment is indicated for a parent on their application and it is reported during the interview work with that employer has ended, the family is to be asked about their last day of employment.

If the parent's last day of employment was prior to the date their application was stamped received, the parent is not considered to be in an eligible activity and the application is pended for proof of an eligible activity and income.

If the parent's last day of employment was the same date or after their application was date stamped received, the parent is to be offered three (3) months of job search to begin the month after the application was received. The employment activity and income reported on the application is used to establish the

budget and co-pay and for the child care need. The parent is advised of the requirement to report, within ten (10) days of securing employment and to provide verification. The parent is also advised if they are not able to secure employment, or begin an educational or job training program or do not provide verification, they will not be eligible at the end of the three (3) month job search timeframe. See sections 4070-3 D. PASS II and PASS III Parent Eligible Activities and 4120-1 B. Changes Negatively Impacting the PASS II and PASS III Family Benefit.

If a parent of the family is self-employed, the family is advised they must maintain their State of Alaska business license, and/or other required license, permit, or certificate necessary to perform the work, throughout their certification period or it may result in an incorrect payment determination which would require repayment of program benefits.

If a parent reports a **known** (temporary or non-temporary) change in their activity that will occur in the next twelve (12) months, which may or may not affect the level of care needed for that timeframe, care will be authorized to include the anticipated changes. Some examples include:

- If a teacher, or any other parent in an eligible activity that has a break from the activity, reports in the interview they won't be, or don't plan on teaching summer school and don't plan on participating in any other eligible activity, care ***would not*** be authorized for the summer months. The family is informed to contact the program within ten (10) business days of knowing the situation is changing and the parent is or will be engaged in an eligible activity for care to be authorized for the summer months.

- If a teacher, or any other parent in an eligible activity that has a break from the activity, reports in the interview that they do plan on teaching summer school or do plan on doing some other eligible activity during the summer months, care ***would*** be authorized for the summer months.

- If a teacher, or any other parent in an eligible activity that has a break from the activity, reports they are off from their regular position during the summer break and are unsure if they will be in an eligible activity during the summer months, care is not to be authorized for the summer months. The family is informed to contact the program within ten (10) business days of knowing the situation is

changing to request child care for the summer months if the parent is or will be engaged in an eligible activity.

Once a determination of approval is made, if the family reports a temporary change of eligible activity, no changes will be made to reduce the level of care authorized. A change to add additional care or to authorize care for a month not previously authorized will be made.

For example: A teacher reports during the interview, their regular position ends at the end of the school year and they plan on teaching summer school during the summer break. A determination of approved is made. Later during the certification period, the family reports they will not be teaching summer school, nor will they be in any eligible activity during the summer months after all. If the timeframe is less than three (3) months in which the parent will not be in an eligible activity, no changes are made to the care already authorized for the summer months. See section 4110-2 A. 6. Authorization Period Less than Twelve (12) months of Changes Known at Approval.

d. Changes
Additionally, the family is to be asked if there are any expected changes in the information discussed which are to be documented and considered for the family's certification period. This would include asking about school plans for school-aged children including: a child turning five (5) prior to the beginning of the school term; summer plans for children attending school; changes in their eligible activity, income, or family size; or any other changes effecting their eligibility and/or level of care over the twelve (12) month certification period. Changes reported during the application process are worked with the application. Only changes reported after an approval determination is made on the application are processed according to section 4120 Family Reports of Change.

If information submitted on the application is identified as needing changed, the Designee will include the changed information in their interview case note in ICCIS documenting what was on the application and the change reported during the interview. Information missing from the application must be obtained during the interview and documented.
Information which is changed may need additional verification to be submitted.

The *Child Care Assistance Application Received – Pended Notice* is issued and documented in an ICCIS case note. If the application was determined Green Track it now becomes Red Track. An additional case note documenting the change of track is not required.

After the issuance of the *Child Care Assistance Application Received – Pended Notice,* the Designee will conduct a collateral contact whenever possible, to obtain or confirm information identified during the interview that changed from the information included on the application or verification provided by the family. If the collateral contact is successful, the Designee is to contact the family advising them which information needed and identified in the *Child Care Assistance Application Received – Pended Notice* was received.

e. Parents Achieving Self-Sufficiency (PASS) I to PASS II
The month prior to application submission is to be discussed with families transitioning PASS I to PASS II as they are potentially eligible for coverage during that time.

An eligibility determination cannot be made until the information requested in the *Child Care Assistance Application Received – Pended Notice* is received or the timeframe to submit the information passes.

3. Discuss the family's rights to include speaking with the assigned Designee staff and/or the staff's supervisor regarding actions taken on their case or discussing determinations they do not agree with and requesting a hearing.

4. Refer to the Alaska statewide Child Care Resource and Referral Network (CCR&R) when the family needs assistance finding a CCAP participating child care provider.

5. Advise Family of Selected Provider Information
Access the family's selected provider's case in ICCIS to review the Application, Rate, and Schedule tabs and if a Licensed provider, the License tab. Ensure the family is aware of their provider's participation end date, if within the family's potential certification period, ages the provider cares for if limited and will affect the family during their certification period, and hours of operation. When the provider's hours of operation begin after the family's needed start time or end prior to the family's needed end time, this must be discussed with the family to ensure they are aware care

will only be authorized for the provider's hours which may cause the family to need alternative care.

If the family's chosen child care provider has more than one (1) location, ensure the family is aware there may be location changes during the family's certification period and if so they are to report the change. Designees may contact the provider to attempt to confirm which location(s) the child(ren) will be attending for the twelve (12) months. Often families are not sure, especially if a provider has separate sites in close proximity to one another. Families are also often unaware that their child may be changing sites within the twelve (12) month certification period. Receiving this confirmation from the provider will help ensure care is authorized to the correct location which also reduces staff time needed to correct the error and the delay providers experience waiting for the correction so they can submit their *Request for Payment* and receive payment for services.

If a Licensed provider cares for a limited age range of children, as listed on their *Child Care License*, and the family's child(ren) will be impacted, ensure the family is aware of the provider's age ranges and they will need to select a different provider when their child(ren) are no longer within the provider's age range.

6. Provide Resources for Developmental Screening
   Information regarding how to access developmental screenings is to be offered to all families. If during the interview the family identifies they have a child with a disability, or are concerned about their child's development refer the family to the Early Intervention/Infant Learning Program or local school district depending on the child's age.

   The Early Intervention/Infant Learning Program can be accessed at:
   http://dhss.alaska.gov/dsds/Pages/infantlearning/default.aspx.
   If the child is three (3) years old or older, the family is to be referred to the local school district. A listing of all Alaska school districts is available at: http://www.asdk12.org/afd/.

7. Request for Information
   The Designee is to be as transparent as possible when interviewing the family. If there is conflicting or contradicting information received, additional questions may need to be asked or additional information or verification requested to resolve the contradiction. The conflict/contradiction is to be documented in

the ICCIS case note, along with the additional questions asked and/or information or verification requested and the response of the parent. Once the interview is documented in ICCIS, if the Designee believes the contradiction was not resolved or the family has not accurately reported information, submitting a Request for Information may be appropriate. The reason the Designee believes the information received is not accurate or remains questionable must be included.

If at the time of the family's initial or renewal application, the Designee has received conflicting or contradicting information causing the Designee to believe the family has reported information incorrectly during the interview or not reported information pertinent to their eligibility, has falsified, or withheld information, it is to be followed up on prior to an eligibility determination being made. If the Designee has discussed the need for and issued a notice requesting information and the family responds saying they are not able to provide the information requested and the Designee is not able to access information needed, including through collateral contacts, a *Request for Information* form is submitted to the CCPO Eligibility and Benefits Staff via the policy mail box at dpaccp@alaska.gov. The request includes a description of the information that is in question and the reason the Designee believes the family did not report accurately.

When submitting the request, identify the PASS program and the priority as a Level 1 since the information is needed before a determination can be made. Depending on the information needed, it may take longer than forty-eight (48) hours for the CCPO to obtain the requested verification or information. See section 4000-4 L. Inquiries and Consultation.

If the Designee suspects or finds the family did not report pertinent information for an ongoing case, see section 4410 Incorrect Child Care Assistance Program Payment.

The interview must be documented in ICCIS whether only the interview was conducted or if a determination was made at that time. An eligibility determination for CCAP benefits cannot be made prior to conducting an interview or notifying a family of the requirement to participate in an interview.

The completion of the interview is documented in an ICCIS case note to include the details as described above.

If during the interview it is determined additional information and/or verification is needed for a Green Track application the *Child Care Assistance Application Received – Pended Notice* must be issued. The application becomes a Red Track. The issuance of the notice must be documented in an ICCIS case note but the change in track is not required to be documented.

If an interview was completed but the application was denied, a new interview is not required when a family submits a new application within sixty (60) days of the submission of the denied application. See section 4050-2 PASS II and PASS III Family Application.

4070 DETERMINING FAMILY CHILD CARE ASSISTANCE NON-FINANCIAL ELIGIBILITY

A family must provide any necessary information or verification to complete their Parents Achieving Self-Sufficiency (PASS) II or PASS III Child Care Assistance Program (CCAP) application within thirty (30) days of the date the application is date stamped received by the Designee.

In order for a family to be eligible to receive CCAP benefits, they must meet both non-financial and financial eligibility criteria within sixty (60) days of the date their acceptable application is date stamped received by the Designee.

4070-1 FAMILY NON-FINANCIAL ELIGIBILITY

Families applying for Parents Achieving Self-Sufficiency (PASS) II or PASS III Child Care Assistance (CCA) are determined non-financially eligible by the Designee.

The non-financial eligibility criteria for all PASS CCA categories includes: an eligible child with eligible parent(s) in an eligible family who are physically present and living in the state.

4070-2 ELIGIBLE CHILD

Under the Child Care Assistance Program (CCAP) the term child refers to any child(ren) of the family, residing in the home, who may or may not need child care, and who are minor child(ren)

seventeen (17) years of age or younger.

To be considered eligible for CCAP benefits, an eligible child means an individual who:

1. Is younger than thirteen (13) years of age; a child who turns thirteen (13) years of age during the family's certification period is eligible to continue through the last day of the family's certification period; and
2. Resides with a parent or parents who are working or attending a job training or educational program. See section 4070-4 Eligible Family; and

3. Resides in a family whose income does not exceed eighty-five percent (85%) of the Alaska State Median Income (SMI) for a family of the same size and the family assets do not exceed one million ($1,000,000) dollars; or

4. Resides with a parent or parents not described in two (2) or three (3) above due to the child receiving, or needing to receive, protective services.

When a child meets the eligible child criteria their age must be verified. See section 4070-2 A. Age Verification for Children.

Families may receive Parents Achieving Self-Sufficiency (PASS) II, or PASS III Child Care Assistance (CCA) if the child(ren) needing child care coverage meet both the above eligible child criteria and citizenship criteria.

Children who are temporarily in the home at the time of application, such as a child visiting during the summer, are included in the family size for the months the child is in the home. The child is included in the participation effective the date they are or will be in the home to allow for care to be authorized, and then their participation is ended effective the date they leave the home. There may need to be three (3) different budget and co-pays created with an approval determination. One (1) for the timeframe the additional child is not in the home, one (1) for when the child arrives and is in the home, and one (1)for when the child leaves the home.

4070-2 A. AGE VERIFICATION FOR CHILDREN

A child for whom PASS II or PASS III child care coverage is requested must have their age verified. The document used must include the child's name and date of birth and may be by:

1. **Providing a copy of one ofthe following:**
   a. Birth certificate; adoption record;
   b. Passport;
   c. Government issued photo identification;
   d. Denali KidCare card;
   e. Supplemental Security Income (SSI) records;
   f. Certificate of Indian blood;
   g. Immigration or naturalization records;
   h. School record;
   i. Hospital, midwife or physician's records. A hospital crib card is only acceptable if it contains the child's legal name and date of birth; or
   j. Court records.

Designees document the verification used or received in an Integrated Child Care Information System (ICCIS) case note. When a child's age was verified by previously acceptable documentation, one of the above unexpired forms of age verification must be obtained at the time the family submits an application to renew participation.

Once acceptable age verification is in the family's file, new verification is not needed unless the form of verification submitted has an expiration date. In these cases unexpired verification is needed at the time of application.

Legibly copied, faxed, or scanned documents are acceptable for file copies. The official original document(s) is not required.

Designees are to protect information provided from further disclosure under the Health Insurance Portability and Accountability Act (HIPAA).

2. **Homeless Child Exception**
   An applying family who has identified themselves as homeless will be determined eligible, if all other factors of eligibility are met, for

the month of application and the following month without providing age verification for the child(ren) needing care.

Age verification must be provided for the family to continue participation after this period.

4070-2 B. CITIZENSHIP CRITERIA FOR CHILDREN

A child in a family eligible to receive PASS II or PASS III CCA must be a United States (US) citizen or national or qualified Alien.

1. **United States Citizen includes:**
   a. Individuals born in one of the fifty (50) states, the District of Columbia, Puerto Rico, Guam, Virgin Islands, or the Northern Mariana Islands;
   b. Naturalized citizens;
   c. Children born in the US to foreign parents; and
   d. Children of US citizens who are born abroad.

2. **United States National:**
   A U.S. national is an individual born in American Samoa or Swain's Island. An individual **not** born in American Samoa or Swain's Island, but one of his or her parents were born there, **may** be a US National.

3. **Qualified Aliens:**
   A qualified alien is a person who is one of the following:
   a. An alien lawfully admitted for permanent residence;
   b. An alien granted asylum;
   c. A refugee;
   d. An alien granted parole for at least one year by the US Citizenship and Immigration Services (USCIS);
   e. An alien who has had deportation withheld under section 241(b)(3) or 243(h) of the Immigration and Naturalization Act (INA);
   f. A battered spouse or child, or parent or child of a battered person, with a petition pending under INA section 204(a) or 244(a);
   g. Victims of trafficking under the Trafficking Victims Protection Act of 2000, including certain family members of victims of a severe form of trafficking; and/or
   h. **Five Year Bar: Qualified aliens who arrived in the US on or after August 22, 1996, are prohibited** from receiving federal child care assistance benefits until they have been in the US for five years or until they become US citizens. Only the status of

the child is considered. A parent's citizenship or alien status is not considered in determining the child's eligibility, however, when the parent qualifies under one of the following criteria the children qualify: This five-year bar does not apply to the aliens listed below and they may immediately qualify for child care assistance, regardless of their date of entry into the US:

- Refugees admitted under Section 207 of the Immigration and Naturalization Act (INA);
- Asylees admitted under Section 208 of the INA;
- Aliens whose deportation has been withheld under Section 241(b)(3) or 243(h) of the INA ;
- Cuban/Haitian entrants as defined in Section 501(e) of the Refugee Education Assistance Act of 1980;
- Aliens admitted as Amerasian immigrants;
- US military veterans or active-duty military, their spouses, and dependent children; and
- Victims of trafficking under section 107(b)(1) of the Trafficking Victims Protection Act of 2000.

4070-2 C. CITIZENSHIP VERIFICATION FOR CHILDREN

To be eligible to receive PASS II or PASS III child care assistance each child must have their US citizenship, US national, or qualified alien status verified. When the verification provided also includes the child's date of birth, a second document is not needed for age verification.

When a child's citizenship was verified by previously acceptable documentation not listed below, one of the below, unexpired forms of verification must be obtained at the time the family submits an application to renew participation. Once acceptable citizenship verification is in the family's file, new verification is not needed unless the form of verification submitted has an expiration date. In these cases unexpired verification is needed at the time of application.

1. **Verification of US Citizenship, US National, and Naturalization**
   A copy of the following documents is acceptable for determining US Citizenship and Naturalization:
   a. ICCIS indicating **hard copy verification was obtained** from another DPA program, or the child received PASS I;
   b. Birth certificates;
   c. Certificate of citizenship or naturalization provided by the USCIS;

d. US passports;
e. Other official government issued identification verifying citizenship or immigration status;
f. Hospital record of birth that includes the child's name, date of birth, hospital name and location of the hospital city and state.

2. Verification for Determining Qualified Alien Status:
The following documents are acceptable for determining qualified alien status.

a. Lawful Permanent Resident: Form I-551, or for recent arrivals, a temporary I-551 stamp in a foreign passport or on a Form I-94;
b. Refugees: Form I-94 endorsed to show entry as a refugee under Section 207 of the INA and date of entry to the US; or Form I-668B or I-766 annotated "274a.12(a)(3)" or Form I-571;
c. Asylees: Form I-94 annotated with a stamp showing grant of asylum under Section 208 of the INA; a grant letter from the Asylum Office of the USCIS; Form I-668B or I-766 annotated "274a.12(a)(5)"; or an order of an Immigration Judge granting asylum;
d. Alien who has had deportation withheld under Sections 241(b)(3) or 243(h) of the INA: Order of an Immigration Judge showing deportation withheld under Section 241(b)(3) or 243(h) and date of grant; or Form I-668B or I-766 annotated "274a.12(A)(10)";
e. Battered spouse or child of a US citizen or permanent legal resident: (1) an approved or pending petition showing aprima facie case that he or she is protected under the Violence Against Women Act; and (2) verification that the individual responsible for the battery or cruelty is no longer living in the household of the victim; and/or
f. Victim of Trafficking: letter of certification from the Office of Refugee Resettlement (ORR).The validity of this letter must be verified and ORR notified of benefits the individual has applied for by calling the toll-free trafficking verification line at 1-866-401-5510. Form I-797 indicating a Class T-3(child) Visa.

3. Homeless Child Exception
An applying family who has identified themselves as homeless will be determined eligible, if all other factors of eligibility are met, for the month of application and the following month without providing citizenship verification for the child(ren) needing care. Citizenship verification must be provided by the family to continue participation after this period.

4070-3 ELIGIBLE PARENT

Parents Achieving Self-Sufficiency (PASS) II and PASS III parent(s) are determined eligible by the Designee.

Under the PASS II and PASS III Child Care Assistance Program (CCAP) the term parent refers to any of the following:

1. **Parent:**
   The term "parent" refers to biological, adoptive, or step-parent(s), legal guardians, and caretakers who are acting "in loco parentis."

2. **In Loco Parentis:**
   "In loco parentis" means that a person is acting in place of a parent. The term describes someone who has assumed the responsibility and provides care and supervision as a parent, but without the formalities of a legal guardianship or adoption. An individual acting "in loco parentis" does not have to be legally established nor does a blood relationship need to exist for a family to be considered for eligibility. "In loco parentis" does not apply for a period of time expected to be less than thirty (30) days, such as a vacation.

   In a situation where an individual stating to be acting "in loco parentis" also resides in the same home with the child and the child's parent "in loco parentis" is not considered valid. The individual acting "in loco parentis" would not be included in the family unless there is also legal guardianship or custody in place.

   If the parent acting in loco parentis can provide legal guardianship or custody documents from the court, the child's biological parent living in the home is not included in the family size and is excluded from the case.

3. **Foster Parent:**
   A foster parent is responsible for the temporary care of a child who has been placed outside his or her own home. A foster parent must need care for their own child(ren) as well as foster child(ren) in their home. If care is needed only for the parent's foster child(ren) they are to be referred to the Office of Children's Services. See section 4070-4 C. 1 PASS II and III Foster Families.

To be determined eligible, a PASS II and PASS III parent(s) must have their identity confirmed, must not be excluded or barred from participation as a parent or provider, and must be engaged in an eligible activity.

4070-3 A. PASS II AND PASS III PARENT IDENTITY CONFIRMATION

At the time of application, a legible copy of current, unexpired government issued photo identification must be provided for each parent in the family and a copy maintained in the family's hard copy file. Both the name and the photo must be clear enough to determine the parent's identity. Designees do not monitor expiration dates during a family's certification period, however, are to obtain current unexpired government issued photo identification from the parent(s) at the time of renewing program participation if the document in the family's file has expired.

When a parent's last name on their government issued photo identification does not match information already in the Integrated Child Care Information System (ICCIS), and the parent confirms their current name to be on the identification, the government issued photo identification is used to request a name change in ICCIS. Current photo identification must be provided supporting the parent's name has legally changed. A request to change the parent's name in ICCIS and a copy of the government issued identification is submitted to the Child Care Program Office (CCPO) policy mailbox at: dpaccp@alaska.gov for coordination with other Division of Public Assistance (DPA) units to change the parent's name. This same procedure is followed if the parent's date of birth in ICCIS is different than listed on the government issued identification.

It is not necessary to add a parent's middle initial or use the full legal name in ICCIS.

> ***For Example:*** *John Smith is in ICCIS but the parent's full legal name on their identification is Jonathan R. Smith. The parent's full legal name is to be listed as an alias in ICCIS but it is not necessary to submit a name change request to the CCPO.*

An applying family who has identified themselves as homeless will be determined eligible, if all other factors of eligibility are met, for the month of application and the following month without providing a

copy of their government issued photo identification for the parents of the family. A copy of the parent's government issued photo identification must be provided for the family to continue participation after this period.

When a parent or child has a name change after a *Child Care Assistance Authorization* document is issued the *Child Care Assistance Authorization* document must be cancelled and reissued once the name change is completed in ICCIS to reflect the new name.

4070-3 B. MARRIED PARENTS LIVING APART

More information is needed when a parent indicates on their application they are married but their spouse resides in another city, state or country, is incarcerated, or the applying parent has no contact with the other parent. The details of the conversation are to be documented in an ICCIS case note.

1. **Parent is Residing in Another City, State, or Country**
   When an applying parent's spouse resides in another state or country the Designee must ask additional questions of the applying parent.

   If the applying parent states they consider the absent parent to be part of the family, the absent parent returns to the family home periodically, or intends to return to the family home, the family is considered a two (2) parent family. Both parent's income is included; however, only the schedule of activity(ies) of the applying parent residing in the service delivery area is considered when determining the care needed.

   In situations where a parent is absent due to participation in an eligible activity they are considered a two (2) parent family, even if the absent parent is not able to return to the family home periodically.

2. **Incarcerated Spouse**
   When a parent indicates on their application they are married but their spouse is incarcerated verification can be obtained through the National Victim Notification Network (VINE) at: www.vinelink.com.

   The Designee is to print the search results for the individual with the anticipated release date. Not all individuals will have an

anticipated release date depending on the status of their case. If there is not a release date the Designee is to ask during the interview if a release date is known or anticipated. The Designee will document the information. When verified the absent parent is incarcerated the family is considered a one (1) parent family, even if the applying parent states they consider the absent parent to be part of the family and they will return to the family home upon release. Only the applying parent's income and activity are considered.

3. **Residing Apart - No Contact**
When a parent indicates on their application they are married but they have no contact with their spouse, they don't consider their spouse to be part of the family, or the spouse does not and will not return to the family home, they are considered a one (1) parent family. Only the applying parent's income and activity are considered.

When a parent indicates they are married but separated, verification of the legal separation is needed to ensure the separation is not just a physical separation due to the other parent participating in an eligible activity out of the community in which the family resides. If the family reports they do not have legal separation documentation, the Designee will ask for verification the parents live in separate residences in a *Child Care Assistance Application Received – Pended Notice*. Verification can include a copy of a lease agreement or mortgage statement. If verification is not provided by the due date in the *Child Care Assistance Application Received – Pended Notice*, the Designee will request further investigation by completing a *Request for Information* form and emailing it to the CCPO at dpaccap@alaska.gov prior to making a determination on the family's application.

If the CCPO's investigation does not find any information to support the parents are residing together, the Designee will use the Description of Findings included on the *Request for Information* as the verification requested and may make an eligibility determination.

4070-3 C. PASS II AND PASS III PARENT EXCLUSION AND DEBARMENT CHECKS

The Designee must check the following for the parent(s) of PASS II and PASS III CCAP families to ensure they are not excluded or barred from participation.

1. **System for Award Management (SAM):**
   The System for Award Management (SAM) is the federal listing of individuals excluded from participation. Designees and the CCPO must review SAM for the parents of the family, and all aliases, at their initial application submission, when a second (2nd) parent is added to the family's case, and each subsequent eligibility review or application renewal, to ensure the individual is not precluded from participating.

   The following guidance should be used which also allows for the results to be printed and maintained in the family's file:
   a. Access SAM at: https://www.sam.gov/;
   b. Select SEARCH RECORDS in the dark blue shaded area at the top of the page;
   c. In the first (1st) box enter the individual's name as: last name first name without a comma (Smith John) in the QUICK SEARCH box. Either press the enter key or click on the search button;
   d. A screen will appear with the results of the Current Search. Just below that is a blue banner with options to Save PDF, Export Results or Print;
   e. Select PRINT. If there are no matches, the individual is not excluded from participation; and
   f. Retain the printout in the family's case file.

   If there is a potential match on the individual's name showing they have exclusion, additional steps are needed to ensure the correct person has been identified. The following guidance should be used if there is a potential match for the individual:
   g. Select Advance Search and select Advance Search – Exclusion and click continue;
   h. Select SSN/TIN Search;
   i. Enter the individual's name again exactly as the name returned on the exclusion;
   j. Enter the individual's Social Security Number (SSN) or Tax Identification Number (TIN); and

k. Click on Search box.

If the search results do not match, a message will appear at the bottom of the page indicating if the combination of name and SSN/TIN you provided did not match the records. The individual's name is not included in the message. Select the option of Save PDF. This will bring up a page with the individual's name and a statement "a SSN was entered but not displayed", and "No Search Results". Print this page for the family's or provider's file.

A confirming barrier in the SAM system bars the individual from participation in the CCAP regardless of the agency initiating the bar or the exclusion code. When a barrier is identified, the Designee must notify the CCPO via the policy mailbox at dpaccp@alaska.gov so the debarred box can be checked in ICCIS for that individual.

The results of SAM searches are documented in ICCIS as a stand-alone case note using the subject heading: SAM Check. The case note should include the date the check was completed; identify each individual checked, and the search results.

2. **Department List of Individuals (Debar List):**
The CCPO documents all debarment action taken in ICCIS case notes of the family or provider module and checks the debar box as applicable. When the debar box is checked for an individual, they are debarred from participation until the reason for the debarment is rectified.

The results of these searches are documented in an ICCIS case note as a standalone case note using the subject heading: State Debar Check. The case note should include the date the check was completed; identify each individual checked and the search results.

When an individual is checked as debarred in ICCIS, the applying family must be given opportunity to rectify the debarment. The Designee will contact the CCPO for instruction on the actions and/or information needed to be included in the *Child Care Assistance Application Received – Pend Notice* depending on the reason for the debarment:

a. Incorrect Payment
The family must be referred to the Benefits Issuance and Recovery Unit (BIRU) to establish a repayment plan or come into compliance with an established repayment plan. Coming into compliance means the family would need to make

payment in the total amount owed, for all months not in compliance at the amount set as the monthly amount in their repayment agreement; or

b. Non-payment to a Provider
The family must either pay the provider in full what is owed or establish a payment agreement with the provider.

If the family does not established compliance by the due date in the *Child Care Assistance Application – Pend Notice* the family cannot participate in the CCAP and the application will be denied based on all items the family did not provide in the pend notice.

4070-3 D. PASS II AND PASS III PARENT ELIGIBLE ACTIVITIES

Each parent included in the family of a one (1) parent family and two (2) parent family must be engaged in an eligible activity at the time their application is submitted to the Designee or within thirty (30) days of their application being received by the Designee.

Circumstances allow a parent to be considered in an eligible activity when they are incapacitated.

Verification for each parent's activity must be received in order to determine if the family is eligible to participate in the CCAP.

Verification of participation in an eligible activity includes but is not limited to: a letter on the employer's letterhead; a copy of the activity schedule or collateral contact from the entity where the activity is conducted; and/or a form provided or required by the Department.

1. Paid Employment

Paid employment is considered an eligible activity when the parent receives income as wages, salary, or commission from an employer in exchange for work performed.

Self-employment is considered paid employment, however; additional criteria must be met to be considered an eligible activity. The self-employed individual must possess a valid State of Alaska business license, be directly engaged in an income producing trade or business started and carried on in good faith for the purpose of making a living, and presented to the general public as being engaged

in selling goods and/or services. If the self-employed individual does not have a valid State of Alaska business license they must be notified of the requirement. The individual will not be considered to be in a self- employment activity until the effective start date of the issued business license.

If a participating or applying parent indicates they are engaged in a self-employment endeavor, when their income is calculated it must be determined they generate business profit and a net income equal to at least the minimum wage from the self-employment activity to be considered an eligible activity. See section 4080-2 J. Calculating Self-Employment Income.

2. Job Search

Job search is considered an eligible activity for applying families only when the job loss occurred on or after the date their application was date stamped as received.

Job search is considered an eligible activity for participating families when the parent is actively contacting prospective employers, completing and submitting employment applications, and attending job interviews with the intent of obtaining employment.

Job search time of up to three (3) full months is available to a parent who experiences a non-temporary job loss or ends participation in a job training or educational program. Job search may be utilized more than one time during a family's certification period however; a parent must have reported participation in an eligible activity between each period of job search.

Designees do not monitor the parent's activity while they are utilizing job search as an eligible activity.

a. Participating Family

A participating family remains eligible for participation when they timely report an end in one (1) parent's or both parents' eligible activity(ies) and request to use job search.

It is considered a temporary change if a parent in a participating family who is engaged in a self-employment endeavor does not renew their State of Alaska business license timely. If the parent does not renew their State of Alaska business license by the last day of March it becomes a non- temporary change of their eligible activity. The family is allowed three (3) full months of

job search beginning April 1.

If a parent does not request job search coverage when reporting the change in their activity, the Designee must advise the parent of the option of utilizing some or all of the job search time available to the parent or closing their case at the end of the current month. In a two (2) parent family, each parent's use of job search is independent of the other parent and may or may not overlap, however; if a family's certification period is extended due to job search, the maximum extension is three (3) full months.

If during the certification extension period for a two (2) parent family, the second (2nd) parent reports ending their eligible activity; additional time is not granted as the family must renew their participation with an application. Both parents must be in an eligible activity by the end of the three (3) month extension period as job search is not an eligible activity at the time of application.

- **Job Search Requested**
  When the parent in a one (1) parent family, or one (1) or both parents in a two (2) parent family, request child care coverage for job search activities, the time frame will begin the first (1st) of the following month for a period of three (3) full months. The Budget and Co-Pay information in ICCIS is not changed and family's existing *Child Care Assistance Authorization* document(s) remain in place.

  The Designee will set an alert for approximately the forty-fifth (45th) day of the job search time period to issue a *Child Care Assistance – Information Needed Notice* requesting verification of an eligible activity. The due date to include is ten (10) days based on the Adverse Action calendar.

  When the parent reports employment or re-engaging in job training or educational activity their authorization remains in place, unless additional care is also reported with verification supporting the need. When the parent does not report and provide verification of an eligible activity their case is closed at the end of that three (3) month period.

  When the job search time period extends beyond the family's certification period, the family's certification period must be extended to the last day of the three (3)

month job search period as they can't renew while in job search activity. The extension timeframe is documented in an ICCIS case note. If the family's certification period was extended for the job search activity, the *Child Care Assistance – Information Needed Notice* is not sent. The Designee will issue the *Child Care Assistance Renewal Notice* forty-five (45) days prior to the end of the certification period. When issuing *the Child Care Assistance Renewal Notice*, the due date is the last day of the family's extended certification period.

- **Case Closure Requested**
  If the family chooses to close their case they would have to re-apply if they wanted to participate in the program. Re-applying parents must be in an eligible activity, not job search, to be determined eligible for participation.

  When a family reports a job loss or ending participating in training or educational program, and requests their case to be closed, the Designee will advise the family of the ability to continue using care and job search. If the family does not wish to use job search, Designees will cancel existing *Child Care Assistance Authorization* documents beginning the month following the request. Adverse action is not applied when the parent requests in writing for their case to be closed.

b. Applying Family

The applying parent(s) must be working or attending a job training or educational program. Applying parents are not eligible for program participation when job search is their only activity at the time of application, however, if an applying parent reports the paid employment listed on their application ended between the date their application was submitted and date stamped received by the Designee or the date the interview is conducted their eligibility is based on the verified paid employment indicated on their application. The parent would be considered in job search for three (3) full months beginning the month following the month the application was received. Job search will be ended when new employment is reported and verified prior to the end of the three (3) month timeframe. If employment is not reported the family's eligibility will end after the three (3) month job search timeframe. See section 4120-1 B. Changes Negatively Impacting the PASS II and PASS III Family Benefit.

Additional care will not be authorized to cover job search activities when the parent(s) work, job training, or educational program participation and child care need warrants a part month.

When an applying parent is working and/or attending a job training or educational program and their child care need warrants a full month of care to be authorized, the parent(s) may conduct job search activities and utilize the full amount of care authorized.

3. Education

Academic pursuits are considered an eligible activity when the intended outcome of the educational program or the course of study includes specific goals, objectives, and standards leading to a certificate of mastery, or completion, state license, diploma, or degree. Pursuit of a high school diploma; General Educational Development (GED) diploma; post-secondary; on-line educational and job training programs; and courses in English as a Second Language meet this requirement. Parent(s) must provide the class or course registration and schedule verifying enrollment with a start date and end or proposed end date to be considered an eligible activity.

Individual courses at the post-secondary education level are considered eligible activities even without a formal declaration of a major course of study.

Designees will use the registration and schedule provided at the time the application is submitted to determine the care needed for the family's certification period. The syllabus may also be needed to determine the additional applicable care needed. A copy of the registration, schedule, and syllabus, as applicable, are to be maintained in the family's case file.

When determining the eligible coverage for library/study or unscheduled laboratory activities, breaks between a parent's class schedule of one (1) hour or less is to be counted as class time to allow the parent to get to their next class.

When there is a break of more than one (1) hour in a parent's class schedule, this time is to be used for applicable library, study, or unscheduled laboratory time. Additional library, study, or unscheduled laboratory time will be authorized as applicable

based on the syllabus or upon verification from the instructor and not to exceed the maximum coverage for this activity.

When there is a break of two and one-half (2 ½) hours or more in a parent's class schedule which is not accounted for by library, study, unscheduled laboratory or travel time, the time is not covered.

The family is not required to submit verification of their registration or schedule for each term within their certification period; however, if their schedule changes causing a need for additional care they must provide verification of their schedule at that time.

The monthly maximum allowable coverage for educational activities is a full time month, despite the number of credit hours or additional hours identified as needed by the instructor. If a parent has a combination of work and educational activities coverage cannot exceed the state maximum of a full time month plus a part time month.

a. Classroom Setting

Child care will be authorized for scheduled class and lab time, plus one hour per credit hour each week for library/study or unscheduled laboratory activities, tutoring or attending workshop sessions that are required. This also applies to those courses of study that do not have specific credits assigned to them such as an apprenticeship or vocational training program.

b. On-line Setting

An in-depth conversation with the parent must occur to determine the timeframes care is needed for on-line course work. This conversation must be documented in an ICCIS case note. If on-line sessions do not have specific instructional times or are 'work at your own pace', Designees are to allow one hour per credit per course to be considered in class time.

This also applies to those courses of study that do not have specific credits assigned to them such as an apprenticeship or vocational training program.

4. Training

Training is considered an eligible activity if the training program is directly related to obtaining or enhancing a skill required to advance with their current employer or change career paths.

Training includes learning opportunities provided by the individual's employer, potential employer, or an outside source which has a structured learning environment and specific objectives, identifiable skills to be mastered and a start and end date. To determine if a training program is an eligible activity, the Designee reviews the training registration or documentation and maintains a copy in the parent's case file.

5. **Jury Duty**
   Jury duty is considered an eligible activity due to it temporarily taking the place of the parent's work; job search, job training or education activity. If a parent has jury duty at the time they submit their *Child Care Assistance Application* CC08, the Designee is to obtain information pertaining to their eligible activity of work, job training or an education activity and not the jury duty. In two (2) parent families, the second (2nd) parent must be participating in an eligible activity during the time the child is in care.

6. **Incapacity as an Eligible Activity**
   Applying families, who are not renewing participation, with one (1) or if both parents in a two (2) parent family are incapacitated at the time they submit their application and it is received by the Designee, they are not in an eligible activity.

   If an applying two (2) parent family has one (1) parent in an eligible activity and the other parent is incapacitated, the parent who is in the eligible activity may receive child care assistance. The family must provide documentation completed by a health care or mental health care professional stating the incapacitated parent is not capable of caring for the children in the family.

   When a parent of a participating or renewing family becomes incapacitated they are considered to be in an eligible activity.

   When a renewing family reports a parent becoming incapacitated between the date their application was submitted to and date stamped received by the Designee and the date the interview is conducted, and unless their incapacitation is expected to last more than three (3) months, their eligible activity is based on the verified paid employment, job training, or educational activity indicated on their application as under (3) months is considered to meet the temporary definition. The family is advised of their responsibility to report non-temporary changes timely. See section 4120 Family Reports of Change and 4120-1 F. 4. Incapacity.

A parent is considered incapacitated when he or she is incapable of caring for children in the family by reason of hospitalization, or being physically or mentally unable to care for a child, as determined by a health care or mental health care professional.

Parent(s) who are in an in-patient rehabilitation or treatment setting are considered to be hospitalized for purposes of determining if they are incapacitated. The parent is considered to be in an eligible activity. If the parent is receiving rehabilitation, or treatment services as an out-patient, they are considered in an eligible activity during the times they are participating in the required rehabilitation or treatment activities.

A parent who is incapacitated must provide a completed *Health Status Report* CC24, or similar documentation stating the parent is not capable of caring for the children in the family, completed by the health care or mental health care professional. The determination must include the length of time the incapacity is estimated to last and any diagnosis or condition to determine if this is a temporary meaning there will be an end date for the incapacity and a date to return back to work or permanent incapacity. Designees and CCPO are to protect all information provided on the *Health Status Report* CC24 from further disclosure under the Health Information Portability Accountability Act (HIPAA).

The *Health Status Report* CC24 is considered valid from the date the first verification is signed by the health care or mental health care professional regarding the incapacity through the last day of the month in which the health care or mental health care professional has noted on the *Health Status Report* CC24, or other documentation that has been provided by the family, to determine the timeframe of the incapacity.

When incapacity has been reported without verification, a *Child Care Assistance - Information Needed Notice* along with a *Health Status Report* CC24 form is sent to the family. The due date to use in the notice is thirty (30) days, based on the Adverse Action Calendar, for the family to provide a *Health Status Report* CC24. If the *Health Status Report* CC24 is not provided and the family does not report the parent to be in an eligible activity, they will be considered to be in job search and their participation will continue for three (3) months. See section 4070-3 D. 2 Job Search.

a. One (1) Parent Family

A one (1) parent family receiving PASS II or PASS III Child Care Assistance (CCA), will continue to receive CCA for the remainder of their certification period if: verification is provided confirming the parent's temporary incapacitation meaning there is an end date to the incapacity and there is an anticipated date they will be able to return to work; the parent's employer is holding their job; and the parent returns to the job within the current certification period.

When a temporarily incapacitated parent in a one (1) parent family is applying to renew participation they will be determined eligible if all other factors of eligibility are met. This family will be approved for a new twelve (12) month certification period. The parent must be in an eligible activity of work, job training or an educational program in order to again renew program participation.

When a one (1) parent family is receiving PASS II or PASS III CCA and it is determined by a health care or mental health care professional the parent is or becomes permanently incapacitated, the family will continue to receive CCA for the remainder of their certification period if verification is provided confirming the parent's incapacitation. At annual renewal, the family is no longer eligible unless the parent is in a work, education, or job training activity.

b. Two (2) Parent Family with One (1) Parent Incapacitated

A two (2) parent family in which one (1) parent is determined temporarily or permanently incapacitated by a health care or mental health care professional, the family will continue to receive PASS II or PASS III CCA if the other parent is not away from the child or children and is participating in an eligible activity.

The family must submit a current *Health Status Report* CC24 form or verification that has all of the elements needed to determine incapacity with each annual renewal application to continue to receive PASS II or PASS III CCA.

c. Two (2) Parent Family with Both Parents Incapacitated

A two (2) parent family receiving PASS II or PASS III CCA in which one (1) parent is determined incapacitated by a health care or mental health care professional will continue to receive CCA for the remainder of the family's certification period, if the

second (2nd) parent in the family becomes temporarily incapacitated. Verification must be provided confirming: the second (2nd) parent's incapacitation and anticipated date they will be able to return to work; parent's employer is holding their job; and the parent returns to the job within the current certification period.

When both parents in a two (2) parent family is receiving PASS II or PASS III CCA and both parents are or become permanently incapacitated, the family will continue to receive CCA for the remainder of their certification period if verification is provided confirming both parents' incapacitation. At the end of the family's certification period, the family is no longer eligible unless one (1) or both parents are in a work, education, or job training activity.

7. Parent Absent from the Home Participating in an Eligible Activity

A parent's activity will be considered eligible when their participation in that activity causes them to be absent from the home. Supporting verification showing the parent is participating in an eligible activity away from the family is required. Acceptable verification includes an *Employment Statement* CC36 from the parent's employer or documentation from the educational or training institution, showing the parent is in a different community, state, or country. The Designee must clearly document the reason the parent is absent in an ICCIS case note using subject heading: Parent Absent from Home. Information in the body of the case note includes the timeframe and reason the parent is absent from the home.

a. One (1) Parent Family

A participating family consisting of only one (1) parent who is away from the home due to participation in an eligible activity, will continue to receive PASS II or PASS III CCA for the remainder of their certification period if verification from the parent's employer is received confirming the parent is continuing to participate in their eligible activity away from the child or children.

An applying family which consists of only one (1) parent who is temporarily away from the home due to participation in an eligible activity would not be eligible for CCAP participation, unless the parent will be in the home on or before the last day of the month following the month their application was date

stamped received. The person(s) assuming responsibility for the child(ren) may apply for participation.

b. Two (2) Parent Family with One (1) Parent Absent

An applying or participating family in which there are two (2) parents and one (1) parent is away from the home due to participating in an eligible activity, may receive or will continue to receive PASS II or PASS III CCA if the other parent in the family is also participating in an eligible activity or has been determined incapacitated by a health care or mental health care professional.

When a parent is reporting being married and the second parent is incarcerated, upon verification of the incarceration, the family is considered a one (1) parent family. Incarcerations can be verified through the National Victim Notification Network (VINE) at: http://www.vinelink.com.

c. Two (2) Parent Family with Both Absent

A participating family in which both parents come to be temporarily away from the child, due to participating in an eligible activity, will continue to receive PASS II or PASS III CCA through the remainder of their certification period. Care authorized would remain for the previously authorized unit(s).

Verification from the parent's employer confirming the parent is participating in their eligible activity away from the child must be provided.

At the time the family applies to continue CCAP participation, one (1) of the parents must be in the home with the children.

4070-4 ELIGIBLE FAMILY

For the Child Care Assistance Program (CCAP), a family consists of an eligible child and parent who are physically present and living in the state.

The family's countable monthly income may not exceed eighty-five percent (85%) of the Alaska State Median Income (SMI) for a family of the same size, and assets may not exceed one million ($1,000,000) dollars.

4070-4 A. DETERMINING FAMILY SIZE

"Families" consist of parent(s) and all minor children residing in the home.

The family size for Parents Achieving Self-Sufficiency (PASS) II and PASS III CCAP families is determined by the Designee.

1. **PASS II and PASS III Family Size at the Time of Application:** Parents and all their minor children of the family residing in the home at the time of the PASS II application are included in the family size. Aunts, uncles, grandparents, or other adults who reside with the family are not considered in the family size. These adults should not be listed on the family's application unless they are acting in loco parentis. See section 4070-3 Eligible Parent.

   Children seventeen (17) years of age are included through the family's certification period unless:
   - **a.** The family's application is received after the child's eighteenth (18th) birthday. In this case the child is not included in the family size; or
   - **b.** The child turns eighteen (18) the month of application or the following month. In this case the child is included through the month of their eighteenth birthday only.

   During the family's certification period, when a child turns eighteen (18) years of age during a month other than the month of application or the month following they are included in the family size through the certification period.

2. **Additional Considerations for PASS II And PASS III Family Size:**
   The following situations require the Designee to evaluate who is to be included in the PASS II or PASS III family size:

   a. **Shared custody of children in the home and both parents participate in CCAP on different cases:**

      When both parents are participating in CCAP, the needs of each parent and child, when in their home, is considered when determining the care to authorize. When both parents live and/or conduct their eligible activity in the same service delivery area, the maximum care allowable to be authorized for the child is a full month plus a part month, regardless if more

than one (1) provider is used. Based on the need, care will be authorized for both parents as a part month or one (1) parent will be issued a full month and the other parent issued a part month.

When parents reside and/or conduct their eligible activity in different CCAP service delivery areas requiring the use of two (2) different providers, the maximum allowable unit of care to be authorized for a child is a full month for each parent.

Due to the current ICCIS design, it is not possible to authorize a full month for each parent. Designees are to advise the parent and provider receiving the part month authorization of the restriction and the additional coverage will be paid through a *Supplemental Payment Request* CC06. This is clearly documented in an ICCIS case note and included in the variable section of the *Child Care Assistance Authorization* document. See section 4110-3 C. Using Variable Language on a Child Care Assistance Authorization Document.

The *Supplemental Payment Request* CC06 must be completed for each month of the family's certification period at the time care is authorized. Completed *Supplemental Payment Request* CC06 forms are submitted to the applicable payment verification staff for processing with the provider's billing for the service month.

b. Children temporarily in the home due to shared custody arrangements:

Children who are temporarily in the home when a parent applies, such as a child visiting during the summer, are included in the family size for the months the child is in the home. The child is included in the participation effective the date they are or will be in the home to allow for the increase to the family size and to authorize care, if needed. The child's participation is ended effective the date they leave the home. Care should only be authorized for the timeframe the child will be in the home.

There may need to be up to three (3) budget and co-pays created with an approval determination. One (1) for the timeframe the additional child is not in the home, one (1) effective when the child arrives or will be in the home, and one (1) effective for when the child leaves the family. If these changes are reported at application, they are to be processed

with the application.

c. Two (2) parent family:

A second (2nd) biological parent living in the home is considered to be part of the family size regardless of marital status.

Parents residing in the same home who are married, regardless of their gender are considered a two (2) parent family.

When a second (2nd) parent is physically separated from the family, due to participating in an eligible activity away from the home, **they are considered a two (2) parent** family even though both parents are not currently residing in the home. Such situations include, but are not limited to: military deployment; commercial fishing; or attending job training or an educational program, out of the community in which the family resides.

d. Blended Families:

Unmarried parents, regardless of gender, with children of their own, but no children in common, are considered two (2) separate families.

Unmarried parents with biological or adopted children in common are treated as a two (2) parent family. The family size consists of the parents and all their minor children residing in the home.

When an unmarried couple living together has adopted a child or children, and only one parent is listed on the adoption documents, the family is considered a one (1) parent family.

Married parents with no children in common are considered a two (2) parent family consisting of both adults and all the children residing in the home.

e. Minor Parent(s):

Minor parents have the choice of:

- Applying as their own family and having their family size determined accordingly; or
- Being included in the family size of the CCAP case of their parent or any adult acting "in loco parentis".

When minor parents apply as their own family they are not to be included with any other CCAP case.

4070-4 B. PASS II AND PASS III ELIGIBLE FAMILIES

A PASS II and PASS III eligible family consists of at least one (1) eligible child with at least one (1) eligible parent in an eligible family.

4070-4 C. INELIGIBLE FAMILIES

Families applying for any PASS category who do not have an eligible child; do not otherwise qualify as an eligible family; have one (1) or both parents in a family debarred; or otherwise excluded through System for Award Management (SAM) are not eligible for CCA participation in any PASS category.

When an applying family is also the owner of a child care facility they are not eligible to receive CCA benefits in any PASS category. The following also apply:

1. **PASS II and PASS III Foster Families**
   Families needing child care services for only the foster children in their care, are not eligible to receive a benefit through PASS II or PASS III; however, these families are referred to their Department of Health and Social Services, Office of Children's Services (OCS) Social Worker for their child care needs to be addressed.

   Families needing care for their own child(ren) as well as foster child(ren), may be eligible to receive a benefit through PASS II or PASS III. At OCS's discretion, foster families needing child care for their own children may be given the option to have the child care needs of the family's foster children only covered through OCS. In these situations the child care needs of the family's own children would not be covered through OCS. A family's foster children may not receive child care assistance benefits through both OCS and PASS II or PASS III for the same month.

   If it is identified payment has been made by both PASS II or PASS III and OCS for the same child for the same timeframe in the same month, the *Incorrect Payment Preliminary Review Form* CC17 is completed for the paid month(s) and submitted to the Child Care Program Office (CCPO). See section 4410 Incorrect Child Care Assistance Program Payment.

2. **Native Family Assistance Program Participants**
   Families receiving Temporary Assistance (TA) payments through the Native Family Assistance Program (NFAP) are considered dually eligible for CCA benefits, in that they select which program they apply to have their eligibility determined based on that program's criteria.

   A family will not receive child care benefits for coverage from their Tribal organization and the State of Alaska CCAP at the same time during the same month.

   A family participating in the State of Alaska CCAP may receive a benefit from NFAP to pay the family's contribution (co-pay) and/or difference in the provider's charges and the amount paid by the CCAP on the family's behalf. If NFAP pays the family directly for their CCAP co-pay and/or difference between the provider's charges and the amount paid by the CCAP on the family's behalf, the income must be reported and included in the family's countable monthly income as unearned income. When the money is paid directly to the family's child care provider it is not considered income for the family.

   Families receiving TA payments through the NFAP are encouraged, but not required, to work with that program to also access child care assistance. The TA payments through the NFAP are included as unearned income in the family's income when they choose CCAP for their child care assistance needs.

4070-5 DETERMINING NON-FINANCIAL ELIGIBILITY

Designees review the applications for Parents Achieving Self-Sufficiency (PASS) II and PASS III along with information obtained during the family's interview to determine if the child(ren) and parent(s) have met the non-financial eligibility criteria and if the family is non-financially eligible.

Applications for PASS II and PASS III families who do not meet the criteria of an eligible family are denied. The Designee issues the *Child Care Assistance Application – Denied Notice* to the family and updates the Integrated Child Care Information System (ICCIS) to reflect the reason for the denial.

When a family has been determined non-financially eligible, the Designee must determine the family's child care need. To determine if

the family is non-financially eligible for Child Care Assistance Program (CCAP) benefits, the schedules for the parent(s) and child(ren) are compared to see if there is a need for child care.

The family's child care need must also be compared to their selected child care provider's hours of operation, facility's scheduled closures as documented in schedule tab of the ICCIS provider module, and the provider must be participating in the CCAP in which the CCAP box includes a check mark in the Home tab of the ICCIS provider module.

1. **Parent(s) Schedule**
   Any applicable travel, study, and sleep time the parent is eligible for must be included in their schedule.

   a. **One (1) parent family**
      The parent's time spent in their eligible activity(ies) and any applicable study, travel, or sleep time is compared to the child's schedule to determine when child care is needed.

   b. **Two (2) Parent Family**
      The time spent in their eligible activity(ies), including travel, study, and sleep time for each parent in the family must be compared to each other and to the child's schedule, to determine any overlapping time when child care would be needed. The overlapping, or times both parents are participating in their eligible activities at the same time, determines the eligible unit of care.

      If the second (2nd) parent is incapacitated or absent from the home, their schedule is not used to determine the level of child care needed.

      In situations where one (1) or both parents of the family are determined incapacitated, a reasonable schedule of up to full time enrollment is allowed.

      When the parents' schedules of eligible activity(ies) do not overlap, the family is not eligible for CCAP benefits.

2. **Child(ren) Schedule**
   The schedule for each eligible child in the family must be evaluated separately taking into consideration any custody arrangements and/or school schedule and then compared to the parent(s) schedule(s) to determine what care the child is eligible to receive.

The schedule for children who are the subject of a shared custody agreement is to include the time the child is in care with the participating parent.

For example: 50/50 shared custody agreement. Child is in care full time at the same child care provider and each parent picks-up and drops-off according to their custody agreement. Only one (1) parent is applying for CCAP participation. The applying parent is eligible for a part month of care even though the child's care need is a full month due to the other parent's schedule.

If both parents apply for CCAP participation, each parent's eligibility would be determined based on the care needed when the child was with that parent. The child could be authorized for up to a maximum of a full month plus a part month. Based on the need, care will be authorized for both parents as a part month or one (1) parent will be issued a full month and the other parent issued a part month.

Schedules for children attending school are to include the school's operational hours, including closures, how they get to and from school, what time they leave their provider before school and what time they are in care with their provider after school.

Transportation by the child care provider to and from school is included in the child's level of care needed. Each child's school name and schedule is documented in an ICCIS case note.

3. **Hours Of Care Needed**
   The Designee compare the times and days of the week in which the parent(s) eligible activity(ies) including travel and sleep time and the child's schedule all overlap and compare that time to the provider's hours of operation to determine the hours of care needed.

4. **Child Care Provider**
   The child care provider selected by the family must be approved for CCAP participation and provide care for the age category of the children. The age categories of children served by licensed child care providers is found on the provider's current license in the license screen of ICCIS.

   The hours of care needed are compared to the child care provider's hours of operation and scheduled closures as listed in the Schedule screen of ICCIS for all provider types, to determine if

the family will be eligible for care with their selected child care provider or if a possible secondary provider may be needed.

When a family is using an In-home child care caregiver, care cannot be issued for the family until the In-home provider and caregiver have been determined eligible and approved.

If a change in provider schedule is reported, the assigned provider specialist for exempt providers or licensing specialist for licensed providers must be notified. A case note must be entered in the ICCIS provider module documenting the change received and forwarded to the provider specialist or licensing specialist.

5. **In-Home Child Care**
   To be eligible to hire an In-home child care caregiver for the children of the family, the family must require care for:
   a. At least four (4) children in the family who are younger than thirteen (13) years of age and are not in school during any time during the day; or
   b. At least one (1) child with a disability. Verification from a health care or mental health care professional must be provided; or
   c. At least one (1) child who is younger than twelve (12) months of age; or
   d. At least one (1) child of a family in which all parents are working non-traditional hours or a night shift.

When a PASS II or PASS III family has been determined non-financially eligible, the Designee must also determine if the family is financially eligible to receive CCAP benefits. Information used to determine eligibility is to be clearly documented in an ICCIS case note including how much travel time the parent stated is needed each way. See section 4080 Determining Child Care Assistance Family Financial Eligibility.

4080 DETERMINING CHILD CARE ASSISTANCE FAMILY FINANCIAL ELIGIBILITY

Families applying for Parents Achieving Self-Sufficiency (PASS) II or PASS III Child Care Assistance (CCA) are determined income eligible by the Designee. Financial eligibility is based on the family's gross countable income, family size and sliding fee scale. For more information on the sliding fee scale see the *Family Income and Contribution Schedule.*

The *Family Income and Contribution Schedule* determines the maximum monthly family income for participation in the Child Care Assistance Program (CCAP), the family's required contribution (co-pay), and eighty-five percent (85%) of the Alaska State Median Income (SMI). The family's co-pay is how much the family will contribute toward their authorized cost of care and is paid by the family directly to their child care provider.

There may be times in which there are two (2) *Family Income and Contribution Schedules* in effect in the Integrated Child Care Information System (ICCIS) at the same time. The *Family Income and Contribution Schedule* used to determine the family's initial eligibility will be used throughout the family's certification period should the family report changes. By entering the correct certification period start date in the Budget and Co-pay screen when making changes, ICCIS will pull the correct *Family Income and Contribution Schedule* that was used at the initial eligibility determination.

The following financial eligibility criteria describe types of income: earned; unearned; and self-employment as well as exclusions and deductions to family income.

Anticipated earned, unearned, self-employment income and allowed deductions must be verified by hard copy or collateral contact in conjunction with taking client statement into consideration.

4080-1 ELIGIBLE PASS II AND PASS III FAMILY INCOME

Earned income for the parent(s) of the family, from any source including self-employment, is countable unless specifically excluded. Earned income for any of the children of the family is not included in the family's countable income.

Clear and detailed documentation is an essential part of establishing a family's income eligibility and contribution (co-pay) amount.

Information is gathered through the family's interview, collateral contacts, or by verifying documentation provided. Designees must use a standardized Integrated Child Care Information System (ICCIS) case note to document their evaluation of the family's income from all sources and to anticipate an estimate of the monthly countable income. Income from any source is countable unless specifically excluded. See section 4080-5 PASS II and PASS III Excluded Income.

The following is used to evaluate the income expected to be received from each source:

1. Income amount, description, and verification;
2. Frequency from each type and source;
3. Method(s) used for calculating the monthly income including the conversion factor. See section 4080-2 C. Methods for Calculating Earned Income and 4080-2 D. Frequency of Earned Income Received; and
4. Any changes that are expected within thirty (30) calendar days of application and before the final determination is made.

Prudent person judgment must be used and the rationale documented when the family's proof of income is different than the worker's estimate of the countable monthly income.

4080-2 EARNED INCOME

Earned income is obtained by a parent from engagement in an activity for a wage or salary.

Depending on the parent's employment and/or pay frequency and when the application is submitted to the Designee, the two (2) most current months of income verification may be the month the application is received by the Designee and the month prior or the two (2) months prior to the month the application was submitted. If the parent had no paid employment in the month prior to the month the application was submitted, the parent may not have received pay or may have only one (1) pay stub for the month the application was submitted. Earned income paid to the family after the date the application was submitted and received by the Designee, is not to be used unless the family has started a new job and that is the first pay check to be received. In that situation, the Designee would determine the earnings that the family will receive in that month for the first month and use a full month's earnings effective the second month forward.

4080-2 A. TYPES OF EARNED INCOME

The parent's wage or salary must be at or above the Alaska minimum wage for work performed beginning on January 1 through December 31 of the year for which it is effective. Parents whose earnings are

less than the minimum wage must be advised of the current minimum wage amount and if earnings are not equal to the minimum wage amount effective in that year, the parent is not considered to be in an eligible activity.

Earned income types include Wages, Advanced Wages (Draws), Irregular Income, and Seasonal Income.

1. **Wages**
   Wages include, but are not limited to: monetary compensation for services as an employee, including gross earned income, tips (as reported by the employee), bonuses, commissions, military pay, earnings from on-the-job training programs under the Workforce Investment Act, and jury duty payments.

2. **Advance Wages (Draws)**
   Advance wages is a payment or payments received by a parent from his or her employer as a draw on future earnings. Designees must document the advance amount and timeframe over which it will be recaptured by the employer.

3. **Leave Cash Out**
   Cashing-out sick or vacation leave are not considered lump sum payments, as these could occur whenever a person has accrued leave. Leave cash out is considered earned income as it is received directly from the individual's employer. The payment must be received during a period of Child Care Assistance Program (CCAP) participation and will be included in the earned income for the month received with applicable adverse action. See section 4080-2 G. Calculating Earned Income.

4. **Irregular Earned Income**
   Irregular income is a payment or payments that are not received on a set schedule or that are received sporadically. Examples of irregular income could include but are not limited to: bonuses, commissions, or payment for day labor work.

5. **Seasonal Income**
   Seasonal income is a payment or payments typically received at the beginning or end of a particular "season" of work activity.

6. **Contract Work**
   Individuals who are employed under a contract, with taxes withheld, and are not paid for their contractual work on at least a monthly basis will have their earnings prorated over the number

of months covered by the income. Any draws or wages received in advance of the contractual earnings are treated as earned income in the month of receipt.

The months covered by the contractual income are the months in which the employee is actually working under the terms of the contract.

Individuals who are employed under a contract, without taxes withheld are considered self-employed. See section 4080-2 H. Self-Employment Income.

4080-2 B. ACCEPTABLE VERIFICATION OF EARNEDINCOME (EXCLUDING SELF-EMPLOYMENT)

Acceptable Verification of Wages, Advanced Wages, Leave Cash Out, Irregular income and Seasonal income include, but are not limited to:

1. A statement signed and dated by the employer;

2. An employer's wage record;

3. All pay stubs from employment for the full two (2) most current months. This may be the month the application is received and the month prior or the two (2) months prior to the month the application was received depending on the parent's employment and/or pay frequency and when the application was submitted;

4. Family's last year's tax filing for Seasonal Income;

5. Military *Leave and Earnings Statements* (LES); or

6. A collateral contact with the employer or other person authorized by the employer to verify payroll information.

An *Employment Statement* CC36 form can be used for wage verification at initial application or if there is a reported job change. During subsequent evaluations of eligibility, the family must provide pay stubs from their employer to verify their actual earnings.

4080-2 C. METHODS FOR CALCULATING EARNED INCOME

The family's financial eligibility is based on a calculated estimate of their prospective monthly countable income.

The two (2) methods used to calculate income are:

1. **Projecting Monthly Income**
   The Projecting Monthly Income method is used when earned or unearned income is expected monthly on a regular frequency and the amount, even if fluctuating, can be reasonably estimated.

   The hours and earnings from the verification provided are to be averaged and used to anticipate the monthly income. When overtime is included in the verification provided, and the parent anticipates it to continue, the overtime must also be included in the calculation.

   Employment with regular pay periods is not considered irregular, including employment considered seasonal or temporary.

2. **Averaging Irregular Income**
   The Averaging Irregular Income method is used when earned income is received in unpredictable amounts, on unpredictable dates or infrequently and typically not in consecutive months.

   Employment lasting only a "season" for the type of work conducted and paid at the end of the season or irregularly throughout the season is averaged by the number of months in the period worked.

4080-2 D. FREQUENCY OF EARNED INCOME RECEIVED

A family's monthly income is estimated based on the frequency of which payments are received. This includes both earned and unearned income.

1. **Monthly Income**
   This is income received one (1) time per month, unless this is new employment and the verification is less than a full month. See section 4080-3 C. 1. b. Not a Full Month's Income.

2. **Twice-Monthly Income**
   This is income received in two (2) monthly payments, typically on the same dates each month, such as the fifth (5th) and twentieth (20th). Twice-monthly is often confused with bi-weekly income,

but they can be different. Always look at the pay dates, days of the week, etc.

a. Salary
When wages are the same each month and paid in two (2) monthly pay checks they are considered to be paid salary, even if the two (2) paychecks are of different amounts. Typically the pay received in the first (1st) pay check is the same each month and the pay received in the second (2nd) pay check is the same each month.

For example: a State of Alaska employee who is paid salary, is paid twice a month. Payments fall on different dates and days of the week, and they are paid the same amount in wages every month, split between two (2) pay checks. The first (1st) pay check of the month is always the same amount and the second (2nd) pay check of the month is always the same amount, and a different amount than the first (1st) check. The first (1st) pay check may include wages for seventy-two (72) hours while the second pay check may include seventy-eight (78) hours.

b. Hourly
When wages are paid twice a month and paid based on the number of days and hours worked in the pay period they are considered hourly.

3. Bi-weekly Income
This is income received fourteen (14) calendar days apart, typically the same day of the week, such as every other Friday.

Bi-weekly is often confused with Twice monthly, but they are different. Always look at the pay dates, days of the week, etc.

For example: if a person says he or she is paid every other Friday and this has been confirmed using the income verification against a calendar, then that person is paid bi-weekly.

4. Weekly Income
This is income received seven (7) calendar days apart, typically on the same day of the week, such as every Friday.

5. Other Income
Earned and unearned income that does not meet one (1) of the above frequencies is to be treated as monthly income.

4080-2 E. EVALUATING EARNED INCOME

When a family submits pay stubs as verification of their earned income, the pay stubs must be evaluated in their entirety and information clarified with the parent when there are differences in rates of pay, hours/overtime worked, or child support deductions. Pay history is used to determine a regular or average earning to use in anticipating monthly income.

When an income amount on a pay stub provided does not represent continued income expected to be received in the certification period it is excluded from the calculation. The income and reason for exclusion must be clearly documented, such as the following:

1. Overtime
   When pay verification reflects overtime which is not expected to continue, the income amount for the overtime only is excluded.

2. Job change
   Pay verification is provided for the end of employment which is not continuing.

3. Amount of Hours Change
   Pay stub reflects different amount of hours, such as full time when part time is continuing or vice versa.

   A retro-actively paid and received raise or a lump sum are to be included for the month the lump sum was received, however, only the new wage is used to anticipate future earnings.

4080-2 F. CONVERSION FACTORS

Conversion factors are used to estimate the anticipated income based on the pay frequency and to project an average monthly income. Conversion factors used are:

1. Monthly income received: the conversion factor is one (1);

2. Twice-Monthly income received, the conversion factor is dependent on how the individual is paid:
   a. Salary: the conversion factor is two (2); or
   b. Hourly: the conversion factor is four point three (4.3);

3. Bi-weekly income received: the conversion factor is two point one five (2.15); and

4. Weekly income received: the conversion factor is four point three (4.3).

4080-2 G. CALCULATING EARNED INCOME

Earned income, excluding self-employment, is from paid employment and is calculated by estimating the amount of income anticipated to be received by the income frequency and applying an appropriate conversion factor.

Employment pay stubs received in the two (2) most current months, prior to the month of application submission, the month of application submission and the month prior, or the month of application submission if only partial or no earned income was received in the months prior, for the family, must be used when calculating income unless income is verified through an *Employment Statement* CC36, letter of employment, or collateral contact with the employer. See section 4080-2 D. Frequency of Income Received.

All income calculations are considered "projecting" as the income is being projected for the twelve (12) month certification period. When projecting the family's income it may be necessary to calculate the income to be used for the month of application and recalculate the income to be used beginning the first (1st) of the month following the month of application to be used for the remainder of the certification period. The calculation for income beginning the month following the month of application could be necessary if there was an income, job, or family size change during the application process or the family had started a new job and had less than two (2) months of earned income.

Each source of earned income is projected independently. The earned income for each parent is added together then both parent's income, in a two (2) parent family, is added together for a family grand total.

Income must be estimated by calculating the income to obtain a monthly average that will be used to project income for the family's certification period, even when actual pay stubs are provided.

Estimating income is completed in the Integrated Child Care Information System (ICCIS), Budget and Copay screen, however the

Designee must also document the calculation in a case note in the family's case in ICCIS. The Designee will use the ICCIS calculation method "averaging" or "normal" based on the income verification received. "Averaging" is used when entering the gross income from the pay stubs and "Normal" is used when entering the hourly wage and number of hours worked in the pay period as listed on the pay stub.

1. **Monthly Income**
   If income is received in a single monthly payment the conversion factor in ICCIS is one (1). In the Budget and Copay screen in ICCIS, the Designee will select "Averaging" for the calculation method, enter the pay stub amounts and pay dates and "monthly" for the pay frequency.

   If an employment statement or letter of employment is the verification received, and/or the verification confirms new employment with earnings of less than a full month, in the Budget and Copay screen in ICCIS, the Designee will select "Normal" for the calculation method, enter the hourly rate of pay and number of hours to be worked in the pay period and "weekly" for the pay frequency.

   See section 4080-2 G. 4. Not a Full Month's Income Due to Employment Change.

2. **Twice-Monthly Income**
   When income is received in two (2) monthly payments, typically on the same dates each month, such as the fifth (5th) and twentieth (20th), the conversion factor to be used depends on if the individual is paid salary or hourly. Twice-monthly is often confused with bi-weekly income, but they can be different.
   The pay dates on the income verification are to be compared against a calendar to confirm they are paid twice-monthly.

   a. **Salary**
      When wages are the same each month and paid in two (2) monthly paychecks they are considered to be paid salary, even if the two (2) paychecks are of different amounts. Typically the pay received in the first (1st) pay check is the same each month and the pay received in the second (2nd) pay check is the same each month.

      For example: a State of Alaska employee who is paid salary, is paid twice a month. Payments fall on different dates and days of the week, and they are paid the same amount in wages

every month, split between two (2) paychecks. The first (1st) paycheck of the month is always the same amount and the second (2nd) paycheck of the month is always the same amount, and a different amount than the first (1st) check. The first (1st) paycheck may include wages for seventy-two (72) hours while the second pay check may include seventy-eight (78) hours.

In the Budget and Copay screen in ICCIS, the Designee will select "Averaging" as the calculation method, enter the pay stub amounts and pay dates and select "Twice Monthly" for the pay frequency.

If an employment statement or letter of employment is the verification received, in the Budget and Copay screen in ICCIS, the Designee will select "Normal" as the calculation method, enter the hourly rate of pay and number of hours to be worked in the pay period, and select "Twice Monthly" for the pay frequency.

b. Hourly

When wages are paid twice a month and paid based on the number of days and hours worked in the pay period they are considered hourly paid.

The estimated number of hours worked per week is to be multiplied by the conversion factor of four point three (4.3) to account for the number of hours worked each week of each month.

For example: an individual may have twelve (12) days in the first (1st) pay period, and only ten (10) days in the second (2nd) pay period. In this situation the weekly conversion factor of four point three (4.3) is to be used in order to capture the true number of days/hours worked per month that may exceed one hundred sixty (160) hours per month.

In the Budget and Copay screen in ICCIS, the Designee will select "Normal" as the calculation method, enter the hourly rate of pay and the number of hours to be worked per week, and select "Weekly" for pay frequency. Note: This is an ICCIS work around, so justification for this calculation used will need to be documented in a case note. Note: This is an ICCIS work

around, so justification for this calculation used must be documented in a case note.

If an employment statement or letter of employment is the verification received, in the Budget and Copay screen in ICCIS, the Designee will select "Normal" for the calculation method; enter the hourly rate of pay and the number of hours to be worked per week, and select "Weekly" for the pay frequency.

c. Bi-weekly Income

The estimated amount of income per pay period is multiplied by the conversion factor of two point one five (2.15) to arrive at the monthly income.

For example: if a parent reports they are paid every other Friday the pay dates on the income verification are to be compared against a calendar to confirm the pay is bi-weekly.

In the Budget and Copay screen in ICCIS, the Designee will select "Averaging" as the calculation method, enter the pay stub amounts and pay dates, and select "Every 2 weeks" for the pay frequency.

If an employment statement or letter of employment is the verification received, in the Budget and copay screen in ICCIS the Designee will in the Budget and Copay screen in ICCIS, the Designee will select "Normal" as the calculation method enter the pay stub amounts and pay dates, and select "Every 2 weeks" for the pay frequency.

d. Weekly Income

The estimated amount of income per pay period is multiplied by the conversion factor of four point three (4.3) to arrive at the monthly income.

- Five (5)or fewer paystubs received
  In the Budget and Copay screen in ICCIS the Designee will select "Averaging" as the calculation method, enter the pay stub amounts and the pay dates, and select "Weekly" for the pay frequency.

- More than five (5) paystubs received
  If more pay stubs were received than spaces available in the income worksheet in ICCIS, the Designee will hand calculate the income by adding all pay stubs together and multiplying by four point three (4.3). In the Budget and Copay screen in ICCIS, the Designee will select "Averaging"

as the calculation method, enter the total amount from their hand calculation into the first (1st) pay stub amount and the pay date of the most current pay stub, and select "Weekly" for the pay frequency. Note: This is an ICCIS work around, so justification for this calculation used must be documented in a case note.

- Employment Statement, Letter of Employment or Collateral Contact
  If an employment statement, letter of employment, or collateral contact with the employer is the verification received, in the Budget and copay screen in ICCIS, the Designee will select "Normal" for the calculation method, enter the hourly rate of pay and number of hours to be worked in a pay period, and select "Weekly" for the pay frequency.

e. Other Income

Earned and unearned income that does not meet one (1) of the above frequencies must be calculated into a monthly amount and no conversion factor is used.

3. Full Month's Income

When pay verification is reflective of a full month's pay that has been received or is anticipated to be received the income from that source is calculated using the Projected Monthly Income method. Bi-weekly and weekly conversion factors take into account third (3rd) and fifth (5th) paychecks received in the same month, so those "extra" (third or fifth) paychecks are not estimated separately. The weekly conversion factor also takes into account the additional days in the month the family works more than forty (40) hours a week or one hundred sixty (160) hours a month.

When it is determined the individual is paid "salary" on a twice monthly frequency, an average is calculated by adding together payments from the same source, dividing this total by the number of payments received, and multiplying by the applicable conversion factor.

When the individual is paid hourly on a twice monthly frequency, the number of hours the individual worked in the pay period is multiplied by their hourly rate of pay and multiplied by the applicable conversion factor. When different hours than are reflected on their paycheck are expected, a collateral contact is to

be made with the employer to verify the anticipated hours to be worked.

In a month where there is a change of employment, the amount the parent received from both employers is used for that month's (month received in) income when the change occurred during the month of application. Only the income from the current or new employer is used going forward.

4. **Not a Full Month's Income Due to Employment Change**
When an individual begins, changes, or ends employment during the month of application resulting in the income verification provided being less than a full month it must be determined when the change occurred. Income from each employer must be calculated separately and added together for the monthly amount for this month.

Income verification from a former employer received in the month of application is used and apply the monthly conversion factor.

Income verification from the current or new employer is used to determine the amount of earnings expected to be received during the month of application. The number of hours to be worked are multiplied by the hourly rate of pay and multiplied by the monthly conversion factor.

A new budget is created for the following month for future earnings to be calculated by taking the expected hourly wage multiplied by the anticipated hours to be worked in the pay period multiplied by the applicable conversion factor.

5. **Only One Paystub or Employment Statement Provided No Change of Employment**
If only one paystub or an *Employment Statement* CC36 is provided as verification, the number of hours worked or to be worked in the pay period are multiplied by the hourly rate of pay and multiplied by the conversion factor applicable to their pay frequency.

4080-2 H. SELF-EMPLOYMENT INCOME

Self-employment is the process of actively earning income directly from one's own business, trade, or profession for which a State of Alaska business license has been obtained, and for the purpose of generating income. Exact instructions fitting every situation are impossible to provide. Therefore, workers must use prudent person judgment in determining all factors related to calculating self-employment income and must carefully and thoroughly document relevant information.

When an activity is reported that produces income but the parent does not have a State of Alaska business license it is not an eligible activity and any income prior to the effective date of a State of Alaska business license would be considered unearned. Child care will not be authorized for time prior to the effective date of the State of Alaska business license if this is the only activity for this parent.

If the parent has a valid State of Alaska business license but a profit is not generated, based on the hours worked times the minimum wage, it is not considered an eligible activity. Child care will not be authorized for any times the parent is engaged in this activity however; the income is included as unearned income.

Relevant information includes the history of self-employment earnings in the same business and estimated changes in the self-employment income; type of verification used to determine adjusted gross self-employment income and allowable costs of doing business, noting expenses which are or are not allowed with the rationale, and the period of self-employment. Designees are to determine whether or not the costs of doing business reported are allowable for CCAP.

Clarifying information may be needed depending on the verification submitted as well as collateral contacts or information from other sources. These conversations need to be documented in the ICCIS case note to support the use or non-use of allowable costs of doing business when calculating the family income.

1. **Persons are Considered in a Self-Employment Activity if they:**
   a. Are responsible for obtaining or providing a service or product to the public as one's business for the purpose of earning a profit;

b. Have a current State of Alaska business license (or proof of application to obtain), any other license, permit, or certificate necessary to perform the work such as a commercial fishing or crew license for the individual's role on a boat;
c. Generate a profit and net income from the business which means earning a wage from the self-employment activity that is equal to or more than the current State of Alaska minimum wage;
d. Are not required to have federal income tax and Federal Insurance Contributions Act (FICA) tax withheld from their earnings;
e. Are not required to complete an Internal Revenue Service (IRS) W-4 form for an employer; and
f. Are not covered by worker's compensation.

Verification of any required additional license or permit must be submitted to support the self-employment activity, such as chauffer's license or a hairdresser's license.

Note: *Individuals who lease their boat or fishing permit and are not actively involved in the fishing operation are not considered self-employed. In these cases, the income obtained from the lease of the boat or permit is considered unearned income.*

Individuals who report they are a self-employed fisher person will not have a State of Alaska business license but must provide a copy of the professional license (i.e. crew member, commercial fishing license, captain's license, etc). If the individual is not a self-employed fisher person they would not have a professional license and employment verification is required.

Self-employment includes, but is not limited to, occupations such as small businesses, crafts, boarding house manager/owner, or ownership of rental property.

2. Self-Employment Definitions

a. Period of Self Employment
The period of self-employment is the months in which an individual is actively engaged in producing income. The period of self-employment does not include months in which maintenance or preparation of tools or equipment is the only self-employment activity performed.

b. Monthly Self-Employment Income

Monthly self-employment income is earned on a monthly basis during any or all months throughout the year. Examples of monthly self-employment income include, but are not limited to, persons who sell products such as crafts or cosmetics, or sell services such as hair dressers, independent carpenters or taxi drivers.

c. Seasonal Self-Employment Income

Seasonal self-employment income is earned during a specified season or during part of a year. Examples of seasonal self-employment income include, but are not limited to persons such as: fishermen; deck hands; trappers; snow plow operators; or lawn service providers.

d. Gross Self-Employment Income

Gross self-employment income is the total amount of money the trade or business produces determined by totaling the gross business receipts (income), including tips, for the business enterprise.

e. Adjusted Gross Self-Employment Income

The adjusted gross self-employment income is the gross income less allowable costs of doing business. If the family indicates there are no expenses for their business, no deduction is given.

To determine adjusted gross self-employment income, subtract the total amount of allowable business costs, or zero (0) if the family indicates there are no expenses, from the gross self-employment income. The remainder is the countable adjusted gross self-employment income, also known as revenue. Allowable business costs are deducted from the income received even if those costs are incurred while the individual is not actually working, or are received in a month in which there is no prorated income.

For example: January boat storage fees and engine repair bills are allowed as business costs even if the boat (individual) only produces income in June.

When a self-employed individual receives income less often than monthly, the allowable business costs are calculated prospectively on a calendar-year basis. The annual anticipated total of business costs is subtracted from the anticipated annual gross income from self-employment and then prorated. See section 4080-2 J. Calculating Self-Employment Income.

The business must generate a profit and net income that when converted to an hourly rate, based on the number of hours worked, or for full-time work based on a forty (40) hour work week is at least the minimum wage to be considered an eligible activity. This would apply to all subsequent applications in which the family is engaged in a self-employment activity.

f. **Durable Goods**
Durable goods are items of value purchased for use in the self-employment enterprise that are usually used for more than one year or season and can usually be sold once the self-employment business ends. Examples of durable goods include but are not limited to such items as: office equipment and furniture; vehicles; computers; fishing nets (gill nets, seine nets); and tools.

g. **Overtime**
Earnings for time worked over eight (8) hours a day, or over forty (40) hours a week are calculated as regular or straight time based on the minimum wage rate and not calculated as time and a half for overtime.

h. **Self-Employment Allowable Costs of Doing Business**
Self-employment costs of doing business are non-personal expenses incurred as a direct result of earning the self-employment income and are not specifically prohibited. See section 4080-2 H. 5. Expenses Not Allowed as a Cost of Doing Business. If a declared expense is determined to be an allowable cost of doing business it is deducted when calculating the adjusted gross income.

3. **Allowable Costs Of Doing Business**
Allowable costs of doing business include, but are not limited to the following:

a. Labor costs to include payments to or for an employee's: gross wages; life and health insurance premiums; and mandatory employer contributions to employee benefits plans such as unemployment insurance and social security. This also includes payments made to a self-employed helper, such as costs for contracted work or shares paid to a self-employed crew member, etc;

b. Stock and inventory, including the actual amount plus tax of a product purchased for resale;

c. Interest paid as part of an installment payment for the purchase of income-producing real estate; capital assets; equipment and/or machinery, and other durable goods, and the tax paid on the property;

d. Insurance premiums, taxes, assessments, and utilities on income producing property. When part of the family's home is used as the place of business, the percentage of the home used for the business, and the cost of that percentage of the mortgage interest, insurance, taxes, and utilities can be allowable costs of doing business. To get this allowance, the family must document, as separate and identifiable, the costs on that portion of the home used in the business. Guidelines for the business use of the home can be found in *IRS publication* 587;

e. Service, maintenance, and repair of business property and business equipment;

f. Rental costs of business property and business equipment;

g. Business supplies;

h. Costs for business advertisement;

i. Licenses and permit fees;

j. Legal and professional fees, such as fees to lawyers, and accountants;

k. Business travel, including costs incurred by the self-employed individual and employees to travel outside their community:
   - To sell goods or services;
   - Purchase business equipment; and
   - Seek repair for business equipment.
   - If combining business with non-business while outside their community, only the portion of the travel costs attributable to the business are considered;

l. Vehicle maintenance and repairs. Allowable costs for vehicles used fifty percent (50%) or more of the time for the business include: gas; oil; registration and licensing fees; and replacement of worn items such as tires. When a vehicle is used less than fifty percent (50%) of the time for the business a

flat rate per mile, based on the current Internal Revenue Service (IRS) Standard Mileage Rate, is allowed which compensates for all business related costs. The current IRS mileage rate can be accessed at: https://www.irs.gov. The self-employed individual is responsible for providing acceptable documentation of the business-related mileage;

m. Purchase of non-durable items; and/or

n. Any expense judged by the Designee using prudent person judgment to be reasonable and necessary to the efficient and profitable operation of the business.

4. Additional Allowable Costs for Self-Employed Fishermen

Allowable costs of doing business for a self-employed fisherman include all those applicable to the individual from section 4060-2 C. 3 Allowable Costs of Doing Business and the following as applicable:

a. Boat engine fuel and oil;

b. Boat and motor repairs and maintenance;

c. Rain clothing;

d. Bait;

e. Commercial fishing license;

f. Replacement or repairs of all types of fishing nets, not including lead line or float line;

g. Year-round boat moorage fees, including boat stall and grid fees;

h. Utility costs to maintain the vessel year-round;

i. Labor costs. A crew member receiving a wage is considered an employee and a crew member receiving a share of the profit is considered self-employed; and

j. Crew food and transportation, if paid by the self-employed individual and not deducted from the amount paid to a crew member. If the cost of food for a crew member is not identifiable, the allowable cost is determined by prorating the total cost of food by the number of individuals on the boat. The result is the prorated cost for each individual.

5. **Expenses Not Allowed as a Cost of Doing Business Include, but are not limited to:**
   a. Depreciation;
   b. Amortization;
   c. Net losses from previous periods;
   d. Federal, state, and local income taxes;
   e. Monies set aside for retirement purposes, except when paid for a non-household member employee;
   f. Personal work-related expenses such as transportation to and from work, including costs to travel outside the home community to work, regardless of the distance or mode of transportation; and child and/or dependent care costs;
   g. Normal living expenses incurred by the self-employed individual and family members, such as shelter and food;
   h. Personal costs for the self-employed individual and his or her family such as life and medical insurance, and shelter;
   i. Food or entertainment, unless it is for the purpose of generating business;
   j. Purchase price of durable goods;
   k. Payments on the principal of a loan to purchase capital assets, equipment, machinery, and other durable goods; and/or
   l. Undeclared costs of doing business.

6. **Sole Proprietor, Partnerships and Corporations Considerations for Income**

   A self-employed business type is determined by the owner or number of owners and the business agreement between the parties. Income to be considered is based on the type of business, so the type of business must first be determined.

   a. Sole Proprietor
      When a self-employment enterprises is owned and operated by a single individual, all of the business income belongs to that individual. The individual's name must be on the State of Alaska business license as the owner. The individual's self-employment income is determined by subtracting the total allowable costs of doing business from the gross self-employment income. Any salary or disbursement received by the individual from the business is not considered in the calculation of the gross self-employment income.

Sole proprietors file Internal Revenue Service *Schedule C (Form 1040) Profit or Loss From Business (Sole Proprietorship)* for tax purposes.

b. Partnership
When two (2) or more individuals have agreed to manage the business together and share the business income a partnership exists. There does not have to be a written agreement, however; the individual must provide each partner's share amount.

An individual's self-employment income is determined by subtracting the total allowable costs of doing business from the gross self-employment income, and dividing the amount by each partner's share. The share of income from a partnership is countable even if it is not distributed. Any salary or disbursements received by the individual from the business is not considered in the calculation of the gross self-employment income.

A partnership is required to file a federal income tax Form 1065 *U.S. Return of Partnership Income* including Schedule K-1 *Partner's Share of Income, Deductions, Credits, etc.*, which shows the income and expenses for the business. Unless the partnership is a new business, each partner should have a copy of these forms for reporting their share of the income.

Some partnerships involve a general partner, who is actively involved in operating the business, and a limited partner, who is an investor only, not an active participant. The general partner is considered self-employed and their portion of the income from the partnership counts as self-employment income. Any income received by the limited partner is treated as unearned income.

c. Limited Liability Company (LLC)
The name of the LLC is listed as the owner of the business; however, within the business license detail information, there will be an Entity which lists the individual owner(s) as members with the percentage of ownership identified. Members are rarely paid as employees since it is not required; however, if they do receive a paycheck no taxes are withheld.

d. Corporations
A business may be a corporation, which is a distinct legal entity with legal status separate from the individuals who form it. If

the business owner is a corporation, the actual owner(s) is listed in the Entity detail information as a Shareholder with the percentage of ownership identified.

- S-Corporation
  One (1) type of corporation, the S-corporation, is considered a self-employment enterprise. It confers a special tax status to shareholders and operates like a partnership. Income from an S-corporation is taxed at the individual level and is treated like self-employment income from a partnership. The income is passed through to the shareholders based on each shareholders pro rata share.

  The S-corporation must file a Form 1120-S, *U.S. Income Tax Return for an S-Corporation* including Schedule K-1 *Shareholder's Share of Income, Deductions, Credits, etc*. Unless the corporation is a new business, each shareholder should have a copy of these forms for reporting their share of the income.

- C-Corporation
  Another type of corporation, the C-corporation, is not considered to be a self-employment enterprise. In the C-corporation, Shareholders are paid as employees with taxes withheld. If profits are distributed to the stockholders as dividends, the dividend is treated as unearned income to the stockholder. The salary is counted as wages, not self-employment income, even if the individual is the primary stockholder in the corporation. Such wages may include in-kind compensation resulting from the business paying for personal and household bills. Stocks that individuals own in these corporations are counted as resources, even if they are not publicly traded on the stock market.

4080-2 I. ACCEPTABLE VERIFICATION FOR SELF-EMPLOYMENT INCOME

Families who participated in the self-employment activity in the prior calendar year must provide the prior year's actual income when that same business was in operation that year. This may be in the form of their: Federal tax return Form 1040 *U.S. Individual Income Tax Return*, *Schedule C Profit or Loss from Business, Schedule E Supplemental Income and Loss, Schedule F Profit or Loss from Farming,* Form 1065

U.S. Return of Partnership Income including *Schedule K-1 Partner's Share of Income, Deduction, Credits, etc., or* Form 1120-S *U.S. Income Tax Return for an S Corporation* including *Schedule K-1 Shareholder's Share of Income, Deductions, Credits, etc.*; income and expense records or *Self-Employment Income/Deduction Worksheet* CC39 with copies of receipts (not originals) supporting the expenses; or other documentation of adjusted gross income and allowable costs of doing business as verification of income.

Families who did not participate in the self-employment activity in the prior calendar year must provide the current year's actual income. This may be in the form of: income and expense records or *Self-Employment Income/Deduction Worksheet* CC39 with copies of receipts (not originals) supporting the expenses; or other documentation of adjusted gross income and allowable costs of doing business.

When using verification other than a federal tax return and the business has been in operation for at least three (3) months, the income from the three (3) months prior to the month of application is required unless the self-employment activity was started less than three (3) months prior to the application submission. When the self-employment activity started fewer than three (3) months prior to the month of application, the family must provide income and expense records or *Self-Employment Income/Deduction Worksheet* CC39 with copies of receipts (not originals) supporting the expenses for the time period the business has been in operation. In addition, the self-employed individual's statement regarding projected earnings is taken into consideration.

The family must also provide a schedule of their self-employment hourly activities either on the *Child Care Assistance Application* CC08 or a separate written document.

The Designee is responsible for confirming the parent has a valid State of Alaska business license by accessing the state website and printing a copy for the family's file. The website is: http://commerce.alaska.gov/occ/home_bus_licensing.html.

The State of Alaska business license does not have to be valid for the same period as the income and expense information provided. The business license is an eligibility factor once the application is received and must be valid for them to be considered to be in an eligible activity and for care to be authorized.

If there is not a valid business license for the parent with an effective date prior to or the same as the date their *Child Care Assistance Application* CC08 was received, the application must be pended for the parent to provide a copy of their valid State of Alaska business license for the business they are conducting, or evidence supporting they have applied for a State of Alaska business license, with all the required documentation. When the family has applied but not received a business license their eligibility is determined from the date their *Child Care Assistance Application* CC08 was date stamped received as long as the date they applied for their business license was prior to the *Child Care Assistance Application* CC08 received date. The family must be advised to submit a copy of their State of Alaska business license once issued as it could result in a determination of an incorrect payment. The Designee will set an alert for sixty (60) days from the date of approving the family's participation. If a State of Alaska business license has not been received, the Designee will access the website at: http://commerce.alaska.gov/occ/home_bus_licensing.html. If a State of Alaska business license has not been issued a *Child Care Assistance - Information Needed Notice* is issued.

4080-2 J. CALCULATING SELF-EMPLOYMENT INCOME

Self-employment endeavors vary depending upon the nature of each self-employment enterprise. **Exact instructions fitting every situation are impossible to provide.** Prudent person judgment must be used in calculating self-employment income and documenting relevant information.

The family must provide verification of income, when and how often the income will be received, expenses, and time in the activity for all members engaged in the self-employment activity to be evaluated along with the history of self-employment earnings and the self-employed individual's statement of anticipated changes, for a reasonable projection of the family's self-employment income. The individual must be asked if they have or anticipate a substantial change of self-employment income from the previous season or year, through this season or year. If the individual has or does expect a substantial change to the self-employment income, the Designee must ask what the change is and the reason. If the individual's reason for the change or estimated change is reasonable the information is to be used when calculating their income. The individual's statement and reasoning is to be documented in an ICCIS case note.

If the self-employment activity does not incur expenses no deduction is allowed for costs of doing business.

When the family has more than one (1) self-employment business, the monthly income is calculated separately for each business. Income and expenses generated during times the business is operating, even if the parent is not participating in the activity, are included when determining the parent's countable self-employed monthly income.

However, only the time the parent is engaged in the activity is used for determining their child care need.

> *For example: A parent owns a clothing store that includes a store front and an online store. The parent is engaged in the self-employment activity Monday through Friday between the hours of 10:00am-8:00pm. The store front is also open Saturday and Sunday and the online store is available to customers 24 hours per day/7 days per week.*
>
> *The business income and expenses used include all times the stores are open and goods sold. The care to be authorized would only cover the days and hours the parent is actively engaged in the business activity.*

Income and expenses do not off-set from one (1) business to another. Each self-employment enterprise is reviewed separately regarding income and eligible activity for that business. Income from all the family's businesses is used to determine the family's countable monthly income.

When both parents work for one (1) self-employment enterprise, see section 4080-2 H. 6. Sole Proprietor, Partnerships and Corporations Considerations for Income.

When comparing the self-employment income to the minimum wage the hours worked per week is multiplied by current hourly minimum wage rate , then multiplied by the conversion factor of four point three (4.3). See section 4080-2 H. Self-Employment Income.

Individuals who do not show a business profit and net income of at least the minimum wage are not eligible because they are not considered to be in an eligible activity.

If a self-employed individual receives tips, this income is to be included in the gross monthly income before any expenses are deducted.

1. **Self-employment Enterprise Exists for Less Than a Year**
When the self-employment enterprise is less than a year old the individual may not have a prior year's tax record to use as verification.

When the business is at least three (3) months old, a monthly adjusted gross income is estimated using the income and expense records submitted for the three (3) months prior to the month of application, and any estimated changes to the income based on the individual's statement, by:

a. Adding the gross income, including tips, listed for each month together;
b. Adding the total allowable business costs for each month together;
c. Subtracting the total business costs from the total gross income; and
d. Dividing that amount by the number of months the information was provided for.

If the income is received less than monthly, the estimated annual allowable business costs are subtracted from the estimated gross income and prorated according to 4080-2 J. 4. Prorating Self-Employment Income.

When the business has not yet been in operation for three (3) months, a monthly adjusted gross income is estimated using the income and expense records for the period since the business began. If the period is less than a month, it will be necessary to determine an average week's adjusted gross income then multiply by the conversion factor of 4.3 to determine an average monthly adjusted gross income.

If the business has not yet generated any income or the income doesn't meet the minimum wage comparison for the hours reported, this self-employment is not an eligible activity.

The monthly or prorated monthly adjusted gross income is then compared to the monthly amount estimated the individual would make when converted to an hourly rate, based on the number of hours worked at the self-employment enterprise, or full-time work based on a forty (40) hour work week at the current minimum wage. The conversion factor of four point three (4.3) must be used to determine the family's monthly income based on the minimum wage.

If the individual's estimated average monthly adjusted gross income is more than the estimated monthly amount calculated at the current minimum wage, the individual is considered to be in an eligible activity for the time engaged in the self-employment enterprise.

2. **Application Received Before or DuringCurrent Self-Employment Period**

When the self-employment enterprise has existed for a year or more and the family's application is received before or during the current self-employment period their prior year's actual income is to be used in determining their financial eligibility.

For example:

a. *Applying during the current self-employment period:*
A parent who is engaged in their self-employment activity at the time of application is applying <u>during</u> the current self-employment period. This may be year-round or seasonal self-employment. The prior year's actual income would be required if the business was in operation during that year. If the self-employment was not in operation during the prior year, income would be required for the three (3) months prior to application, or for whatever period the business has been running when that is fewer than three (3) months.

b. *Applying before the current self-employment period:*
A parent applies in January. During the interview, they report that they are self-employed as a seasonal fisherperson each year from April-August. This family is applying <u>before</u> the current self-employment period because they are applying in a calendar year in which the seasonal self-employment activity has not yet taken place. The prior year's actual income would be required.

When using tax returns the applicable schedule, based on the type of business, must be reviewed for expenses allowed by the Internal Revenue Service (IRS) and not an allowable expense for the CCAP. Using the adjusted gross income, add back in any non-allowable CCAP expenses. Also adjust the income and or expenses based on the self-employed individual's statement of a substantial change or estimated substantial change to reach the adjusted gross income to be used.

If the income is received less than monthly, the estimated annual allowable business costs are subtracted from the estimated gross

income and prorated according to 4060-7 F. 4. Prorating Self-Employment Income.

The monthly or prorated monthly adjusted gross income is then compared to the monthly amount estimated the individual would make when converted to an hourly rate, based on the number of hours worked at the self-employment enterprise, or full-time work based on a forty (40) hour work week at the current minimum wage. The conversion factor of four point three (4.3) must be used to determine the family's monthly income based on the minimum wage.

If the individual's estimated average monthly adjusted gross income is more than the estimated monthly amount calculated at the current minimum wage, the family is considered to be in an eligible activity for the time engaged in the self-employment enterprise.

3. **Application Received After Current Self-Employment Period**
When the self-employment enterprise has existed for a year or more and the family's application is received after the current self-employment period their current year's actual income is to be used in determining their financial eligibility.

A monthly adjusted gross income is estimated using the income and expense records submitted and any estimated changes to the income based on the individual's statement, by:

a. Adding the gross income listed for each month together;
b. Adding the total allowable business costs for each month together;
c. Subtracting the total business costs from the total gross income; and
d. Dividing that amount by the number of months the information was provided for.

If the income is received less than monthly, the estimated annual allowable business costs are subtracted from the estimated gross income and prorated according to 4080-2 J. 4. Prorating Self-Employment Income.

For Example:
Applying after the current self-employment period: A parent applies in October. During the interview, they report that they are self-employed as a back-country guide each year from May-September. This family is applying <u>after</u> the current self-employment period because they are applying in the same

calendar year in which the seasonal self-employment activity has already taken place for that year. The current year's actual income would be required.

The monthly or prorated monthly adjusted gross income is then compared to the monthly amount estimated the individual would make when converted to an hourly rate, based on the number of hours worked at the self-employment enterprise during the time the income was earned, or full-time work based on a forty (40) hour work week at the current minimum wage. The conversion factor of four point three (4.3) must be used to determine the family's monthly income based on the minimum wage.

If the individual's estimated average monthly adjusted gross income is more than the estimated monthly amount calculated at the current minimum wage, the family is considered to be in an eligible activity for the time engaged in the self-employment enterprise.

4. Prorating Self-Employment Income

When self-employment income is received less often than monthly, the individual's income and business expenses are calculated prospectively on a calendar-year basis. The annual anticipated total of allowable business costs is subtracted from the anticipated annual gross income resulting in the yearly adjusted gross income. The yearly gross income is prorated over:

a. Twelve (12) months when the yearly adjusted gross income exceeds one hundred and eighty-five percent (185%) of the federal poverty guidelines for the family size; or

b. The months of the normal season of work, or the months the individual is reasonably expected to work over a twelve (12) month period, if the yearly adjusted gross self-employment income is equal to or less than one hundred and eighty-five percent (185%) of the federal poverty guidelines for the family size, and the self-employment income is available to the individual during the period of self-employment; or

c. The number of months equal to the number of months of self-employment if the yearly adjusted gross self-employment income is equal to or less than one hundred and eighty-five percent (185%) of the federal poverty guidelines for the family size, and the self-employment income is not available to the individual during the period of self-employment; this proration

begins the first (1st) month the family receives the income, or the month after notice is given advising the family of a change in their income determination.

The United States Department of Health and Social Services issues new poverty guidelines each January and can be accessed at: https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines.

5. **Seasonal Self-EmploymentIncome**
   Income for individuals who are engaged in self-employment activities for a part of the year or on a seasonal basis will be prorated by dividing the income by the number of months engaged in the activity to determine the monthly countable income.

4080-2 K. COMMISSION OR OTHER IRREGULAR INCOME

Commission, or irregular income from the most recently completed period of time the income is earned and dividing the year to date by the number of months in the current calendar year for the last paystub received in any given month to obtain an average monthly amount.

4080-2 L. SEASONAL INCOME

Employment in an occupation that has regular pay periods, even though the work is not for a full year, is not considered seasonal and should be calculated using the Projecting Monthly Income method.

4080-3 UNEARNED INCOME

The unearned income of all family members is considered when determining the family's monthly income. Unearned income types include Federal Benefit Income; Child Support; Educational Income; Employer Provided Housing; and other sources of unearned income.

1. **Federal Benefit Income**
   Federal benefit income is considered unearned income. Common sources of federal benefit income include but are not limited to:

a. Social Security Administration (SSA) – retirement, survivors, and disability benefits;
b. Supplemental Security Income (SSI) – benefits for aged, blind, and disabled persons;
c. Veteran's Administration (VA); and
d. Unemployment Insurance Benefit (UIB) including amounts garnished. A garnishment is different from a recoupment. Recoupment occurs from an income source to repay an overpayment from that source and is not counted as unearned income. The reason an income is being reduced must be evaluated to determine if the reduction is a garnishment or a recoupment.

When an individual is initially determined eligible for these programs they may receive a retroactive payment for any previous months the agency has determined they were eligible. A retroactive payment is considered only for the month it was received and only the monthly benefit amount is used to anticipate the family's ongoing monthly income. See section 4080-3 C. Calculating Unearned Income.

2. Child Support

Child support is money paid by the non-custodial parent to the custodial parent for the benefit of their child(ren). The amount of money paid in the three months prior to the month of application which are paid directly to the custodial parent through court order, administrative order, or a private arrangement between the parents is counted as unearned income. Sources of received child support include:

a. Child Support Services Division

Child support received through Alaska's Child Support Services Division (CSSD) or through another state's equivalent agency is counted as unearned income.

b. Direct from Non-Custodial Parent

Child Support received directly from the non-custodial parent is counted as unearned income.

c. In-Kind from Non-Custodial Parent

Child support money paid to a third party that is not received or accessible by any member of the family is considered "in-kind" income and is not counted as unearned income. When material items are provided, in lieu of money, it is considered in-kind and no monetary value is placed on the items.

3. **Educational Income**

Educational income is money received in order for the family to participate in an educational endeavor. This income includes:

a. Educational grants;
b. Scholarships;
c. Fellowships;
d. Assistanceships;
e. Veteran's educational benefits; and
f. Educational related cash gifts or awards paid to a student or to the institution on behalf of the student.

Educational Instruction Periods

Educational institutions define instruction periods differently. The most common are quarter, semester, macro/micro sessions, however there may be others. These periods are referred to as a "term" for the Child Care Assistance Program (CCAP) purposes.

Excluded Education Income

Educational income paid for tuition, school fees, books, and required supplies is excluded. Cost of living stipends that are issued to the parent from the institution are considered unearned income and not educational.

Educational funds that are paid directly to the institution that are in excess of the allowable expenses are not counted as income when the parent does not have access to the funds. If these funds are accessible or given to the parent they are then counted. These payments must be confirmed or verified by the institution.

Note: *Any educational loan on which payment is deferred is considered excluded income.*

4. **Employer Provided Housing**

When an employer offsets or pays a portion of the employee's rent, the amount paid is counted as unearned income. If this employment is the only eligible activity for the parent, the individual must also receive earned income from this employer to be eligible for CCAP participation. The following sections are different than the housing allowance provided as a veteran benefit which would be considered part of their educational income.

a. **Employer Provides Free Housing**

In situations where the employer provides "free housing" or pays the full amount, in lieu of wages, that amount is counted

as unearned income. The amount actually paid as reflected on the employee's pay stub or verified by the employer is used. If the amount actually paid is not available the valued amount based on the Housing and Urban Development (HUD) Fair Market Rate for a similar size rental in the geographic area is counted.

The most current HUD Fair Market Rate can be accessed at: http://www.huduser.org/portal/datasets/fmr.html

b. Employer Subsidized Housing

For active military members or individuals whose employer provides a set amount to be used for housing, the amount received for housing is considered unearned income. See section 4080-3 A. 5. Acceptable Verification of Employer Provided Housing.

5. Rental Income

Rental income received is considered unearned income when the owner of the real or personal property does not perform the managerial responsibilities for the rental property. The countable net rental unearned income is the amount of rent paid by the renter in excess of the loan payment amount less any property management fees incurred.

Income received from the lease of a limited entry fishing permit is considered unearned rental income.

Rental income is considered self-employment income when the owner of the real or personal property performs the managerial responsibilities. When rental income is treated as self-employment income, the owner must have a State of Alaska business license, and allowable costs of doing business are deducted from the gross rent receipts to determine the adjusted gross self-employment income.

6. Other Sources of Unearned Income

Other sources of unearned income include, but are not limited to, the following:

a. Recurring cash support payments from any other person who does not live in the household, unless specifically excluded (i.e. loans);
b. Alimony payments;
c. Adoption subsidies;
d. Foster care payments;

e. Recurring annuities, insurance, pensions, retirement, and disability benefits. ***NOTE****: Annuity payments paid quarterly shall be averaged over three months and counted as monthly unearned income. Annuity payments paid annually shall be averaged over twelve months and counted as monthly unearned income*;
f. Military cash allowances;
g. Worker's compensation;
h. Investment income and capital gains;
i. Public assistance cash benefits: Temporary Assistance (TA), Adult Public Assistance (APA) and Native Family Assistance Program (NFAP) paid to the family;
j. Federal cost-of-living allowances (COLA);
k. Employer contributions for child care costs;
l. Strike benefits from a union fund;
m. Stipends;
n. Room and board paid to the family by others in the household;
o. Net rental income (gross rental income minus allowable costs of doing business);
p. Recurring dividends other than Alaska Native Claims Settlement Act Distributions (ANSCA) or Permanent Fund Dividend (PFD);
q. Recurring interest;
r. Recurring net royalties;
s. Recurring periodic receipts from estates or trust; and
t. Non-Recurring Lump Sums:
Non-recurring lump sums are one-time payments including, but not limited to, insurance proceeds, disability and death benefits, awards and cash gifts, inheritance, severance pay, and net gambling or lottery winnings in excess of $500.00; and
u. Alaska Native Claims Settlement Act Distributions: ANCSA cash distributions are paid by a Regional or Village Native Corporation. Income received from these distributions in excess of $2,000.00 in a calendar year per shareholder is counted as unearned income.

7. Employer Contributions toward Child Care Costs

When an employer includes financial assistance toward the costs of the employee's child care, the amount reflected on the pay statement is included in the family's countable monthly income as unearned income.

4080-3 A. ACCEPTABLE VERIFICATION OF UNEARNED INCOME

1. **Acceptable Verification of Federal Benefit Income**
   Verify with a copy of the current SSA or VA award letter, Unemployment benefit notification or documentation from the SSA, VA, or State of Alaska, verifying the monthly amount.
2. **Acceptable Verification of Child Support Payments Received**
   The Designee will use their agency's myAlaska account to access Alaska's CSSD for all parents on the application at the time of receipt or during application registration unless proof from a state child support agency is attached to the application, even if they have indicated on the application they are not receiving Child Support payments. The search in myAlaska is to include the Child Support Member's identification number or case number, or parent's Social Security number if included on the application or in the Integrated Child Care Information System (ICCIS) for each parent on the case with a start date of the first (1st) day of the month and end date of the last day of the third (3rd) month, to obtain information for the three (3) full months.

   The printouts from each parent's account reflecting child support payments received the three (3) months prior to the month of application is to be used. See section 4050-4 Reviewing an Acceptable PASS II and PASS III Family Application for Completeness.

   If no case is found with CSSD, one of the following is acceptable verification:
   a. Documentation from another state's CSSD equivalent agency reflecting amounts received in the three (3) months prior to the month of application;
   b. *Statement of Support Provided* CSSD 04-1606D form completed and signed by the non-custodial parent reflecting amounts paid in the three (3) months prior to the month of application; or
   c. Written agreement signed by both the custodial and non-custodial parent indicating the amount and frequency of child support payments.

   If the applying parent is unable to obtain one (1) of the above forms of acceptable verification, information documented on the family application or the *Statement of Support Provided* CSSD 04-

1606b form may be used to provide the amounts received in the three (3) months prior to the month of application.

4. **Verification of Educational Income**
   Verification of educational income includes, but is not limited to:
   a. Signed and dated statement from the payer documenting the full amount of the educational income and the term it is intended to cover;
   b. Copy of the financial aid letter; and
   c. Copy of the student's education account detail by term or the equivalent, which verifies the tuition and fees.

5. **Acceptable Verification of Employer Provided Housing**
   The most current United States HUD Fair Market Rate can be accessed at: http://www.huduser.org/portal/datasets/fmr.html

   Pay stub and/or collateral contact with the employer along with confirmation from the above website, or copy of rental agreement reflecting the monthly amount owed are acceptable support of the rental value.

   A military member's LES will indicate "privatized housing" when the member resides in military provided housing.

6. **Acceptable Verification of Non-Recurring Lump Sums**
   Acceptable verification of non-recurring lump sums includes but is not limited to:
   a. Signed and dated statement from the payer documenting the full amount and payment date of the lump sum payment;
   b. Copy of the check or check stub; or
   c. Collateral contact with the payer or individual employed by the payer who can verify the terms of the payment.

7. **Acceptable Verification of Alaska Native Claims Settlement Act Distributions**
   Acceptable verification of ANSCA distributions includes but is not limited to:
   a. Signed and dated statement from the Regional or Village Native Corporation documenting the individual and amount of shares owned;
   b. Copy of the check or check stub; or
   c. Copy of distribution payment.

Income received from ANSCA distributions in excess of $2,000.00 in a calendar year per shareholder is counted as unearned income. A calendar year begins January 1 and ends December 31.

4080-3 B. EVALUATING UNEARNED INCOME

When a family submits verification of their unearned income it must be evaluated in its entirety and information clarified if the family is reporting differences in the payment amount or frequency. Payment history is used to determine a regular or average amount to use in anticipating monthly income.

When an income amount on the verification provided does not represent the income expected to be received in the certification period, the income amount, or payment may be excluded from the calculation, except for child support payments. For child support payments, see section 4080-3 A. Acceptable Verification of Child Support Payments Received. The reason for using a different amount or excluding the income amount or payment must be clearly documented in an ICCIS case note.

4080-3 C. CALCULATING UNEARNED INCOME

Unearned income is calculated by using the amount of the payment anticipated to be received by the source and frequency. A conversion factor is not applied to unearned income with the exception of UIB.

Unearned income received for educational purposes, child support, and federal benefits have additional considerations. See sections 4080-3 Unearned Income.

1. **Projecting Monthly Unearned Income**
   The Projecting Monthly Income Method is used when unearned income is expected to be received monthly on a regular frequency and amount, even if fluctuating, can be reasonably estimated.

   When estimating the family's unearned income it may be necessary to calculate the income for the month of application and recalculate for the month following for the remainder of the certification period.

Unearned income from each source received or anticipated to be received during the month of application is counted for that month.

a. Full Month's Income
When verification is reflective of a full month's amount to be received or anticipated to be received the income from that source is calculated using the Projected Monthly Income method.

b. Not a Full Month's Income
This situation often occurs when an individual begins or stops receiving payments resulting in the first (1st) or last payment covering less than a full month's payment amount. The amount received or anticipated to be received from the source reflecting less than the full month's payment is included in the family's income.

2. Projecting Unearned Income by Source

a. Educational Income
Educational income is calculated separately from any earned or other unearned income the family receives.
Countable educational income is the funding received for educational purposes minus the allowable educational expenses. Educational income received in the form of a loan is not included in the countable educational income.

The countable educational income is prorated over the educational term it is intended for, even if some of the time is outside the family's certification period. This prorated amount is then added to the family's income for those months of the term included in their certification period. See sections 4080-3. 3 Educational Income and 4080-4 C. Educational Expenses.

Designees total the countable educational income from all sources; subtract all the allowable expenses to determine the total countable educational income for the term; and divide by the number of months in the term the income is intended to be used, to arrive at the monthly countable educational income.

A family's educational income is anticipated for the full eligibility period based on the information provided. If there are changes in the amount the family receives due to changes with each term it must be reported if it causes the family's

monthly countable income to exceed eighty-five percent (85%) of the State Median Income.

b. Child Support

Current child support and arrearage payments received from Alaska's Department of Revenue, CSSD or through another state's equivalent agency and/or directly from the non-custodial parent are included in the family's monthly income. Child support money paid to a third party that is not received or accessible by any member of the family is not included.

Child support payments are to be averaged with the average amount included in the family's income. A conversion factor is not applied.

- **Received in Month of Application Only and not Expected to Continue**

  When child support income is not received during the three (3) months prior to the month of application for CCAP but is received in the month they apply it is counted, only for the month of application, if it not anticipated to continue.

- **Anticipated to be Received or Currently Receiving**
  Support which is anticipated or currently being received when the determination is made, is included in the family's monthly income if it is anticipated to continue or is received on a regular basis.

When the amount received or the frequency received varies, the income received in the three (3) months prior to the family's eligibility period is to be averaged and anticipated for the certification period. However, if at the time of application the family is receiving a different amount and expects the new amount to continue, the currently received amount is used.

c. Employer Subsidized Housing

When an employer provides housing or partially subsidizes housing for an employee the amount of the subsidy or Fair Market Rate for the housing provided must be calculated and used as income for the individual.

Calculating the Fair Market Rate for housing is not required for military members. The amount to use is the Basic Allowance for Housing (BAH) amount reflected on their Leave and Earning Statements (LES) and identified as "privatized

housing" regardless if they reside on or off the installation. The United States Department of HUD: http://www.huduser.org/portal/datasets/fmr.html.

d. Unearned Income from Federal Benefits

Social Security, UIB, or Veterans Benefits can be anticipated once a determination is made from the source. This income is counted as of the date the individual is advised in writing by the applicable source payments will begin when the written determination is available for the individual during the month of application. When the written determination is issued after the month of application, it would not be counted and would need to be reported only if it causes the family's income to exceed eighty-five percent (85%) of the SMI.

UIB is a weekly benefit; however, recipients are paid on a bi-weekly schedule. Therefore the bi-weekly conversion factor of 2.15 is applied. The average payment amount is multiplied by 2.15 to obtain the monthly amount to be included in the individual's income.

e. Alaska Native Claims Settlement Act Distributions

The ANCSA distribution amounts paid to each shareholder in the family in the calendar year (January 1st through December 31st) is to be evaluated to determine the amount, if any, to be included in the family's monthly countable income. When a shareholder in the family receives an ANCSA distribution, verification of the amount each shareholder in the family received from January 1st through the date their application was submitted to the Designee is needed.

The first (1st) $2,000.00 each shareholder in the family received between January 1st and the date their application was received is to be excluded. The amount each shareholder in the family received over $2000.00 is divided by the number of months from January through the month of application to obtain the monthly average to be included in the family's countable income.

For example: a family's application is received in the month of July with one (1) member receiving ANCSA. The family member has received $5000.00 since January 1st. The first (1st) $2000.00 is excluded leaving $3000.00 to be divided over seven (7) months (January through July). (3000 divided by 7

= 428.57) $428.57 is included as unearned income in the family's monthly countable income.

Once approved for participation, the family is not required to report additional ANCSA distributions received during the family's certification period, unless it results in the family's countable monthly income to exceed eighty-five percent (85%) of the SMI.

f. Non-Recurring Lump Sums

Non-recurring lump sums in excess of $500.00 are included in the family's monthly income when it is received in the month of application or is anticipated to be received the month following application. The amount over $500.00 is pro-rated as follows:

- $1.00 - $499.00 = prorate over four (4) months;
- $500.00 - $999.00 = prorate over eight (8) months;
- $1,000.00 and over = prorate over twelve (12) months.

4080-4 DEDUCTIONS FROM INCOME

Deductions from income include child support payments, catastrophic medical and dental payments, and educational expenses.

4080-4 A. CHILD SUPPORT DEDUCTIONS

Child support payments made by applying or participating parents, are deductions from their income when the parent is legally obligated to make the child support payment to an individual outside of the Child Care Assistance Program (CCAP) family. To allow a deduction to their income the parent must provide verification of the legally obligated payments made.

1. Verification of Child Support Deductions

The Designee will use their agency's myAlaska account to access Alaska's Child Support Services Division (CSSD) for verification of child support payments made by all parents on the application at the time of receipt or during application registration unless proof for the three (3) months prior to the month of application from a state child support agency is attached to the application. This check is completed even if the parent indicated on the application they are not making child support payments to receive a deduction

from their income. A printout from each parent's account reflecting child support payments made by the parent the three (3) months prior to the month of application is to be used, unless verification clearly reflect arrearages are paid off and it is clear that only the obligated amount is due. If the parent began making payments more recently and three (3) months are not available, the Designee is to request verification from the family that they received from the Alaska CSSD and/or other state reflecting the monthly payments made to support the income deduction information reported by the family.

If no case is found with CSSD, one of the following is acceptable verification:

a. Documentation from another state's CSSD equivalent agency reflecting payments made by the parent in the three (3)months prior to the month of application;
b. Copies of the parent's processed checks or money orders paid in the three (3) months prior to the month of application;
c. Alaska or other State's wage withholding statements for the three (3) months prior to the month of application;
d. Verification of child support withholding from other benefits such as Unemployment Insurance Benefits (UIB) for the three (3) months prior to the month of application; or
e. Copies of employment pay stubs reflecting child support withholdings from the parent's pay.

2. CALCULATING CHILD SUPPORT DEDUCTIONS

If child support is deducted from the applying parent's income as verified by pay stubs or the official child support order, the amount of the deduction is calculated using the same conversion factor used for the pay frequency of the income the child support payments are withheld from.

If the child support withholding or parent began making payments the month of application, the Designee will create a budget and co-pay for the month of application without the child support deduction and a new budget and co-pay effective the month after the month of application to include the monthly deduction for child support payments.

4080-4 B. CATASTROPHIC MEDICAL AND DENTAL PAYMENTS

When a family has catastrophic medical and/or dental payments, the portion of the payments exceeding ten percent (10%) of the family's monthly income is an allowable deduction if: the payments are for services provided to the parent(s) and/or children of the CCAP family; are made for more than sixty (60) days; and are projected to be an ongoing expense for more than six (6) months. If the family is a recipient of a State of Alaska Medicaid program, only the portion of the payments not covered by the Medicaid program are allowable if that amount exceeds ten percent (10%) of the family's monthly income.

The portion of the family's medical and dental insurance premiums for allowable services that exceeds ten percent (10%) of the family's monthly income is also allowed as a deduction.

When a family is claiming catastrophic medical and/or dental payments, verification of the payment amount and service(s) paying for to determine if the expenses are allowable and more than ten percent (10%) of the family's monthly countable income and allowable as a deduction.

Acceptable verification of catastrophic medical and dental payments includes: copies of medical and/or dental bills indicating a payment; and/or payment plans reflecting payments made.

1. Allowable Services
   a. Payment for procedures and treatments are allowable under Alaska Statute (AS) 47.07 regardless of the family member's eligibility for Medicaid coverage and unless specifically excluded as a non-covered service.

   b. Adult dental care and treatment for
      - preventative dental care;
      - treatment of cavities,
      - pain, and infection; and
      - dentures and orthodontia in extreme cases of malformation meeting the criteria under AS 47.07 for payment for care and treatment for children under the Medicaid program.

   c. Medical and dental insurance premiums for services described in 1. a. or b. above.

2. Non-covered services include a service that is:
   a. Not reasonably necessary for the diagnosis and treatment of an illness or injury, or for the correction of an organic system, as determined upon review by the department, or that is not identified in a screening required under 7 AAC 110.205;

   b. Not properly prescribed or medically necessary in accordance with criteria established under 7 AAC 105 - 7 AAC 160 or by standards of practice applicable to the prescribing provider;

   c. Incurred for an evaluative or periodic checkup, examination, or immunization
      - that is in connection with the participation, enrollment, attendance, or accomplishment of a program or activity unrelated to the recipient's physical or mental health or rehabilitation; or
      - unless it is for a mammogram; part of an EPSDT screening; or required by the department for the purpose of determining eligibility for Medicaid;

   d. For or in connection with cosmetic therapy or plastic or cosmetic surgery, including rhinoplasty, nasal reconstruction, excision of keloids, augmentation mammoplasty, silicone or silastic implants, facioplasty, osteoplasty (prognathism and micronathism), dermabrasion, skin grafts, and lipectomy; however, coverage is available if required for the following corrective actions if performed within the normal course of treatment or otherwise beginning no later than one (1) year after birth or the event that caused the need for the corrective action: repair of an injury; improvement of the functioning of a malformed body member; or correction of a visible disfigurement that would materially affect the recipient's acceptance in society;

   e. A nonmedical charge imposed by a recipient's friend or relative;

   f. For a person who is in the custody of federal, state, or local law enforcement, including a juvenile in a detention or correctional facility, except as an inpatient in a medical institution;

   g. For an experimental or investigational service, including one
      - that is in a phase I or II clinical trial as defined in the United States Department of Health and Human Services, National

Institutes of Health, Glossary of Terms for Human Subjects Protection and Inclusion Issues, adopted by reference in 7 AAC 160.900;

- for which inadequate available clinical or preclinical data exists to provide a reasonable expectation that the proposed service is at least as safe and effective as one not under experiment or investigation;
- for which an expert has issued an opinion that additional information is needed to assess the safety or efficacy of the proposed service;
- for which final approval from the appropriate governmental body has not been granted for the specific indications for which the use of the service is being proposed; however, if a drug has received final approval from the United States Food and Drug Administration (FDA) for any indication, final approval is not required for the specific indication for which use is being proposed if
  - the prescription or order was issued by a licensed health care provider within the scope of the provider's license;
  - prior authorization was obtained from the department if required under 7 AAC 105 - 7 AAC 160; or
  - the condition being treated with the drug is not otherwise excluded as a use of the drug; or
- whose use is not in accordance with customary standards of medical practice;

h. For missed appointments; however, the provider may charge the recipient;

i. For interpreter services;

j. For infertility services;

k. For impotence therapy and services;

l. For treatment, therapy, surgery, or other procedures related to gender reassignment;

m. For sterilization for recipients under twenty-one (21) years of age and hysterectomies performed solely for sterilization purposes;

n. For nonsurgical weight reduction or maintenance treatment programs and products;

o. For nonmedical fitness maintenance centers and services;

p. For educational services or supplies that are separately identifiable in the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' (CMS) Healthcare Common Procedure Coding System (HCPCS), adopted by reference in 7 AAC 160.900; or Alternative Link's ABC Coding Manual for Integrative Healthcare, adopted by reference in 7 AAC160.900;

q. An alternative therapy or other service including acupuncture, homeopathic or naturopathic remedy, or Ayurvedic medicine;

r. An outpatient drug for which payment under the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services' drug rebate program established in 42 U.S.C. 1396r-8 is not available;

s. For which the recipient does not meet the eligibility requirements for that service under 7 AAC 100; or

t. After the recipient's date of death.

4080-4 C. EDUCATIONAL EXPENSES

Items that are needed in order for the family to participate in an educational endeavor and associated fees are deducted from the educational income to reach the countable educational income amount.

1. Allowable Educational Expenses Include:

a. Tuition;
b. School fees;
c. Books; and
d. Required supplies.

In some cases, the school, institution, or other grantor earmarks educational income for specific educational-related expenses. However, if the income is not earmarked, the amount used for or intended to be used for allowable expenses will be deducted from the total educational income.

2. Non-Allowable Educational Expenses include:

a. Meals;

b. Travel;
c. Lodging; and
d. Costs not related to attendance.

The student must provide receipts for any books and/or supplies they purchased.

4080-5 PASS II AND PASS III EXCLUDED INCOME

The following income sources are excluded as income when making an income determination:

1. **Loans, including educational loans on which repayment is deferred;**

2. **Alaska Permanent Fund Dividends (PFD);**

3. **Federal Income Tax Refunds;**

4. **Earned Income Tax Credits (EITC)**
   Advance payments of earned income tax credits received from an employer. A single earned income tax credit payment received after the end of the tax year is also excluded;

5. **Federal Non-Cash Benefits**
   Federal Non-Cash Benefits including Medicare, Medicaid, Supplemental Nutrition Assistance (SNAP), and supplements through the Women, Infants and Children (WIC) Program;

6. **Disaster Relief Funds**
   Cash or non-cash aid provided to a family as a direct result of a natural or other disaster is excluded from the family's income. This aid can be from sources including but not limited to: The Federal Emergency Management Agency (FEMA), State or local governments, and Red Cross;

7. **Diversion Payments**
   Job-ready families who have applied for Temporary Assistance (TA) may receive a Diversion payment targeted to meet their specific short-term needs in order for them to secure or maintain employment, instead of receiving ongoing benefits. This income is not counted; and

8. **In-Kind from Non-Custodial Parent**
   Child support money paid to a third party that is not received or

accessible by any member of the family is considered "in-kind" income and is not counted as unearned income. When material items are provided, in lieu of money, it is considered in-kind and no monetary value is placed on the items.

4080-6 PASS II AND PASS III FINANCIAL ELIGIBILITY DETERMINATION

The family's income determination includes a review of all supporting information and reported changes from the date the application was received until the date the final determination is made.

The family must meet all factors of eligibility within sixty (60) days of the date their *Child Care Assistance Application* CC08 was submitted to the Designee and date stamped received. This could span across three (3) different months.

The following procedure is used to calculate the amount of monthly income that is used to determine a family's income eligibility and contribution amount.

Each family member's income is calculated individually using the applicable income worksheets contained in the Budget and Co-pay screen in the Integrated Child Care Information System (ICCIS).

The family's monthly income from all sources is calculated once the worksheets are completed.

1. **Total Gross Income**
   Calculate the family's countable gross monthly income using one of the methods described earlier in this section. Include monthly gross earned income, the greater of self-employment income or minimum wage calculation, if applicable, and any unearned income, unless excluded.

2. **Deduct Catastrophic Medical and Dental Payments**
   If applicable, determine the total amount of catastrophic medical and/or dental payments. Subtract from the family's gross income the amount that is in excess of ten percent (10%). Deductions for catastrophic medical or dental payments will be averaged for a period considered appropriate, but not to exceed twelve (12) months.

3. **Deduct Legally Obligated ChildSupport Payments**

Only child support that is ordered to be paid is an allowable deduction. The payment amounts being made are deducted, including arrears. If applicable, determine the amount of current and/or arrears anticipated to be paid, by applying the conversion factor applicable to the pay frequency, and subtract from the family's monthly gross income.

4. **Determine Eligibilityand Contribution Amount**
   The amount of income remaining will be compared to the *Family Income and Contribution Schedule* effective and implemented on or the date prior closest to the first (1st) day of the family's certification period start date, to determine income eligibility and the family's contribution amount.

When an applying family's countable monthly income is equal to or less than the maximum limit for their family size on the *Family Income and Contribution Schedule* effective and implemented on or the date prior closest to the first (1) day of the family's certification period start date, the family is determined financially eligible. The *Child Care Assistance Application – Approved Notice* is issued.

If a family is determined to be financially ineligible for the month of application, Designees are to evaluate income eligibility for each of the two (2) months following application receipt. If the family is financially eligible, benefits can be issued beginning on the first (1st) of that month.

When a family is financially eligible but their contribution (co-pay) is more than the cost of care to be authorized, see section 4110-1 Situations Where Child Care Authorizations are Prohibited and 4110-2 A 2. Cost of Care Exceeds Contribution (Co-Pay) for PASS II and PASS III Only.

Using the family's eligible start date, income information is entered into the Budget and Co-pay screen of ICCIS. The effective date to use when entering information into the Budget and Co-pay screen is the date the family's *Child Care Assistance Application* CC08 was received if the family meets all factors of eligibility and needs care during that month. If all factors of eligibility are not met and/or care is not needed for any day during the month of application, the date entered in the Budget and Co-pay screen is the first (1st) day of either of the two (2) months following the month the application was received based on when they met all factors of eligibility and care is needed.

The start date of the family's certification period must also be entered into the Budget and Co-pay screen and may be different than the effective date used for the Budget and Co-pay screen. Entering the family's certification start date ensures, when there is more than one (1) effective *Family Income and Contribution Schedule,* that the correct schedule is used to determine their financial eligibility. This same *Family Income and Contribution Schedule* is used throughout the family's certification period based on entering the certification period start date in the budget screen when income or family size changes are reported.

If the family's countable monthly income exceeds the maximum allowable limit the Designee issues a *Child Care Assistance – Denied Notice* to the family, includes the income worksheets from the Budget screen in ICCIS, and documents in an ICCIS case note the reason for denial.

4090 DETERMINING FAMILY PASS II AND PASS III ELIGIBILITY DATES

Families meeting both the non-financial and financial eligibility are eligible for the Child Care Assistance Program (CCAP). A family can be approved for participation in only one Parents Achieving Self-Sufficiency (PASS) program during the month.

Designees must determine: the family's eligibility dates; the certification period and benefit start date; and evaluate the level of benefit for which the family is eligible.

All non-financial and financial factors of eligibility for PASS II and PASS III must be met within sixty (60) calendar days of the date the *Child Care Assistance Application* CC08 is date stamped received by the Designee. This could span across three (3) different months.

4090-1 CERTIFICATION PERIOD

The Parents Achieving Self-Sufficiency (PASS) II and PASS III eligible family's certification period is twelve (12) months. Within that twelve (12) month certification period there may be a combination of months of PASS II and months of PASS III, PASS II only or PASS III only.

4090-1 A. PASS II ELIGIBILITY PERIOD

To be eligible for PASS II, a family must have been receiving Temporary Assistance (TA) and at least one (1) of the parents in the family must have had earnings from employment at the time the TA closed.

Families whose TA application was denied are not eligible for PASS II or a post TA month of child care. They are only eligible for PASS I for the month they submitted their TA application and any following months until a determination is made on their TA application.

The PASS II eligibility period is twelve (12) months beginning the month after the family's TA closed, which may be different than the family's Child Care Assistance (CCA) certification period. The PASS II eligibility period is identified on the *PASS II Child Care Referral* W150 notice issued by the family's TA Division of Public Assistance (DPA) eligibility worker. The PASS II eligibility period cannot be extended beyond twelve (12) months following their TA closure.

Most, but not all PASS II families will receive a month of CCA authorized through PASS I for the month following their TA closure to allow the family time to transition from one program to the next. This month of CCA is commonly referred to as a post TA month. The family's PASS II eligibility period timeframe is not impacted by whether or not the family receives a post TA month through PASS I. Families are not required to provide a copy of the *PASS II Child Care Referral* W150 notice.

The family's certification period *may* include some months as PASS II and some months as PASS III depending on their PASS II eligibility period and when the family submits an acceptable *Child Care Assistance Application* CC08, completes the application process and is determined eligible.

Designees must pay special attention to the family's PASS II eligibility period timeframe identified by DPA, when determining the PASS II portion of their CCA certification period. The family's program type is changed to PASS III by the Designee for the remainder of the CCA twelve (12) month certification period, if applicable. Families do not reapply for the PASS III transition.

Designees are to contact the CCPO policy mailbox at: dpaccp@alaska.gov if they are unable to determine the family's PASS II eligibility or certification period.

When the family submits an acceptable *Child Care Assistance Application* CC08 within their PASS II eligibility period (twelve (12) months following their TA closure date) their PASS II program start date *may* retroactively effective to the first (1st) day of the month up to two (2) calendar months prior to the date their application was received.

1. *Child Care Assistance Application* CC08 Submitted within Sixty (60) days / during the Two (2) Calendar Months following their TA Closure Date

   When the family submits an acceptable *Child Care Assistance Application* CC08 within sixty (60) days or during the two (2) calendar months following their TA closure date, is within their PASS II eligibility period, and receives PASS I for the month following their TA closure (post TA month) then the PASS II program start date and certification period start date are both the (1st) of the month following the post TA month.

   For example: Family's TA closure date is 12/31, the family is eligible for PASS II (determined by their TA closing with earnings) for the period of January through December (based on the TA closure date). Care is authorized through PASS I for January (post TA month). The family submits an acceptable Child Care Assistance Application CC08 *on 2/15. The family's certification period is February through January. The PASS II program start date is 2/1. During the family's certification period of February through January, the application screen in ICCIS will need to reflect the months of February through December as PASS II and January as PASS III.*

   When the family submits an acceptable *Child Care Assistance Application* CC08 within sixty (60) days or two (2) calendar months of their TA closure date, is within their PASS II eligibility period, and <u>does not</u> receive PASS I for the month following their TA closure (post TA month) then the certification period and PASS II program start date are both the first (1st) of the month following the TA closure date.

   For example: Family's TA closure date is 12/31 and the family's PASS II period is January through December, however, care is not authorized through PASS I for January (post TA month). The family submits an acceptable Child Care Assistance Application CC08 *on 2/15. The family's certification period is January through December. The PASS II program start date is 1/1.*

During the family's certification period of January through December, the application screen in ICCIS will need to reflect the family as PASS II.

2. *Child Care Assistance Application* CC08 Submitted More than Sixty (60) Days or after the last day of the Second (2nd) Calendar Month Following their TA Closure Date

   When the family submits an acceptable *Child Care Assistance Application* CC08 more than sixty (60) days or after the last day of the second (2nd) calendar month following their TA closure date, and is within their PASS II eligibility period, the family's certification period and PASS II program start date are both the date they submitted their *Child Care Assistance Application* CC08.

   For example: The family's TA closure Date is 12/31 and the family's PASS II eligibility period is January through December. Care is authorized through PASS I for January (post TA month). The family submits their Child Care Assistance Application CC08 *on 5/7. The family's certification period is May through April. The PASS II program start date start date is 5/7. During the family's certification period of May through April, the application screen in ICCIS will need to reflect the months of May through December as PASS II and the months of January through April as PASS III.*

3. *Child Care Assistance Application* CC08 Submitted after the Family's PASS II Period Ends

   When the family submits an acceptable *Child Care Assistance Application* CC08 after the family's PASS II eligibility period has ended, the family's start date and certification start date is the date the date the *Child Care Assistance Application* CC08 was date stamped received. The family's program participation in the application screen of ICCIS will need to be reflected as PASS III.

When a family has both PASS II and PASS III months included in their certification period, the PASS II application in the application screen in ICCIS is closed the last day of the twelfth (12th) month following the date of their TA closure and the case is opened as PASS III for the remaining months of the family's twelve (12) month certification period.

4090-1 B. PASS III CERTIFICATION PERIOD

An applying and renewing PASS III family's certification period for the CCAP is twelve (12) months. When a family transitions from PASS II to PASS III a new twelve (12) month certification period for PASS III is not established.

1. **The PASS III Certification Period Begins**
   a. The family's certification period begins the date the application was date stamped received by any Designee or DPA Office, even if the family is determined ineligible the month of application but eligible the following month.

   b. When a family transitions from PASS II to PASS III their PASS III start date is the first (1st) day of the month following the family's PASS II end date, however the end date for these families is the last day of the twelfth (12th) consecutive calendar month following their PASS II start date within the family's same current twelve (12) month certification period.

2. **The PASS III Certification Period Ends**
   The certification period ends the last day of the twelfth (12th) consecutive calendar month following the date the *Child Care Assistance Application* CC08 was date stamped received whether the family was PASS II or PASS III at the time of application submission.

4090-2 BENEFIT START DATE

A family's benefit start date is not always the same as the certification period start date. All factors of eligibility must be met within sixty (60) days of the date the application was received. The family's benefit start date must be within this sixty (60) day period. If the family doesn't have a child care need, or meet all factors of eligibility until after the sixty (60) day period, their application is denied and they must reapply.

4090-2 A. PASS II BENEFIT START DATE

To support transitioning families and to ensure continuity of care, an eligible Parents Achieving Self-Sufficiency (PASS) II family's benefit start date may be up to sixty (60) days or two (2) calendar months

prior the date their *Child Care Assistance Application* CC08 is received by the Designee as long as the family was eligible for PASS II. All needed information must be received and an interview completed by the thirtieth (30th) day of the receipt of the application based on the Adverse Action Calendar.

If the family has self-employment as an eligible activity, care will not be authorized prior to the effective date of their valid State of Alaska business license.

1. **Family Benefit Start Date When Information is Received by the Thirtieth (30th) Calendar Day**
   When a PASS II family's application has been denied due to not providing the requested information by the identified due date, a new application is not needed if the applicant provides the required information identified on the *Child Care Assistance Application Received – Pended Notice* within thirty (30) calendar days of the date their application was originally received.

   The benefit start date is determined by when the family meets all factors of eligibility and needs care within the first (1st) sixty (60) days of their certification period. When care is not needed until after sixty (60) days of their application being received, the application is denied and the family must reapply. If the family has to reapply, there is no retroactive effective date and the date the new application is date stamped received determines the certification and benefit start dates.

   The effective date to use when entering information into the Budget and Co-pay screen is the date the family's *Child Care Assistance Application* CC08 was received if the family meets all factors of eligibility and needs care during that month. If all factors of eligibility are not met and/or care is not needed for any day during the month of application, the date entered in the Budget and Co-pay screen is the first (1st) day of either of the two (2) months following the month the family's application was received based on when they met all factors of eligibility and care is needed.

2. **If the Designee is Unable to Process the Application Timely**
   If the Designee is unable to make a final determination of approved or denied on an application by the thirty-first (31st) day of receipt, the benefit start date will not be effected as long as the family submitted all information required to the Designee to complete the application process and the Designee received it by

the due date in the *Child Care Assistance Application - Pended Notice* mailed to the family.

4090-2 B. PASS III BENEFIT START DATE

When all needed information is received and an interview is completed by the thirtieth (30th) day based on the Adverse Action Calendar, of the application submission date, and the family is determined eligible, the family's benefit start date is the date the application was date stamped received by the Designee or the first (1st) of either of the two (2) following months depending on the family's circumstances.

If the family has self-employment as an eligible activity, care will not be authorized prior to the date of their valid State of Alaska business license.

If the Designee is unable to make a final determination of approved or denied on an application by the thirtieth (30th) day of receipt, based on the Adverse Action Calendar, the benefit start date is not affected and will remain the date the application was date stamped received by the Designee as long as the family submitted all information required to complete the application process and it is received by the Designee by the due date in the *Child Care Assistance Application - Pended Notice* mailed to the family.

The PASS III CCA benefit start date may be different than the date the application was date stamped received if any one of the following occurs:

1. **Family Benefit Start Date When Information is Received by the Thirtieth (30th) Day**
   When a PASS III family's application has been denied due to not providing requested information by the identified due date, a new application is not needed if the needed information is received by the Designee within thirty (30) days of the initial application date stamped received by the Designee. The family's benefit start date will be the date the application was date stamped received or the first (1st) of either of the two (2) following months based on when all factors of eligibility are met and care is needed.

   The effective date to use when entering information into the Budget and Co-pay screen is the date the family's *Child Care*

Assistance Application CC08 was received if the family meets all factors of eligibility and needs care during that month. If all factors of eligibility are not met and/or care is not needed for any day during the month of application, the date entered in the Budget and Co-pay screen is the first (1st) day of either of the two (2) months following the month the family submitted their application to the Designee, and it was date stamped received, based on when they met all factors of eligibility and care is needed.

2. **If the Designee is Unable to Process the Application Timely**
   If the Designee is unable to make a final determination of approved or denied on an application or schedule and conduct the interview by the thirty-first (31st) day of receipt, the benefit start date will be the date the application was date stamped received date or the first (1st) of the two (2) following months based on when all factors of eligibility are met and care is needed.

Note: *There is no retroactive eligibility for a family applying for or receiving PASS III CCA.*

4100 DETERMINING CHILD CARE UNITS OF CARE

Designees determine the allowable units of care to be authorized each month. Units of care are determined by comparing the allowable times of the day in which the parent(s) is/are participating in their eligible activity(ies) and any additional allowable time such as travel or sleep time, to the child's schedule, including the time the child is not in school. In a two (2) parent family, the units of care allowed are determined by the time both parents are in their eligible activity at the same time, including any travel and/or sleep time. These times are then compared to the family's selected child care provider's hours of operation. Designees are to review the child care provider's hours of operation in the provider's case in the Integrated Child Care Information System (ICCIS) to ensure the provider is open and operating when care is needed.

Designees are to clearly describe the allowable times child care is needed in detailed case notes in ICCIS.

4100-1 ADDITIONAL CONSIDERATIONS FOR ALLOWABLE TIME

Designees must give additional consideration when determining Parents Achieving Self-Sufficiency (PASS) II and PASS III family's allowable time.

1. **Travel Time**
   Travel time between a parent's eligible activity and their participating provider is allowable time even if they are using an In-home caregiver. The amount of time needed is to be discussed with the parent during the interview and documented, and not automatically applied as a specific amount.

   Travel time is allowable up to one (1) hour before and one (1) hour after an eligible activity. The Designee must discuss with the parent their method of transportation to and from work and the usual amount of time needed between their child care provider and the location of their eligible activity and document the parent's travel time needed each way. One (1) hour before and one (1) hour after an eligible activity is not to be authorized automatically, however, is allowable when a parent needs more than one-half (½) hour to travel from their child care provider to the location of their activity and/or one-half (½) hour to travel from their activity to reach their child care provider.

   The maximum travel time of one and one-half (1½) hours before and one and one-half (1½) hours after an eligible activity is allowable if:

   a. The parent travels more than thirty (30) miles from the provider; and/or
   b. The parent uses public transportation.

   Care is not allowable for travel between the family's place of residence and the participating provider. When a parent is an employee of the same provider caring for their child, travel time is not allowable unless the child is in a different physical location than the parent.

   Care is allowable from the family's home to their eligible activity and from their eligible activity to home when the family is using In-home care.

2. **Sleep Time**

Care is allowable for up to eight (8) hours before or after a parent works a night shift, if necessary for the parent to participate in an eligible activity.

In a two (2) parent family when only one (1) parent is working a night shift, to be eligible for sleep time, the parent not working a night shift must be engaged in an eligible activity during the hours the parent working a night shift is requesting sleep time.
Night shift is defined as employment requiring a minimum of six (6) work and travel hours between the time of 8:00 pm and 6:00 am.

3. **Study Time**
Child care is allowable for class time, plus one (1) hour per credit hour each week for library/study, laboratory activities, tutoring or attending workshop sessions that are required. Study time also applies to those courses that do not have specific credits assigned to them such as an apprenticeship or vocational training program**.** See section 4070-3 D. PASS II and PASS III Parent Eligible Activities.

Breaks between a parent's class schedule of one (1) hour or less are to be counted as class time to allow the parent to get to their next class.

Breaks between classes of more than one (1) hour in a parent's schedule, are to be used as any applicable library/study, unscheduled laboratory time. When a parent is eligible for more study time, it can be used based on the parent's preferred times. In a two (2) parent family, the parent's study time must be during the time the other parent is participating in an eligible activity.

When there is a break of two and one-half (2 ½) hours or more in a parent's class schedule which is not accounted for by library, study, unscheduled laboratory or travel time, the time is not covered.

4. **Children Attending School**
Child care is allowable during the time the parent(s) is participating in their eligible activity and any additional allowable time. Allowable time includes before and after school, in-service days, school closures, and up to five (5) full time days when a school-aged child who normally attends school is too ill to attend school. Care is not allowable for time a child has been suspended or expelled from school.

Designees are to include full days, as applicable, for all known in-service and school closures based on the school district's calendar for the specific school the child attends, in when determining if a full month or part month is to be authorized. If the school district's calendar is not yet published covering the family's full certification period, the most current published calendar will be used as a guide for the number of in-service or school closure days for those months. The calendar used is to be clearly documented in the Integrated Child Care Information System (ICCIS) case note.

Additional days are not included in the units of care for times the child is too ill to attend school and needs child care as these cannot be anticipated. These days will be identified by the child care provider and up to five (5) full time days will be paid accordingly during the payment verification process. Sick days are only applicable for payment for school-aged children who normally attend school.

Child care is not allowable during the same hours the child could normally attend public school in first (1st) grade or higher, according to the local school district rules, criteria, and schedule. This includes those children enrolled in a home school program.

Child care is not allowable for a child enrolled in a private, public, or home school for hours when the child is in school. Children enrolled in a home school program are considered in school based on the child's grade level and hours for that grade based on the local school district. When different times are identified for different schools within the local school district, the parent's identified time for home school activity during those times will be used.

For example: Child would be in first (1st) grade if attending public school. Elementary school A starts at 8:50 am and ends at 3:30 pm and elementary school B starts at 9:15 am and ends at 4:00 pm. The time the child is considered in school would be the time identified by the parent that is between 8:50 am and 4:00 pm.

5. PASS II and PASS III Job Search

Applying families with one (1) or both parents searching for work are not eligible for program participation unless the parent's paid employment ended on or after the date their application was submitted and date stamped received.

Each participating parent who experiences a non-temporary job loss or ends their participation in a job training or education program during their certification period is eligible to continue participation for up to three (3) full months of job search time independent of each other.

When a participating parent experiences a non-temporary job loss during the last two (2) months of their certification period, the certification period is extended to cover the three (3) full months of job search time. The budget and copay are not changed and care authorized remains at the same level the family was authorized immediately preceding the job loss. When a family's certification period has been extended three (3) months due to one (1) parent using job search and the second (2nd) parent requests job search, the family's certification period is not extended for an additional three (3) month period. See section 4120-1 F. PASS II OR PASS III Eligible Activity Ends.

6. **Variable Eligible Activity or Child Care Need**
Child care is allowable for the times a parent is engaged in their eligible activity up to the maximum unit equivalent to a full month plus a part month. When the number of days per week/month in which a parent participates in their eligible activity varies, the most days possible to be used are to be included when determining the units of care. The parent's schedule and varying information is to be clearly detailed in ICCIS case note.

For Example 1: *A family consisting of one (1) parent with non-school aged children. The parent's typical work schedule is 8:00 am to 5:00 pm, any four (4) days per week, but one (1) or two (2) times per month they are called in to work a fifth (5th) day. (4 full days per week X 4 weeks = 16 full days plus 2 additional full days = 18 full days possible). A full month would be warranted to be authorized.*

For Example 2: *A family consisting of one (1) parent with school aged children. The parent's typical work schedule is 8:00 am to 5:00 pm, any four (4) days per week, but one (1) or two (2) times per month they are called in to work a fifth (5th) day. (4 part days per week X 4 weeks = 16 part days plus 2 additional part days = 18 part days possible + the applicable number of full day in-service or school closure days). The child could need between seventeen (17) and twenty-three (23) part days of care in a month plus additional full days for in-service/school closures. A full time month (with no additional*

full days) would be warranted to be authorized. See 4080-2 Definitions of Units of Care.

7. **Multiple ChildCare Providers**
   When a family utilizes more than one (1) child care provider in a given month the provider where most of the care is to be used is generally considered the primary provider. See section 4110-2 A. Child Care Authorization Considerations. Care authorized between child care providers will not exceed the maximum unit equivalent to a full month plus a part month, except in the case of shared custody requiring care to be issued to providers in different service delivery areas.

4100-2 DEFINITIONS OF UNITSOF CARE

Units of care are the length of allowable time used when authorizing the family's child care benefit. These units include part day, full day, part month and full month.

For the purposes of units of care, a day begins at 12:00 am and ends at 11:59 pm., and a week begins on Sunday and ends on Saturday. Each calendar day has the potential for two (2) units to be needed for that calendar day, if the care needed exceeds ten (10) hours for that calendar day. When care is needed for more than ten (10) hours in a calendar day the units needed will either be a full day unit plus a part day unit or two (2) full day units.

The number of full day units and the number of part day units are counted separately and then added together to get the total units needed for the calendar month to determine the correct units to authorize. See section 4110- 2 B. Child Care Authorization Worksheet Creation for PASS II and PASS III.

Units of care are:

1. **Part Day**
   A part day consists of care needed for up to and including five (5) hours of care in a day. Part day units are to be used only when part days are needed beyond twenty-three (23) in a month, up to and including sixteen (16) days. These days are in addition to a full or part month. If the additional days warrant two (2) part months, a full month is authorized.

2. **Full Day**
   A full day consists of five (5) hours and one (1) minute up to and including ten (10) hours of care in a day. Full day units are to be used only when full days are needed beyond twenty-three (23) in a month, up to the part month equivalent. These attendance days are in addition to a full month.

3. **Combination of Part and Full Days Needed**
   When a combination of part day units and full day units of care is needed beyond twenty-three (23) days in a month, the full day units are to be included in the full month unit and the additional days are authorized as part day units, unless the level of care needed is full day units only, then the additional day units are authorized as full day units.

   Example: A family consisting of one (1) parent with school aged children. The parent's typical work schedule is 8:00 am to 5:00 pm Monday through Saturday. The children attend school from 8:50 am to 3:30 pm and the provider transports the children to and from school. Care is needed for in-service, school closures, and Saturdays. Care for the children is needed from 7:30 am to 8:45am and from 3:30pm to 5:30 pm Monday through Friday. Care for Holidays, in-service, school closures, and Saturdays is needed from 7:30 am to 5:30 pm.

   Using the month of September 2017, the children need twenty (20) part days, and six (6) full days for twenty-six (26) days of care. The full days needed are counted first to authorize a full month (6 full days plus 17 part day). The remaining three (3) days are authorized as part days.

4. **Part Month**
   A part month consists of fewer than seventeen (17) days of care in any combination of part or full day units or between seventeen (17) through twenty-three (23) part day units of care in a month. Part month units are authorized when:

   - The child needs between seventeen (17) through twenty-three (23) part day units **only** of care in a month;
   - The child needs **fewer than** seventeen (17) part, full, or a combination of part and full day units of care in the month; or
   - The child needs seventeen (17) or more part day units of care in a month in addition to a full month.

Example 1: A family consisting of two (2) parents with school aged children. The parent's typical work schedules are 8:00 am to 5:00 pm Monday through Friday. The children attend school from 8:50 am to 3:30 pm and the provider transports the children to and from school. Care is not needed for in-service or school closures. Care for the children is needed from 7:30 am to 8:45am and from 3:30pm to 5:30 pm (part days) Monday through Friday. The children need between seventeen (17) and twenty-three (23) part days only of care per month.

Example 2: A family consisting of two (2) parents with school aged children. Parent A- typical work schedule is Tuesday – Saturday 10:00 am – 6:00 pm, Parent B – typical school schedule is Tues, Wed, Thurs, 9:00 am – 4:00 pm and Friday 9:00am – 3:00 pm. The children attend school from 8:50 am to 3:30 pm and the provider will transport the children to and from school. Care is also needed for in-service or school closures.

Care for the children is needed Tuesdays, Wednesdays, and Thursdays from 3:30 pm to 4:30pm (part days), and any in-service or school closures on Tuesday - Fridays from 8:30am to 3:30 pm (full days). This would typically be a full month as the children need between seventeen (17) and twenty-three (23) part, full, or combination of part and full days of care per month.

5. **Full month**

   A full month consists of seventeen (17) through twenty-three (23) full day units of care in a month. Full month units are authorized when:

   a. The child needs between seventeen (17) through twenty-three (23) full day units only of care in a month; or
   b. The child needs **between** seventeen (17) through twenty-three (23) days of care in a month in a combination of full day units and part day units and includes at least one (1) full day.

For example: A family consisting of one (1) parent with school aged children. The parent's typical work schedule is 8:00 am to 5:00 pm Monday through Friday. The children attend school from 8:50 am to 3:30 pm and the provider transports the children to and from school. Care is also needed for in-service and school closures. Care for the children is needed from 7:30 am to 8:45am and from 3:30pm

to 5:30 pm (part day)plus 7:30am – 5:30 pm (full day) for in-service/school closures. This would be a full month as the children need between seventeen (17) and twenty-three (23) days of care in a month in a combination of full and part days.

4100-3 MONTHLY MAXIMUM UNITS OF CARE THAT CAN BE AUTHORIZED

The monthly maximum units of care that can be authorized per child are a full month plus a part month, except in the case of a shared custody arrangement when the parents reside and/or conduct their eligible activity in different Child Care Assistance Program (CCAP) service delivery areas requiring the use of two (2) providers. In these instances, a full time month for each parent is allowable, based on the time the child is in their home.

Multiple units of care may be used in a given month and authorized to each provider the family is utilizing as appropriate, not to exceed the monthly maximum. Units of care are restricted to a daily maximum of a full day plus a part day.

When authorizing care, Designees are to include any of the applicable additional considerations for allowable time, in addition to the actual times of each parent's participation in an eligible activity. See section 4100-1 Additional Considerations for Allowable Time.

4110 CHILD CARE ASSISTANCE AUTHORIZATION DOCUMENT

The *Child Care Assistance Authorization* document includes specific family and provider information, the units of care each child is eligible for by month, the family's contribution (co-pay), the subsidy amount the State is authorized to pay in accordance to the current *Child Care Assistance Program Rate Schedule,* and any specific payment guidance known as variable language. See section 4110-3 B.. Standard and Variable Language on a Child Care Authorization Document.

A *Child Care Assistance Authorization* document is not to be issued if the family's monthly co-pay is more than the cost of the care to be authorized. See sections 4110-1 Situations Where Child Care

Authorizations are Prohibited and 4110-2 A. 2 Cost of Care Exceeds Contribution (Co-Pay) for PASS II and PASS III Only.

Child Care Assistance Authorization documents are to be issued before care begins whenever possible. Issuing authorization documents before care begins helps to:

1. Reduce provider payment problems;

2. Maintain continuity of care for families; and

3. Enable providers to coordinate schedules for families in advance.

Designees enter the family's eligible units of care and the eligible child care provider in ICCIS to create an authorization document.

4110-1 SITUATIONS WHERE CHILD CARE AUTHORIZATIONS ARE PROHIBITED

Child care is not to be authorized for a family when the:

1. Month of care requested exceeds the family's certification period, except as needed for up to three (3) months for job search;

2. Parent is also participating in the Child Care Assistance Program (CCAP) as a child care provider and care is requested during their hours of operation;

3. Selected child care provider is closed in the Integrated Child Care Information System (ICCIS); is not approved for participation in CCAP, or is otherwise determined to be ineligible;

4. Month(s) of care exceed the selected child care provider's CCAP approval period and/or license expiration date. Care can only be authorized through the last month of the provider's CCAP approval period and/or licensed dates;

5. Selected Approved Relative provider does not have the children of the family identified on their application or approval as children in care;
6. Selected Approved Relative provider and the children needing care do not meet the required degree of kinship;

7. The children of the family would exceed the selected Approved Relative provider's capacity limitation; and/or

8. The family and child care provider reside in the same home.

9. The family's selected In-home child care caregiver is not approved for participation in the CCAP; and/or

10. The PASS II or PASS III family's contribution (co-pay) exceeds the cost of child care needed. See section 4110-2 A. 2 Cost of Care Exceeds Contribution (Co-Pay) for PASS II and PASS III Only.

4110-2 CHILD CARE AUTHORIZATION WORKSHEET CREATION

An authorization worksheet in the Integrated Child Care Information System (ICCIS) must be created for each child and month of the family's certification period before a *Child Care Assistance Authorization* document can be created and issued. The authorization worksheet identifies the eligible units of care for each child of the family.

The authorization document is created and may be issued for less than the family's twelve (12) month certification period if the provider's Child Care Assistance Program (CCAP) approval period ends prior than the family's certification period ends. If changes are needed to the units of care authorized, the family is responsible to report changes timely, see section 4120 Family Reports of Change.

Care for a PASS II or PASS III family is authorized beginning on or after the family's identified eligible start date through the last day of the twelfth (12th) month. An alert is set in ICCIS for the first (1st) day of the eleventh (11th) month to send a renewal notice to the family. The *Child Care Assistance Authorization* document is mailed to the family and provider and a copy is maintained the family's case file.

At no time is an authorization document to be created that exceeds a family's certification period, except for the three (3) months a certification period has been extended for job search activity, or a provider's Child Care Assistance Program (CCAP) approval end date or license expiration date.

When there are not additional considerations, see section 4110-2 A. Child Care Authorization Considerations, units of care are authorized based on the child care needed.

4110-2 A. CHILD CARE AUTHORIZATION CONSIDERATIONS

The following items need to be taken into consideration when authorizing care:

1. **Specials Needs:**
   The Special Needs box is checked in ICCIS by the Child Care Program Office (CCPO) only after they issue the *Authorization for Special Needs Supplement* CC51.

   Upon receipt of an *Authorization for Special Needs Supplement* CC51, Work Services Providers (WSP) are to include the supplemental percentage authorized in the comments section of the *Request for PASS I Child Care* CC1 form or *Manual Authorization Request Form – PASS I* CC02 for future care needed. See section 4140-2 Alaska Inclusive Child Care Program Issuance and Timeframes.

2. **Cost of Care Exceeds Contribution (Co-Pay) for PASS II and PASS III Only:**
   The family will not be issued a benefit when the family's monthly co-pay is more than the actual cost of the child care needed. When a family is determined financially and non-financially eligible, but their contribution (co-pay) is more than the eligible cost of child care needed for the month the application was received, the unit of care needed the following month must be evaluated.

   If the family will not receive an authorization for care within the first (1st) sixty (60) days of the family's certification period they are to be denied in the Application screen in ICCIS. The reason for the determination is documented in an ICCIS case note. A *Child Care Assistance Application - Denied Notice* is issued indicating the family is eligible, but their contribution exceeds the cost of care they are eligible for, therefore, they will not receive a benefit.

3. **Multiple Authorizations:**
   Multiple authorizations can be issued if a family uses more than one (1) provider in a month or during the family's certification

period. Families may need more than one (1) provider in various scenarios, such as:

a. The schedule of eligible activities extends beyond the child care provider's hours of operation;
b. The child care provider cannot provide care due to provider illness or facility closure;
c. The child is ill and cannot be cared for at the primary child care facility or cannot attend school;
d. The provider does not have room for the child during some of the periods needed;
e. Children have different primary providers based on their age; and/or
f. Provider's primary location is not operating during specified times of the year.

Typically, the authorized care should not overlap. However, if care cannot be provided due to a facility closure or illness and an enrollment authorization has been issued to a primary provider, care may overlap to the family's secondary provider.

Designees and WSP must use caution when authorizing care to providers with more than one (1) location to ensure the care is authorized to the correct child care facility.

When authorizing care to more than one (1) provider, only the units of care, up to the State monthly maximum, can be authorized regardless of the number of child care providers the family uses in a month. If the family uses a licensed provider the state rate for the license type of that provider is used in determining the month maximum. Units of care are counted separately for each provider.

4. PASS II and PASS III Family Co-Pay

Typically the family's co-pay is assigned to the youngest child, however, if this child's unit of care does not exceed the co-pay, it should be assigned to the child whose unit of care is higher or split among the children. The co-pay is assigned to a child automatically in ICCIS beginning with the first child the authorization work sheet is created for in that month. Designees must use care to start with the correct child to ensure the family's co-pay is applied correctly.

To ensure the PASS II or PASS III family's co-pay is fully applied, the unit(s) of care for each child must be evaluated especially when using more than one (1) provider. When a family uses a licensed child care provider and an approved provider, the family's co-pay is assigned first to the approved provider.

The family's co-pay for PASS II and PASS III CCAP is to be assigned to the approved provider, if any, starting with the youngest child and then the next youngest until the co-pay is satisfied. If the unit of care authorized to be used at the approved provider does not satisfy the family's co-pay the remaining amount is assigned to the licensed provider beginning with the youngest child in care with this provider. If the family is using two (2) licensed providers, the co-pay is assigned to the primary provider who is authorized the highest level of care. If the unit of care authorized to be used at the primary provider does not satisfy the family's co-pay the remaining amount is assigned to the secondary provider beginning with the youngest child in care with this provider.

The Designee must ensure at least one dollar ($1.00) per child is authorized to the provider to accurately capture children participating in the CCAP for federal reporting.

If a family gives the required ten (10) business day notice of their intent to remove a child from care, and the family co-pay or partial co-pay was assigned to that child, existing authorization(s) to any other provider must be canceled and reissued to move the family's co-pay to that provider.

When a family is using one (1) child care provider for more than one (1) child in the family and the child assigned with the family's co-pay stops attending the child care provider, but the other child(ren) continue using care with this provider, the family remains responsible for paying their monthly co-pay and any provider charges not covered by the program. The only time the family is not obligated to pay the co-pay is if the child is authorized for care, but never actually attends the child care provider identified on the *Child Care Assistance Authorization* document. See section 4120-1 C. 7. Care Not Used at the Authorized Provider – Re-Assigning Co-payment.

5. **PASS II and PASS III Family Prorated Co-Pay**

A family's co-pay can only be pro-rated in the initial application month. The date in the ICCIS Budget screen will be the date the application was received when care is needed that month, or the first (1st) of either of the two (2) months following the month the

application as received based on when all factors of eligibility are met and care is needed. If the family indicates care is not needed for the month of application but is needed any time after the first (1st) day of the following month, they will not receive a pro-rated co-pay.

For example, a new application is submitted to the Designee and date stamped received July 10th and the family needs child care to start on July 10th. The co-pay is to be pro-rated for the month of July. When units of care are authorized, a prompt asks if this is the first month of service. Select "yes" for the first month of service. When the authorization is created, the co-pay will be pro-rated for the month of July.

If, in this situation, the family does not need care to start until August 3rd, start date is August 1 and the co-pay for August is not pro-rated because it is not the initial month of application. When authorizing the units of care, select "no" for the first month of service for the co-pay to not be pro-rated for August.

6. Authorization Period Less than Twelve (12) months or Changes Known at Approval

Authorizations are issued according to the information that is known at the time of the family's program participation approval. Care is to be issued for the full twelve (12) month period unless the family requests their case to be closed during their certification period.

If a family reports during the application process that they will need child care for less than their full twelve (12) month certification period and are requesting their case to be closed prior to the end of their full certification period, care is authorized only through the end of the last month identified by the family that care is needed. An alert is set for the first (1st) day of the month the family identified as care will be ending, to issue the *Child Care Assistance Closure Notice* and close the family's case effective the last day of that month.

If a family reports during the application process, known temporary or non-temporary changes to their activity or regular schedule to occur during the certification period, the care authorized at the time of program participation approval is to incorporate those changes. If the family is unsure of the details of the change or the change is temporary, care is to be authorized for the twelve (12) month period. See section 4060-2. 2. c. Paid Employment Changes. Some examples include:

a. If a teacher reports in the interview they won't be, or don't plan on teaching summer school and don't plan on participating in any other eligible activity, care ***would not*** be authorized for the summer months. The family is informed to contact the program within ten (10) business days of knowing the situation is changing and the parent is or will be engaged in an eligible activity for care to be authorized for the summer months.

b. If a teacher reports in the interview that they do plan on teaching summer school or do plan on doing some other eligible activity during the summer months, care ***would*** be authorized for the summer months.

c. If a teacher reports they are off from their regular position during the summer break and are unsure if they will be in an eligible activity during the summer months, care is not to be authorized for the summer months. The family is informed to contact the program within ten (10) business days of knowing the situation is changing to request child care for the summer months if the parent is or will be engaged in an eligible activity.

Once a determination of approval is made, if the family reports a temporary change of eligible activity, no changes will be made to reduce the level of care authorized. A change to add additional care or to authorize care for a month not previously authorized will be made.

For example: A teacher reports during the interview, their regular position ends at the end of the school year and they plan on teaching summer school during the summer break. A determination of approved is made. Later during the certification period, the family reports they will not be teaching summer school, nor will they be in any eligible activity during the summer months after all. If the timeframe is less than three (3) months in which the parent will not be in an eligible activity, no changes are made to the care already authorized for the summer months. See section 4110-2 A. 6. Authorization Period Less than Twelve (12) months of Changes Known at Approval.

7. Care is Ending with the Current Provider and Beginning with a New Provider

a. Required Ten (10) Business Day Notice Not Given
When the required ten (10) business day notice is not confirmed as given, the existing authorization issued to the provider the family is ending care with is canceled and reissued through the last day of the required ten (10) business day notice period. Care is authorized to the new provider to start the day following the required ten (10) business day notice period, or the date care begins with the new provider, whichever is later. See section 4110-2 A. 7. Child Care Authorization Considerations for the unit(s) of care to be authorized to this provider.

b. Required Ten (10) Business Day Notice Is Waived
When the required ten (10) business day notice is given and mutually waived, the existing authorization issued to the provider the family is ending care with is canceled and reissued through the last day care is/was provided. See section 4110-2 A. 7 Child Care Authorization Considerations for the unit(s) of care to be authorized to this provider.

Care to the new provider is authorized beginning the day following the day care is ending with the provider the family is leaving, or the day care is needed to begin if later than the day following care is ending.

c. Required Ten (10) Business Day Notice Given, Time Period Ends in the Current Month
When the required ten (10) business day notice is given and ends during the current month, the existing authorization issued to the provider the family is ending care with is canceled and reissued through the last day care is/was provided. See section 4110-2 A. 7 Child Care Authorization Considerations for the unit(s) of care to be authorized to this provider.

4110-2 B. CHILD CARE AUTHORIZATION WORKSHEET CREATION FOR PASS II AND PASS III

Designees use the eligible units of care determined from information obtained from the family application and interview to create the child care authorization worksheet.

A child specific authorization worksheet must be created for each month and each child within the family's full certification period for each child care provider to be used unless there is a reason for a short authorization period, such as a child care provider's eligibility expiring during the family's certification period.

Typically when the family's benefit start date is the first (1st) day of the month and they are eligible for a full month of care, the date range used is the first (1st) through the last day of the month. Date ranges within a month are allowable to authorize care to a child care provider for a period of time up to and including the full month.

For situations when care is authorized to a secondary provider for a period of time beginning after the first (1st) of a month and/or ending before the last day of a month, such as spring break for school aged children, the date range is to be specific to that period of time.

> ***For Example:*** *Care is authorized for March 1 – 31 for a part month, for sixteen (16) part time days, to the family's primary provider and for March 7 – 11, for a part month, to the secondary provider to cover spring break.*

Designees are to refer to the *ICCIS User Guide* if questions arise regarding entering information into ICCIS**.**

4110-3 CHILD CARE ASSISTANCE AUTHORIZATION DOCUMENT

The *Child Care Assistance Authorization* document identifies the period of time within the family's certification period for which care is authorized.

1. **The Document also Identifies the:**
   a. Designee agency and the agency's contact information;
   b. The worker who created the authorization document;
   c. The Parents Achieving Self-Sufficiency (PASS) I case manager's name and phone number, as applicable;
   d. Family name and mailing address;
   e. Provider name and mailing address;
   f. Children for whom child care is authorized, including: age category, and units of care;
   g. Anticipated eligible cost of care and the family's contribution (co-pay) ;

h. Maximum amount payable by the State of Alaska Child Care Assistance Program (CCAP); and
i. Variable language providing specific additional information pertaining to the unit of care authorized.

2. **Authorization Documents Include Standard Language Advising both the Family and Provider that:**
   a. Attendance based care is paid only for the time the child is actually in care and the parent is in an eligible activity;
   b. Registration fee charged by a licensed provider may be paid annually up to $50.00 per child;
   c. The parent is responsible for any costs a provider charges over the authorized rate in addition to the monthly co-pay; and
   d. Payment will be made for up to the authorized care not to exceed a full time monthly enrollment plus a part time monthly enrollment.

4110-3 A. CHILD CARE ASSISTANCE AUTHORIZATION DOCUMENT CREATION FOR PASS II AND PASS III

Designees enter the date range for the month(s) care has been authorized and any applicable variable language is selected or added to the *Child Care Assistance Authorization* document. Designees mail a copy of the authorization document to both the family and child care provider and retain a copy in the family's case file.

Designees must detail the rationale for the allowable care authorized in the appropriate standardized Integrated Child Care Information System (ICCIS) case note for the authorization document issued.

Child Care Assistance Authorization documents for In-home care cannot be issued until the family's In-home caregiver has been determined eligible and a *Child Care Assistance In-Home Child Care Application - Approved Notice* has been sent. When a family changes their In-home child care caregiver, a *Child Care Assistance Provider – Notice of Change* is issued to either approve or deny the new In-home child care caregiver.

4110-3 B. STANDARD AND VARIABLE LANGUAGE ONA CHILD CARE ASSISTANCE AUTHORIZATION DOCUMENT

The *Child Care Assistance Authorization* document includes standard language which prints at the bottom of the document, to advise parents and child care providers of the following: a registration fee of up to $50 may be paid to licensed providers; parents are responsible for any costs a provider charges over the authorized rate, in addition to their monthly co-pay; care authorized on an attendance basis will only be paid for the time the child is in care; and payment will not exceed a full month enrollment plus a part month enrollment.

The *Child Care Assistance Authorization* document also includes free form space for variable language to be entered, only as necessary, to provide additional information for providers about the care authorized and/or any payment parameters. Variable language is not used for every authorization.

The following variable language options are available in ICCIS and are to be used when applicable, when creating the *Child Care Assistance Authorization* document:

a. **In-Home**: Payment for authorized care with In-Home caregiver not to exceed the monthly maximum of $3346 Caregiver (name must be typed in); and

b. **New Provider**: **INITIAL AUTHORIZATION: No further authorizations will be issued to this provider until they complete the application process. (This can only be used for PASS I)

Variable language will also be typed in, if necessary, to provide additional and/or specific unit of care or payment clarification(s) for a child or month included on the *Child Care Assistance Authorization* document.

Variable language must not include any specific parent information including a parent's: eligible activity; place of employment; income; hours engaged in their activity; or the name of a child's school; or hours the child will be in attendance.

4110-3 C. USING VARIABLE LANGUAGE ON A CHILD CARE ASSISTANCE AUTHORIZATION DOCUMENT

When the Designee determines a variable is needed or would provide clarifying information it will be added to the *Child Care Assistance Authorization* document by selecting a variable option in ICCIS and/or typing the guidance in. The Designee must follow the guidance provided below when selecting or entering variable language:

1. **Provider Changed:**
   When authorized care is being canceled in the current month due to a provider change, the following statement is to be typed in the variable section of the *Child Care Assistance Authorization* document when it is re-issued to the provider who will no longer be caring for the child(ren), **"REVISED. REPLACES CHILD CARE ASSISTANCE AUTHORIZATION DOCUMENT # (enter the number). Care is authorized through the 10-day notice timeframe of (Date - Date). Payment will be made for the days in the notice timeframe even if the child did not attend."**

   If the parent chooses a secondary provider to cover the primary provider's closure dates, the Designee will issue care up to the state maximum to cover this timeframe. See section 4100-3 Monthly Maximum Units of Care that can be Authorized.

2. **SHARED CUSTODY – PART MONTH AUTHORIZED FULL MONTH WARRANTED**
   In shared custody situations where the parents are using a provider in two different CCAP service delivery areas, the *Child Care Assistance Authorization* document for the family who is issued a part month is to include the following statement in the variable section: **Child (name) is authorized for a full month however, current system restrictions will not allow the authorization. Supplemental Payment Requests have been submitted for the months included in this document for payment up to a full month.**

4110-4 ISSUING APPROVAL NOTICE OF ELIGIBILITY DETERMINATION FOR PASS II AND PASS III BENEFITS

Designees will approve a Parents Achieving Self-Sufficiency (PASS) II or PASS III family's *Child Care Assistance Application* CC08 at the time

the child care benefit is authorized, and issue the *Child Care Assistance Application – Approved Notice*. When a family is using and In-home child care caregiver, the In-home provider and caregiver must be determined eligible and approved before care can be authorized for the family.

The level of care to be authorized for the family's full twelve (12) month certification period is to be included in the notice.

When the Designee makes a determination of approved, the decision is documented in an Integrated Child Care Information System (ICCIS) case note to include all documents sent to the family. The applicable screen is updated, and alerts are set in the family's ICCIS case for:

1. The first of the month prior to the family's child care provider's Child Care Assistance Program (CCAP) approval end date and/or license expiration date to send the family notice of needing an eligible provider;

2. The first (1st) day of the eleventh (11th) month of the family's twelve (12) month certification period to send renewal notification; and

3. The first (1st) day of the month prior to the month the State of Alaska business license expires, when a parent of the family is self-employed to send the family notice of needing to renew their business license.

The Designee sends the family the:

4. *Child Care Assistance Application - Approved Notice*;

5. *Child Care Assistance Authorization* document(s);

6. Income worksheets and the budget and co-pay from the Budget Screen in ICCIS, used to calculate the family's income;

7. A copy of the *Family Income and Contribution Schedule* used;

8. For new families only, the *Understanding your Authorization* and *Understanding your Co-pay* document; and

9. A Child Care Provider Consumer Statement.

A copy of the *Child Care Assistance – Approved Notice*, *Child Care Assistance Authorization* document(s) and income worksheets from

the Budget screen in ICCIS are maintained in the family's hard copy case file.

A copy of *Child Care Assistance Authorization* document is mailed to the family's child care provider. This will also be faxed at the request of the child care provider.

4110-5 CORRECTIVE ACTION FOR A MISTAKE ONCE APPROVED AND CARE AUTHORIZED

Applying and participating parents have the right to speak with their worker or the worker's supervisor regarding their case. When a family contacts their worker or the supervisor to dispute their benefit issued including the family's contribution (co-pay) amount, unit of care authorized, or certification period, the worker and/or supervisor is to review the family's case to determine if an error was made and is to be treated as a priority.

Workers or supervisors should review and provide clarification or explanation to the family as soon as possible, but no later than five (5) business days from the request to review their case. The worker or supervisor is to remind the family that they only have thirty (30) calendar days from the date of the notice they are in disagreement with to submit a request for hearing and that the parent is to watch this timeframe in case they do not hear back from the worker or supervisor prior to that deadline. However, if the deadline to submit a request for hearing is near, the family can submit a request for hearing while the Designee is reviewing for errors. The family is also to be informed that if the determination was to deny their application or close their case, they should submit a new application as soon as possible in case the determination made is correct and upheld.

When an error is identified it is to be corrected by the Designee instead of requiring the family to request a hearing.

If through contact with a parent, provider, or an internal review it is determined an error was made the worker and/or supervisor is to review the family's case to determine if the error resulted in an incorrect payment.

If the error resulted in an incorrect payment the Designee must complete and submit an *Incorrect Payment Preliminary Review Form* CC17 to the Child Care Program Office (CCPO). No further action is

taken by the Designee at this time. Once the CCPO has completed the incorrect payment process, guidance including the needed corrective action, will be provided to the Designee.

If the error did not result in an incorrect payment the Designee is to take the needed corrective action.

The issued *Child Care Assistance Authorization* document will need to be canceled and reissued.

1. Corrective Action Positively Impacts the Family
   When correcting the error positively impacts the family by reducing their co-pay or increasing the level of care, the corrective action is to be made from the applicable start date forward.

   If payment for any month authorized in error has already been made to the family's child care provider the corrective action is to be made for the first unpaid month and future months as applicable in the family's certification period. The *Incorrect Payment Preliminary Review Form* CC17 is completed for the paid month(s) and submitted to the Child Care Program Office (CCPO). See section 4410 Incorrect Child Care Assistance Program Payment.

2. Corrective Action Negatively Impacts the Family
   When correcting the error negatively impacts the family by increasing their co-pay or reducing the level of care, the corrective action is to be made beginning the first (1st) of the month following adverse action based on the Adverse Action Calendar, and any future applicable months.

   If payment for any month authorized in error has already been made to the family's child care provider the corrective action is to be made for the first unpaid month following adverse action and future months as applicable in the family's certification period. The *Incorrect Payment Preliminary Review Form* CC17 is completed for the paid month(s) and submitted to the Child Care Program Office (CCPO). See section 4410 Incorrect Child Care Assistance Program Payment.

4110-6 CHANGES TO AN AUTHORIZATIONDOCUMENT NOT DUE TO A MISTAKE

When a *Child Care Assistance Authorization* document is changed by canceling and reissuing an existing document, the Designee will:

1. Document the reason for the change in an Integrated Child Care Information System (ICCIS) case note, even when an error has been made and the *Child Care Assistance Authorization* has not been sent to the family or child care provider.
2. Issue a *Child Care Assistance – Notice of Change* or a *Child Care Assistance – Notice of Contribution Change* describing the information received and how the information affected the family's eligibility or benefit, even if there is no change or no change to be made to the family's benefit. A copy of the family's recalculated income and contribution (co-pay) and/or *Child Care Assistance Authorization* document(s), as applicable, are sent to the family with the notice.

3. Enter the date range of the original *Child Care Assistance Authorization* document when recreating to ensure care for all months remain authorized. If payment has already been made to the child care provider for any month included on the *Child Care Assistance Authorization* document, the paid months cannot be canceled. If the change is due to a change reported by the family see section 4120 1 A. Changes Positively Impacting the PASS II and PASS III Family Benefit.

   When the change is due to an error, see sections 4110-5 Corrective Action for a Mistake once Approved and Care Authorized and 4400-1 Internal File Reviews.

   A supplemental payment may need to be processed, as applicable for these months. See section 4390-3 A. Verification Actions.

4. Clearly mark "canceled" or "voided" on the *Child Care Assistance Authorization* document being replaced with the effective date of the action. A copy is maintained in the family's hard copy case file. This includes situations when only the variable needs changed. The re-issued authorization is to include language in the variable section: **Replaces document ID #XXXXXXXXXX effective mm/dd/yyyy.**

Note: *If additional care should have been authorized for a past month, the authorization can be canceled and reissued as long as payment has not already been made* ***and*** *only if there was no change to the family's co-pay. See section 4120-1 A. Changes Positively Impacting the PASS II and PASS III Family Benefit.*

4110-7 CHILD CARE PROVIDER RENEWAL OR APPROVAL ENDS DURING FAMILY'S CERTIFICATION PERIOD

When the family's selected child care provider's Child Care Assistance Program (CCAP) participation approval ends and/or child care license expires during the family's certification period the family is notified. Information regarding the family's selected provider's CCAP participation dates is included in the approval notice sent to the family and an alert is set in the family's case in the Integrated Child Care Information System (ICCIS).

The month prior to the family's provider's approval end date and/or license expiration date the Designee will issue the *Child Care Assistance – Eligible Child Care Provider Needed Notice*. The notice advises the family of the provider's approval end date and care will not be authorized beyond that date unless their selected provider renews participation.

When the child care provider's renewal is approved during the family's certification period, care is authorized for the remainder of the family's certification period based on the level of care determined at the time of application or if a change has been reported that increased the level of care. A notice is not issued when care is authorized after a provider has been approved for renewal as the level of care was already included in the *Child Care Assistance Application – Approved Notice* or *Child Care Assistance Application Notice of Change*, whichever one was later. Copies of the newly created authorizations are mailed to the family and to the provider.

The participating family's case is not closed if their provider does not renew participation or the family doesn't provide the name of a new eligible provider as the family remains eligible for their certification period. There may be a period of time during the family's certification period where care is not authorized due to not having an eligible provider.

4120 FAMILY REPORTS OF CHANGE

Children of families receiving Parents Achieving Self-Sufficiency (PASS) II or PASS III Child Care Assistance Program (CCAP) remain eligible for child care coverage for a minimum of twelve (12) months regardless of changes in circumstances of the family, with only a few exceptions.

A family is required to report, within twenty-four (24) hours of the incident, abuse, harm, or serious risk of harm to a child in the provider's care to local law enforcement, the Child Care Licensing office responsible for the oversight of a licensed provider, and their Child Care Assistance worker.

Families participating in the CCAP are required to report non-temporary changes in circumstances that affect their eligibility. Families are to keep the CCAP advised of their mailing and physical address in order to ensure program notices can be received timely.

Changes may be reported in-person, by telephone, or in writing. Information received by fax or email is acceptable.

1. **Temporary Changes – No Reporting Requirement**
   A temporary decrease to a family's income will not result in changes to the family's budget and co-pay. A temporary decrease in the family's income will result in a change to the unit of care authorized, only if an <u>increase</u> in care is needed.

   Definition of a temporary change of eligible activity: Any cessation of work or attendance at a job training or educational program that does not exceed three (3) months. This includes when employment ends with an employer and the family intends or is attempting to find new employment. The three months starts the first of the month following when the change occurs.

   For the purposes of changes in a family's circumstance for CCAP participation, a change which is considered temporary is not required to be reported. Temporary changes include:
   a. Any time-limited absence from work for an employed parent, for periods of family leave (including parental leave) or sick leave;
   b. Any interruption in work for a seasonal worker who is not working between regular industry work seasons;
   c. Any student holiday or break for a parent participating in job training or an educational program;

d. Any reduction in work, training or education hours, as long as the parent is still working or attending job training or an educational program;
e. Any other cessation of work or attendance at a job training or educational program that does not exceed three (3) months. This includes when employment ends with an employer and the family intends or is attempting to find new employment; and
f. Changes in a parent's incapacitation status ending are not required to be reported during the current certification period.

2. Temporary Changes – Reported

When a family reports a temporary change the Designee will review to determine if the family's unit of care would be increased. If the temporary change would result in a decrease to the family's income and/or co-pay the change is documented as reported but not worked. The *Child Care Assistance Reported Change – No Benefit Change Notice* is issued and mailed to the family.

If the change results in an increase in the family's care authorized the change is worked to increase the family's benefit (unit of care authorized).

When an increase of care needed is reported timely, within ten (10) business days of the change, it is effective up to ten (10) days prior to the date the change was reported. If an increase of care needed is not reported timely, it is effective the date it is reported.

Reported changes impacting the family's income, family size and/or co-pay are to be evaluated to determine the length of time the change is expected to continue. Temporary changes reducing a family's income and/or co-pay are documented but no changes are made to the budget and co-pay. If the change is expected to continue more than three (3) months, and verification of the change is received, a new budget and co-pay is created to reflect the changes and becomes effective the first (1st) of the month following when the change was reported.

Some examples of temporary changes that may increase the family's benefit include:

a. A child in the family who previously didn't need child care now needs child care;
b. A change in visitation in which a child will be in the home for summer vacation which increases the family size and may

reduce the family's co-pay:

c. A change in visitation in which a child will be in the home for summer vacation and child care is needed; and
d. Change in a parent's work schedule increasing the hours worked or the addition of any other eligible activity in which an increase to the level of care is needed and the family is eligible.

3. Non-Temporary Changes – Reporting is Required

A participating family must report within ten (10) business days:

a. After a loss of employment without new employment obtained within three (3) months or ending attendance in a job training or educational activity and no other eligible activity or restarting attendance within three (3) months for any parent in the family;
b. After an increase of income which causes the family's monthly countable income to exceed eighty-five percent (85%) of the Alaska State Median Income (SMI) according to the *Family Income and Contribution Schedule* used*;*
c. After a change of family size if adding the second parent into the family causes the family's monthly countable income to exceed eighty-five percent (85%) of the SMI;
d. Before ending care with their current child care provider; and
e. After a change of the family's physical or mailing address.

4. Non-Temporary Changes – No Reporting Requirement

When a family reports a non-temporary change that does not have the required ten (10) day reporting timeframe, the Designee will review to determine if the family's benefit will be increased. If the change will result in a decrease to the family's benefit (increase of co-pay or reduction of care authorized) the change is documented but not worked to reduce the family's benefit. If the change will result in an increase in the family's benefit (decrease of co-pay or increase in the care authorized) the change is worked.

When an increase of care needed is reported timely, within ten (10) business days of the change, it is effective up to ten (10) days prior to the date the change was reported. If an increase of care needed is not reported timely, it is effective the date it is reported.

Reported changes reducing a family's income and/or co-pay are effective the first (1st) of the month following when the change was reported.

Some examples of non-temporary changes that may increase the family's benefit include:

a. The birth of a child;
b. A new child added to the family;
c. A child in the family who previously didn't need child care now needs child care;
d. A change in custody in which a child will be in the home for more than previously reported and additional care is needed;
e. Change in a parent's work schedule increasing the hours worked or the addition of any other eligible activity in which an increase to the level of care is needed and the family is eligible; and
f. Change in a parent's work schedule or rate of pay decreasing the hours worked and/or monthly income which may also decrease to the family's co-pay.

4120-1 PASS II AND PASS III FAMILY REPORTS OF CHANGE AFTER A PROGRAM APPROVAL DETERMINATION

All Parents Achieving Self-Sufficiency (PASS) II and PASS III reported changes must be documented in an Integrated Child Care Information System (ICCIS) case note within two (2) business days of receipt. Any information received that is new or different from what was previously received is considered a change and must be acted on as a report of change. The ICCIS case note includes how the information was received; the name of the person making the report, the date of the change, the date the report of change was received by the Designee, specific details of the change(s), and actions taken by the Designee.

When the family reports a change and provides verification timely, within ten (10) business days before or after, the change occurring, changes are to be made effective the date the change occurred if adding child(ren) needing care or an <u>increasing the unit of care</u> for child(ren) already authorized. If verification is not received within the ten (10) business days or by the date in the *Child Care Assistance - Information Needed Notice,* it is considered untimely, consider a new report of change and will affect the start date of the change.

The change is effective the first (1st) of the month following the date the non-temporary change was reported if it results in the family

receiving a contribution (co-pay) reduction due to reduction in income or family size.

The change is effective the first (1st) of the month after the applicable adverse action if the change reported is the family's monthly income exceeds eighty-five percent (85%) of the State Median Income (SMI). Designees must evaluate the information the family has reported and take action on all reports of change within the ten (10) day timeframe to act on a change identified on the Adverse Action calendar, even if it does not result in a change to the family's eligibility or unit of care.

The same *Family Income and Contribution Schedule* used to determine the family's eligibility for the certification period must be used in the evaluation of changes reported during the family's certification period involving family size or income. The start date of the family's certification period is entered in the Budget and Co-pay screen to ensure the correct schedule is used.

The Designee is to focus on the change reported when determining if additional information or verification is needed, and is not to re-evaluate income or activities not directly related to the reported change or requiring verification for changes not required to be reported.

> *For example: A parent reports a reduction in their work hours and income and starting attending school for which they are receiving financial aid. Verification of the reduction of work hours and income and financial aid is needed to determine if the changes result in a change to the family's co-pay and if the family's co-pay is reduced, to make the change. The Designee would not access information on child support or other unearned income as it is not required to be reported. Additional care is authorized if needed.*

When it is determined more information or verification is needed to evaluate the change reported, the Designee will issue *a Child Care Assistance – Information Needed Notice* requesting the needed information. If the family does not respond no change will be made to the family's case, however, it may result in an incorrect payment which the family would be required to repay. The *Child Care Assistance Reported Change –No Benefit Change Notice* is issued to the family explaining the change was not made due to not receiving the requested information by the due date identified in the *Child Care Assistance – Information Needed Notice*. If verification is not received within the ten (10) business days or by the date in the *Child Care Assistance - Information Needed Notice,* it is considered untimely,

consider a new report of change and will affect the start date of the change.

1. Reporting Requirement
   A family is **required** to report within ten (10) business days:
   a. After a loss of employment without new employment obtained within three (3) months or ending attendance in a job training or educational program activity and no other eligible activity or restarting attendance within three (3) months for any parent in the family. See section 4100-1 F. PASS II or PASS III Eligible Activity Ends;

   b. After an increase of income which causes the family's monthly countable income to exceed eighty-five percent (85%) of the SMI according to the *Family Income and Contribution Schedule* used for the family's certification period*;*

   c. After a change of family size if adding the second parent into the family causes the family's monthly countable income to exceed eighty-five percent (85%) of the SMI according to the *Family Income and Contribution Schedule* used for the family's certification period;

   d. Before changing their child care provider; and

   e. After a change of the family's physical or mailing address.

2. Evaluating Reported Changes
   If a family reports any type of income change, whether that be an increase or decrease, the Designee must determine the length of time the change is expected to continue. The Designee will recalculate the family's income to determine if the change affects the family's benefit. The same *Family Income and Contribution Schedule* used for the family's initial eligibility for the certification period must be used when evaluating changes.

   Likewise when the family reports a change in the unit of care needed, the Designee must evaluate the parent's activity participation and if the change also affects the family's income. The child(ren)'s unit of care must also be evaluated when a family reports a change in income, the parent's or child's activity, or care needs.

   Designees must take appropriate action and issue a: *Child Care Assistance - Notice of Change; Child Care Assistance – Notice of*

Contribution Change if the family's copay is to be reduced for a change lasting more than three (3) months; or a *Child Care Assistance Reported Change – No Benefit Change Notice* on all reported changes within ten (10) calendar days of receipt, and document the action taken in an ICCIS case note.

A new budget is created with a budget effective date of the first (1st) day of the month following the report of change, the start date of the family's certification period, and saved in the Budget and Copay screen in ICCIS only when the family's co-pay is reduced and verification is received.

If one eligible activity ends and another eligible activity starts, no changes are made to the budget and co-pay if the changes include an increase in income. The change reported is documented in an ICCIS case note and a *Child Care Assistance Reported Change – No Benefit Change* is issued informing the family that no changes will be made.

If one activity is decreasing and another activity is being added then all income associated with the activities, hours, and child care needs must be included.

For example: If a parent's work hours decrease, causing a decrease in earnings, but the parent adds an educational activity that also has educational income, all changes are included in the income recalculation. The notice issued is dependent on the length of time the changes are expected to continue and how the changes effect the family:

a. If the changes cause an increase to the total monthly income and co-pay, no income change is made. The change report is documented in an ICCIS case note. If the change of activities also results in no additional care needed, a Child Care Assistance Reported Change – No Benefit Change Notice is issued informing the family no changes will be made.

b. If the change causes an increase to the total monthly income and co-pay and an increase to the unit of care needed, no income change is made, however the unit of care is increased. The Child Care Assistance – Notice of Change is issued informing the family no changes will be made to their income and co-pay, however, the unit of care will be increased. The change increasing the unit of care is effective when the increase in care is needed, if reported within ten (10) business

days of the change. If reported untimely, the change is effective the date reported.

c. *If the change is expected to continue for more than three (3) months and causes a decrease to total monthly income and co-pay, the new budget and co-pay is created and made effective the first (1st) of the following month. The Child Care Assistance – Notice of Change is issued informing the family of the change to their income and co-pay. The unit ofcare change, if any, is also addressed as either no change if the unit needed is decreased, or increased by the reported change. An increase to the unit of care is effective when the increase is needed, if reported within ten (10) business days of the change. If reported untimely, the increase to the unit of care is effective the date it is reported.*

When the change of income causes the family's income to exceed eighty-five percent (85%) of the SMI according to the *Family Income and Contribution Schedule* used for the family's eligibility for the certification period, the family is no longer eligible for program participation effective the first (1st) of the month following adverse action.

3. Changes Requiring Authorization changes
Changes requiring canceling existing *Child Care Assistance Authorization* documents and reissuing a *Child Care Assistance Authorization* document include:
   a. Unit of care increases;
   b. Co-pay decreases;
   c. Child care provider changes;
   d. Parent and/or child name changes;
   e. Family's eligibility ends.

Changes which decrease the unit of care authorized or increase the family's income are to be documented in an ICCIS case note and the *Child Care Assistance Reported Change – No Benefit Change Notice* is issued mailed acknowledging the change reported and informing the family that no changes will be made to the family's benefit.

4120-1 A. CHANGES POSITIVELY IMPACTING THE PASS II AND PASS III FAMILY BENEFIT

When the family reports timely, within ten (10) business days, a non-temporary change that would positively impact the family benefit, such as an increase to the unit of care or decrease to the co-pay, the change is effective when reported and does not require timely notice of adverse action. Non-temporary changes to a family's income resulting in a reduction of the family's co-pay, according to the *Family Income and Contribution Schedule* used when determining the family's eligibility for the certification period, are effective the first (1st) of the month following when the change was reported. If verification is requested and not received within the ten (10) business days or by the date in the *Child Care Assistance Program - Information Needed Notice,* it is considered untimely, consider a new report of change and will affect the start date of the change.

When the family does not report timely, within ten (10) business days of a change, it will not be retroactively applied and becomes effective the month following notification to the Designee, with the exception of reporting a non-temporary change and the family's continued eligibility due to job search coverage. When the family does not report a change in their eligible activity within ten (10) business days of the change becoming non-temporary, the Designee will identify when the change should have been reported and apply the three (3) months of job search coverage. See section 4120-1 B. Changes Negatively Impacting the PASS II and PASS III Family Benefit.

1. **Income**

   Except for the month of application, the budget used for a family's income is effective the first (1st) of the month. Therefore, non-temporary changes reported in a family's income, that will benefit the family become effective the first (1st) of the month following notification to the Designee. The start date of the family's certification period must be entered in the Budget and Co-pay screen to ensure the correct *Family Income and Contribution Schedule* is used. The Designee must obtain verification of the new income.

   Designees must also evaluate if the change of income is due to a change in the family's participation in an eligible activity. Changes in eligible activities include:

   a. Ending the parent's activity with no new activity identified;
   b. One activity ending and a new activity starting;
   c. Adding an activity in addition to the activity the parent is

already participating in;

d. Increasing the days and or hours of participation in the activity; or

e. Decreasing the days and or hour of participation in the activity.

Changes in a family's eligible activity may or may not result in a change to the family's monthly countable income and/or co-pay.

When the change reported results in an increase to the family's co-pay, a new budget is not created in ICCIS. The income change is documented in an ICCIS case note and the family's benefit is not changed. The Designee will issue the *Child Care Assistance Reported Change – No Benefit Change Notice*.

The family's authorized unit of care is not changed if less care is needed, but is changed if more care is needed.

Designees must cancel the authorization worksheet(s) beginning with the month following receipt of the reported change and all other affected months which are included in the authorization document.

When the non-temporary income change results in the family having a lower countable monthly income and a reduced co-pay, a new budget is created for the family based on the lower income amount with the effective date of the first (1st) of the month following the month the change was reported. If verification of the new income is received timely based on the *Child Care Assistance – Information Needed Notice* due date, the change of income will need to be evaluated to see if the change is temporary or non-temporary. Additional collateral contact or an *Employment Statement* CC36 may be needed. If the verification is received after the due date in the notice, this is considered untimely and the start date of the change will be based on when the verification is received.

The start date of the family's certification period must be entered in the Budget and Co-pay screen to ensure the correct *Family Income and Contribution Schedule* is used.

Authorization worksheets are re-created reflecting the reduction of co-pay , for all the months that were included in the previous *Child Care Assistance Authorization* document and a revised *Child Care Assistance Authorization* document is created.

Designees must issue and mail the *Child Care Assistance – Notice of Contribution Change* to the family with the revised *Child Care Assistance Authorization* and income worksheets from the Budget screen in ICCIS. A copy of the canceled *Child Care Assistance Authorization* document, stamped canceled, initialed and dated by the worker is mailed to the provider. A copy of the revised *Child Care Assistance Authorization* document is sent to the provider.

2. Unit of Care

A temporary or non-temporary change reported by a family timely, within ten (10) business days, which would increase a child's authorized unit of care, becomes effective the date the change occurred if needed verification is received timely based on the due date in the *Child Care Assistance – Information Needed Notice*. If reported untimely it is effective the day it was reported. For a temporary change in units of care, the change is made to the authorization for the month(s) the change applies to and all other months after remain, at the original level of care authorized at approval. If the change reported would also increase the family's co-pay, based on the same *Family Income and Contribution Schedule* used to determine the family's eligibility for the certification period, the family's budget screen in ICCIS is not updated and only the unit of care is changed. The co-pay increase is documented in an ICCIS case note.

If after the family's application has been approved the family timely reports a change of custody, more than one (1) budget and co-pay may need to be created at the time the change is processed.

For example: If after the application is approved, a family reports timely, additional children will be in their home for two (2) months during summer vacation.

A budget and co-pay is created, using the same income as used for the most current budget and co-pay from the application approval, with the effective date of the first (1st) of the month the additional children are included in the family size. The start date of the family's certification period must be entered in the Budget and Co-pay screen to ensure the correct Family Income and Contribution Schedule is used. Due to the increased family size, the co-pay will likely be less than it was at the time the application was approved.

A second (2nd) budget and co-pay is created, again using the same income as the previous budget and co-pay, with the

effective date of the first (1st) of the month following the children leaving the home. The start date of the family's certification period must be entered in the Budget and Co-pay screen to ensure the correct Family Income and Contribution Schedule is used. This co-pay amount should be the same as the co-pay amount from the most current budget and co-pay from the application approval so is not considered to be an increase in the family's co-pay during their certification period.

a. Payment Not Verified for the Month of Change

When the unit of care is increased Designees are to cancel the authorization worksheet(s) beginning with the month of the reported change and all other affected months which payment has not been made that were included in the *Child Care Assistance Authorization* document. Authorization worksheets are re-created as needed and the *Child Care Assistance Authorization* document is reissued to include all the months that were included in the previous *Child Care Assistance Authorization* document.

Designees must issue and send the *Child Care Assistance – Notice of Change* to the family with the revised authorization document. If the change also results in a reduction in the family's co-pay the *Child Care Assistance - Notice of Contribution Change* is issued instead of the *Child Care Assistance – Notice of Change.* A copy of the canceled *Child Care Assistance Authorization* document, stamped canceled, initialed and dated by the worker is mailed to the provider. The *Child Care Assistance Authorization* document in the family's file is stamped canceled, initialed and dated by the worker. A copy of the revised *Child Care Assistance Authorization* document is also sent to the provider.

b. Payment has been Verified for the Month of Change

When the family timely reports a need for an increase in the unit of care authorized and payment to the child care provider has already been verified for the month the change is to be effective, Designees are to cancel the care authorized beginning with the first unpaid month following the effective date of the change, and all of the months following.

Authorization worksheets are re-created for the months canceled and the *Child Care Assistance Authorization* document is reissued to include all of the months that were included in the previous *Child Care Assistance Authorization* document.

Designees must issue and send the *Child Care Assistance – Notice of Change* to the family with the revised authorization document. If the change also results in a reduction in the family's co-pay, the *Child Care Assistance - Notice of Contribution Change* is issued instead of the *Child Care Assistance – Notice of Change.* A copy of the canceled *Child Care Assistance Authorization* document, stamped canceled, initialed and dated by the worker is mailed to the provider. The *Child Care Assistance Authorization* document in the family's file is stamped canceled, initialed and dated by the worker. A copy of the revised *Child Care Assistance Authorization* document is also sent to the provider.

A *Supplemental Payment Request* CC06 is completed for the paid effective month of the change and submitted to the Child Care Program Office (CCPO) Accounting Staff for processing any allowable additional payment for that month.

3. Child Custody Change

When a participating parent reports custody of a child has changed, a copy of the new or modified court order or Parenting Plan is acceptable verification. Minor changes to the schedule outlined in the Parenting Plan do not require a new or modified Parenting Plan if both parents agree to the changes.

a. One Parent Participating

When only one parent is participating and there is no court ordered custody or Parenting Plan, the parent's written or verbal statement is acceptable verification.

b. Both Parent Participating

When both parents are participating and the custody change reported does not impact the units of care authorized for either parent, additional verification is not needed. The Designee will issue the *Child Care Assistance Reported Change – No Benefit Change Notice* to the reporting parent.

If the reported custody change impacts the units of care authorized for the parents and there is no modified court ordered custody or Parenting Plan, the Designee will issue a *Child Care Assistance – Information Needed Notice* to the reporting parent requesting verification of the agreement to the terms of the custody arrangement. If the reporting parent does not respond the change is not made. The Designee will issue the *Child Care Assistance Reported Change – No Benefit*

Change Notice to the reporting parent. If the reporting parent or non-reporting parent provides written or verbal agreement the change is made to the care authorized as needed in both parent's cases as long as the total level of care is not reduced.

If the non-reporting parent disputes the custody change the change is not made.

The changed custody agreement is to be documented as received in each parent's case in an ICCIS case note, the action taken or not taken, and maintained in both parent's case files.

If the child is no longer in the home of one of the parents or there is no longer a child care need see section 4120-1 E. Family Size and Name Changes.

4120-1 B. CHANGES NEGATIVELY IMPACTING THE PASS II AND PASS III FAMILY BENEFIT

When the family reports a temporary or non-temporary increase in income causing the family's co-pay to increase, or a decrease in the units of care needed, the report will be documented in an ICCIS case note and no changes are to be made to the family's budget and co-pay or authorized unit of care, **unless** the increase causes the family's income to exceed eighty-five percent (85%) of the SMI. If the family's income exceeds eighty-five percent (85%) of the SMI they are no longer program eligible. The Designee will issue a *Child Care Assistance – Closure Notice* to the family and close the case with adverse action.

When a family reports: a **temporary** change of employment or attendance in a job training or educational program the family's child care assistance benefit (budget and co-pay or authorized unit of care) is not changed during their current certification period unless it causes an increase in the authorized unit of care needed. The Designee is to ask the parent if they expect this change to last more than three *(3)* months to determine if it is a temporary or non-temporary change being reported. If it is a temporary change that will increase the care authorized, the change(s) is made to increase the unit of care authorized only. If it is a temporary change that will negatively impact the family, no changes are made.

Depending on when the information was received and how it affects the family's benefit existing authorizations may need to be canceled

and reissued. See sections 4120-1 F. PASS II or PASS III Eligible Activity Ends and 4110-6 Changes to an Authorization Document Not Due to a Mistake.

1. **Non-temporary Change in Eligible Activity**
   a. Change Reported Within Ten (10) Business Days
      If the family timely reports a **non-temporary** change, within the required ten (10) business days, in one (1) or both parent's employment or participation in a job training or educational program the benefits will continue through the following three (3) full months to allow the parent(s) to engage in c activities and/or re-engage in attending the job training or educational program. The family will be considered to be participating in job search for the three (3) full months, beginning the first of the month following when the change was reported. The Budget and Co-pay screen in ICCIS and the care authorized will remain unchanged for these three (3) months.

      A *Child Care Assistance - Notice of Change* is issued advising the family of the loss of their eligible activity and their benefits will remain in place for the following three (3) full months to allow them to conduct job search activities.

      Mid-way in the second (2nd) month of the job search timeframe, the family is issued a *Child Care Assistance – Information Needed Notice* requesting verification of their eligible activity to be received within ten (10) days based on the Adverse Action Calendar.

      When the family reports employment or beginning an education or job training program changes are made to the family's benefit only if it reduces the family's co-pay amount or increases the unit of care needed based on the new activity reported.

      The family's program participation will end at the end of the three (3) month job search timeframe if they are not employed or don't resume attendance in a job training or educational program. Designees must complete actions to cancel any existing authorizations for care beyond this three (3) month period, prior to the Adverse Action day for care to be canceled the following month.

   b. Change Reported Outside of the Required Ten (10) Business Days

If the family reports a **non-temporary** change, outside of the required ten (10) business days, or does not report the change until renewal, in one (1) or both parent's employment or participation in a job training or educational program, the family remains eligible for job search benefits for the three (3) full months following when the change should have been reported.

The family's program participation will end, or should have ended if they are not employed or don't resume attendance in a job training or educational program by the end of the three (3) month job search timeframe. The Designee must determine when the change should have been reported and apply the job search timeframe prior to determining if an overpayment occurred. Designees must complete actions to cancel any existing authorizations for care based on the Adverse Action Calendar.

If the family received benefits for more than the three (3) full months of job search which began the first (1st) of the month following when the change should have been reported, the Designee must also review and if appropriate, submit an *Incorrect Payment Preliminary Review* CC17 form for an overpayment of the additional months.

A *Child Care Assistance - Notice of Change* is issued advising the family of the loss of their eligible activity, the applied job search timeframe, and their benefits ending, if no new eligible activity is reported.

2. Non-temporary Change in Eligible Activity-Extended Certification Period

If the family's certification period ends prior to the three (3) months of job search, their certification period is to be extended only through the last day of the three (3) month period. Mid-way in the second (2nd) month of the job search timeframe, the family is issued a *Child Care Assistance Renewal Notice.*

If during an extended certification period for a two (2) parent family, due to one (1) parent's need for job search, the second (2nd) parent reports a non-temporary change in employment or participation in a job training or educational program, the family's certification period is not extended for an additional three (3) months.

When the family reports employment or beginning an education or job training program and provides verification, changes are made to the family's benefit only if it reduces the family's co-pay amount or increases the unit of care needed based on the new activity reported.

The family must submit a *Child Care Assistance Application* CC08 by the last day of the extended certification period. They must be in an eligible activity within sixty (60) days of the date the application was received by the Designee.

If the Designee does not receive a *Child Care Assistance Application* CC08 the family's program participation will end at the end of the three (3) month job search timeframe.

4120-1 C. PASS II OR PASS III CHANGE OF CHILD CARE PROVIDER

PASS II or PASS III Child Care Assistance (CCA) families are required to provide at least a ten (10) business day written notice to their current provider before changing child care providers. The ten (10) business day written notice must be given prior to care being provided on day one (1) of the notice timeframe, otherwise day one (1) is the day following the written notice being given.

Child care providers must adhere to this same timeframe and requirement by giving families at least a ten (10) business day written notice prior to care being provided on day one (1) of the notice timeframe.

Families must report a change of their child care provider to the Designee within ten (10) business days prior to changing providers. Notification to the Designee may be verbal or by providing a copy of the written notice given to the child care provider. Receipt of the reported change is to be documented in ICCIS case notes. See section 4120 Family Reports of Change.

When the family reports a change of child care provider the Designee will contact the child care provider by telephone to verify the ten (10) business day written notice was provided. The child care provider may elect to waive the ten (10) business day requirement allowing the family to be authorized to a new child care provider. Waiver of the ten (10) business day notice requires both the child care provider and

the family to sign and date a written mutual agreement indicating the last day the children will be in care with the provider. The *Termination of Child Care Services* CC29 may be used but is not required.

Contact and/or attempts to contact the child care provider are documented in ICCIS case notes. A message is to be left for a return call. If unable to speak with the child care provider after two (2) business days, a *Child Care Assistance – Information Needed Notice* is issued to the family requesting a copy of the written notice given to the provider. When the provider verbally verifies the family provided notice the reported change is processed.

If the child care provider states they have not received notice from the family the Designee will contact the family and require they notify the provider in writing and submit a copy to the Designee. The date the provider receives the notice will begin the required ten (10) business days.

If the child care provider reports the family owes money and a payment agreement is not in place, the Designee will advise the provider of their right to complete and timely submit a *Report of Family Non-Payment* CC80 reporting the money owed the provider for up to the previous sixty (60) days by the family.

The family will be authorized to the new provider beginning the date following: the last day of care with the current provider, the required ten (10) business day written notice timeframe, or a future date identified by the family, whichever occurs last. The family's new provider must be a participating Child Care Assistance Program (CCAP) provider as no care will be authorized prior to the provider's approval.

It is not considered a reduction of the family's benefit when canceling an authorization to their current provider effective the day following the last day of care provided. The family remains eligible for the same level of care, however, if the family does not identify their new provider or if their new provider is not approved for CCAP participation, care cannot be issued to that provider. When a new provider is not identified, the *Child Care Assistance Authorization* document is re-issued to the current/prior provider with the appropriate level of care based on the amount of days the child attended in the last month of care. When information is received identifying the family's new participating provider, a new authorization is issued to the new provider.

The family remains eligible for the level of care previously authorized, however; they may experience a reduction to the family's benefit if their new child care provider has different hours of operation or different closure dates, unless the family uses a secondary provider for these times.

PASS II and PASS III CCAP changes in child care providers will require the Designee to evaluate how the family's authorized care will change and the appropriate actions depending on the ten (10) business day notice.

The Designee will need to evaluate how much child care needs to be authorized to each provider based on section 4080 Determining Units of Care. Each authorization should be either a full month or a part month.

Example: The family has an authorization to 123 Child Care for a full month. The family gave a ten (10) business day written notice to this child care facility to end care on the 3rd and needs three (3) full days of care to this *facility for that month. The family also reported care will begin with a new provider starting on the 4th and needs seventeen (17) full days from the 4th through the end of the month. The full month issued to 123 Child Care is cancelled and a part month is issued, and a full month is issued to the new provider.*

1. **Ten (10) Business Day Written Notice Given**
   Once the Designee confirms with the family's child care provider, a ten (10) business day written notice was given and the family has identified their new provider who is approved for CCAP participation, the change can be processed for care to be authorized to a new provider with an effective start date after the ten (10) business day time period ends.

   a. **When the Ten (10) Business Day Notice Time Period Ends in the Current Month, the Designee Will:**
      - Cancel the current and existing future months authorizations to the current provider;
      - Authorize care as a full or part month to the current provider through the ten (10) business day timeframe based on the number of day units needed to this provider;
      - Authorize care to the new child care provider as a full or part month with a start date indicated by the family that is after the last day of care or the end of the ten (10) business day timeframe in the current month and for all future months previously authorized;

- Issue a *Child Care Assistance-Notice of Change* to the family and include a copy of the canceled authorization(s) and newly issued authorization documents;
- Mark the canceled *Child Care Authorization* document as "canceled or void"; and
- Provide a copy of the canceled authorization(s) and newly issued authorization documents to the family and provider(s).

b. When the Ten (10) Business Day Notice Time Period Continues into the Next Month, the Designee Will:

- Cancel the authorization for the month the care is to end and all future months to the current provider;
- Authorize care as a full or part month, to the current provider through the last date of the ten (10) business day time period based on the number of day units needed to this provider;
- Authorize care to the new provider, starting the date indicated by the family that is after the ten (10) business day time period ends, and all future months previously authorized for the family;
- Issue a *Child Care Assistance-Notice of Change* to the family and include a copy of the canceled authorization(s) and newly issued authorization documents;
- Mark the canceled *Child Care Authorization* document as "canceled or void"; and
- Provide a copy of the canceled authorization(s) and newly issued authorization documents to the family and provider(s).

2. Ten (10) Business Day Written Notice Not Given

When the child care provider states the family has not given at least a ten (10) business day written notice to terminate care, the Designee will advise the family of the family's responsibility to notify the provider in writing and pay all charges/fees or enter into a payment agreement and they may be subject to a penalty.

If the family does not pay their provider their co-pay, the difference in the cost of care not paid by the CCAP, and/or any other fees related to child care that are charged by the provider, and the provider submits a timely *Report of Family Non-Payment* CC80 to the Designee, the Designee will review and determine if the family owes monies to the provider. See section 4150-3 Non-

Payment to Provider. Care is to be authorized to a new eligible provider identified by the family.

When a participating parent either reports to the Designee they removed their child from the care of their provider without giving the required written ten (10) business day notice, or wants out of the required notice due to a concern with the provider more information is needed. The Designee must obtain information regarding the concern by asking open ended questions such as, "Tell me what happened?" If the parent is vague about what their concern is or reports something that happened "a while ago, last month..." and the child(ren) remained in the providers care, the parent remains responsible to meet the notice requirement and care will not be authorized to a new provider for a start date prior to the required ten (10) business day notice.

If the parent describes a situation immediately preceding, (this week, yesterday…) the removal of the child(ren) from the provider's care indicating abuse, harm, or serious risk of harm that is considered a priority level 1, they must report the incident within twenty-four (24) hours to the local police and to the Designee if the family's provider is an Approved Relative or In-home caregiver or Child Care Licensing office responsible for the oversight of a licensed provider. If the concern reported is a level 2 or level 3 health and safety concern, the family is still required to give their child care provider at least a ten (10) business day written notice prior to changing providers. See sections 4120-1 C. 5. c. Reported Allegation of Abuse, Harm, or Serious Risk of Harm and 4340-2 A. Priority Level 1.

3. Ten (10) Business Day Written Notice Waived

When the child care provider waives the family's required ten (10) business day written notice they are agreeing care may be ended prior to the required ten (10) business days, and the provider will not receive payment beyond the last day of care. Care may be authorized to a new provider starting any time after the last day of care with the current provider.

The Designee must obtain a copy of the written mutual agreement signed and dated by both the child care provider and family and will:

a. Cancel the current and/or any future month authorizations depending on the last day of care and documenting in a case note the mutual agreement has been received and the last date of care with this provider;

b. Re-authorize care as a full or part month to the current authorized provider for the month through the last day care was provided based on the number of day units needed to this provider;
c. Authorize care to the new provider, as a full or part month, starting with the date identified by the family that is after the last day of care with their current provider, and any future months previously authorized based on the number of day units needed to this provider;
d. Issue a *Child Care Assistance-Notice of Change* to the family and include a copy of the canceled authorization(s) and newly issued authorization documents;
e. Mark the canceled *Child Care Authorization* document as "canceled or void"; and
f. Provide a copy of the canceled authorization(s) and newly issued authorization documents to the family and provider(s).

4. Ten (10) Business Day Notice Not Waived When Timeframe Ends in the Current Month

When the child care provider does not waive the family's required ten (10) business day written notice and the child does not continue attending, the ten (10) business day notice time period will be applied from the date the family reported the change. Care will be authorized to the new provider starting the day after the last day of the required the (10) business day notice timeframe with the current provider.

5. Ten (10) Business Day Written Notice Not Required

a. Sudden Ineligibility

When a participating parent becomes suddenly ineligible for participation in the CCAP, they are not required to give their child care provider a ten (10) business day written notice prior to terminating care.

b. Consolidating Locations for Providers with Multiple Sites

When a family is using a child care provider with multiple sites who consolidates care to a different location during specific times of the year, for example the holiday break or summer, a ten (10) business day written notice is not required by the family or child care provider. In this instance, as long as the unit of care does not decrease, authorizations for the affected months are to be changed to reflect care at the correct site(s), without applying adverse action, and can be changed after contact with either the family or provider.

c. A level one (1) Reported Allegation of Abuse, Harm or Serious Risk of Harm
The only time the ten (10) business day notice requirement can be waived for a health and safety concern is when it is a reported level one (1) health and safety concern. If the concern reported is level two (2) or level three (3) health and safety concern, the family is still required to give their provider at least a ten (10) business day notice of their intent to end child care services.

When a participating parent reports to the Designee they removed their child from the care of their provider without giving the required written ten (10) business day notice, due to a level one (1) health and safety concern with the provider, the Designee must receive verification a report has been made to the local police or the Office of Children's Services (OCS) within twenty-four (24) hours of the incident. The Designee must be able to confirm with child care licensing the family has reported the health and safety concern.

The Designee must receive a copy of a filed police report and verify a report has been made to the child care assistance office and forwarded to the licensing office responsible for a licensed child care provider; or made directly to the licensing office, prior to authorizing care to a new provider. With verification from the parent of the filed police report and report to licensing, care will be authorized the date care began with the new provider. If verification is not provided from either the local police or child care licensing or both care will be authorized to the new provider effective the day following the required ten (10) business day notice, had it been given. If the Designee receives a copy of a filed police report it is forwarded to the licensing office. See section 4340 Complaints Regarding a Child Care Provider.

The Designee will follow the steps as outlined in 4100-2 D. 3. Ten (10) Business Day Written Notice Waived.

6. Changing In-home Caregivers

A family using In-home child care is required to give a ten (10) business day written notice to their caregiver in the same situations as a family using a different provider type. The Designee will verify with the family's in-home caregiver the family provided the required notice and has paid the caregiver.

If the caregiver reports the family has not paid them, they are advised to report the parent to the Department of Labor. If the caregiver reports the family did not give them the required ten (10) business day notice, care will not be authorized for the family until the ten (10) business day timeframe has passed, using the date the family reported changing providers as day one (1).

Families wishing to continue using In-home child care must provide all the required documentation to the Designee or CCPO, receive a valid criminal history background for their new caregiver, and receive approval before care can be authorized to the new In-home caregiver.

7. **Care Not Used at the Authorized Provider – Re-Assigning Co-Pay**
When a family or provider reports a child who has the family's co-pay assigned to them is no longer attending or has never attended the provider identified on the *Child Care Assistance Authorization* document, the Designee must review the family's authorized care to determine if the family's co-pay needs to be reassigned to a different child and/or to a different provider. This does not require the provider to submit a *Report of Family Non-Payment* CC80 form.

When the change is reported the Designee will contact the non-reporting party to confirm both are in agreement regarding the child's attendance and ensure the required ten (10) business day written notice was given. If care is no longer needed and the family has requested their case to remain open, no changes are made to the care authorized.

a. Only One (1) Child in the Family or Only the Child with the Family's Co-pay Assigned Attending a New Provider
If care needs to be authorized to a new provider for the child with the family's co-pay assigned, the Designee will follow the guidance in the above subsections 1-5 depending on the required ten (10) day written notice. See subsections one (1) through five (5) above.

b. All Children Attending New Provider
If care needs to be authorized for all the children of the family to a different provider, the Designee will follow the guidance in the above subsections 1-5 depending on the required ten (10) day written notice. See subsections one (1) through five (5) above.

c. Child with Co-Pay Assigned not Needing Care – Other Children in the Family
When it is confirmed the child of the family with the co-pay assigned did not attend the authorized provider and care is no longer needed for this child, the Designee will:
- Cancel the current and/or any future months authorized to this provider for all the children of the family;
- Re-Authorize care to this provider, for the current and future months re-assigning the co-pay to the youngest child needing care;
- Issue a *Child Care Assistance – Notice of Change* to the family and include a copy of the canceled authorization and newly issued authorization documents;
- Mark the canceled *Child Care Authorization* document as "canceled or void" and
- Provide a copy of the canceled authorization to and newly issued authorization documents to the family and provider(s).

4120-1 D. FAMILY APPLIES FOR TEMPORARY ASSISTANCE

When a Designee receives information that a family is receiving or has applied for Temporary Assistance (TA), the family's PASS II or PASS III participation is to be ended. The Designee will review the General screen in ICCIS to determine the TA start date. The Designee will also review the Case Management System (CMS) to ensure the Work Services Provider (WSP) has been assigned. If a WSP is not assigned, the Designee will contact the CCPO to review the family's status and enter a case note detailing the family's PASS I coverage timeframe.

The CCPO will email the Designee with instructions regarding the family's PASS II or PASS III closure date to ensure the family receives the highest benefit level for the month of closure.

The Designee will issue a *Child Care Assistance Closure Notice* to the family identifying the reason as they are receiving TA and will receive child care benefits through PASS I. The family's PASS II or PASS III case is closed effective the last day of the month. Adverse action is not applied since the family will continue to receive child care benefits at a higher level through PASS I.

4120-1 E. FAMILY SIZE AND NAME CHANGES

A participating family is required to report to the Designee ten (10) business days following a change affecting the level of child care needed. This includes if a child needing care moves into the family's home and/or if a child is no longer in the family's home. The child's eligibility requires they reside with a parent who is working or attending job training or an educational program and the family's income does not exceed eighty-five percent (85%) of the SMI. The family's eligibility requires they have at least one (1) eligible child.

When an increase of care needed is reported timely, within ten (10) business days following the change, it is effective up to ten (10) days prior to the date the change was reported. If an increase of care needed is not reported timely, it is effective the date it is reported.

The Designee is to document the report in the family's case in ICCIS and issue a *Child Care Assistance – Notice of Change*, acknowledging receipt of the information and advising how the family's benefit would change.

1. **Child Moving Into the Family Home**
   When a participating family reports a child who is younger than thirteen (13) years of age has moved into the family's home, Designee is to document the change in an ICCIS case note. If child care is needed for the child, the Designee will issue a *Child Care Assistance – Information Needed Notice* if valid verification of age and/or citizenship is needed.

   Upon receipt of the required verification, the child is added to the family's case in ICCIS. If verification is not received, no changes are made and the Designee will issue the *Child Care Assistance Notice of Change* advising the family no change was made due to not receiving the required verification.

   When the change is reported timely and all needed verification received, the Participation screen is updated in ICCIS to add the child to the family's case. Care will be authorized for the child effective the date the eligible child moved into the family's home or a later date as identified as needed.

If the change is reported after the required ten (10) days, the child will be added to the family's case and care will be authorized the date the change was reported.

Any unearned income the child is receiving must be evaluated along with the new family size to determine if the family's co-pay will be impacted. The same *Family Income and Contribution Schedule* used when determining the family's eligibility for the certification period is used when evaluating the impact of the change. If adding a family member lowers the family's co-pay, but including the child's unearned income causes the family's co-pay to increase, a new budget and co-pay is not created. If including the child and any unearned income results in the family's co-pay being the same or lower, a new budget is created.

The start date of the family's certification period must be entered in the Budget and Co-pay screen to ensure the correct *Family Income and Contribution Schedule* is used when determining the impact on the family's co-pay.

Existing *Child Care Assistance Authorization* documents are canceled and reissued as needed to address the change. See section 4110-6 Changes to an Authorization Document Not Due to a Mistake.

2. Child No Longer in the Home

When a family reports a child of the family is no longer in the family's home any unearned income the child is receiving must be evaluated along with the new family size to determine if the family's co-pay will be impacted. The same *Family Income and Contribution Schedule* used when determining the family's eligibility for the certification period is used when evaluating the impact of the change.

If removing a family member lowers the family's co-pay, but removing the child's unearned income causes the family's co-pay to increase, a new budget and co-pay is not created. If removing the child and any unearned income results in the family's co-pay being the same or lower, a new budget is created effective the first of the following month as it is a benefit to the family. The start date of the family's certification period must be entered in the Budget and Co-pay screen to ensure the correct *Family Income and Contribution Schedule* is used when determining the impact on the family's co-pay.

If care was authorized for the child, existing *Child Care Assistance Authorization* documents are canceled and reissued as needed to address the change. See section 4110-6 Changes to an Authorization Document Not Due to a Mistake.

If the child leaving was the only child of the family or the only child needing care, the family is no longer eligible for participation. The Designee will issue a Child Care Assistance Closure Notice, apply applicable adverse action, cancel existing *Child Care Assistance Authorization* documents and close the family's case. See section 4110-6 Changes to an Authorization Document Not Due to a Mistake.

3. Second Parent/Spouse Moves Into the Family Home

A participating family is not required to report if the family's second parent of a child in the family moves into the family home unless it causes the family's income to exceed eighty-five percent (85%) of the SMI. Likewise, a participating single-parent is not required to report if they have married someone with whom they do not have children in common, and their spouse, now considered a second parent, is living in the family home unless it causes the family's income to exceed eighty-five percent (85%) of the SMI.

When the family reports the second parent moving into the family's home, the second parent's income must be evaluated to ensure the family's income does not exceed eighty-five percent (85%) of the SMI using the same *Family Income and Contribution Schedule* used when determining the family's eligibility for the certification period.

Verification of the second parent's income and a copy of their valid government issued identification must be requested if not provided when the change was reported. If the participating parent reports additional care is needed to accommodate both parent's schedules, the Designee will send the family a *Child Care Assistance - Information Needed Notice* requesting verification of eligible activity for the second parent to support issuing additional care.

When including the second parent and their income results in the family's co-pay to be increased for the family's new size, the second parent is added but their income is not included in the family's budget and the family's co-payment is not adjusted, although additional care will be authorized if needed to accommodate the second parent's schedule. If the inclusion of the

second parent and their income, for the new family size, results in a decrease in the family's co-pay the second parent's income is included and the change of co-pay made effective the first of the following month.

The Participation and Eligible Activity Screens are updated in ICCIS, as applicable; however, in the case of adding a parent, the family's co-pay would not be increased if the second parent's income is not counted.

The change to increase the level of care is made effective the month it was reported when the family provides any needed verification by the due date in the *Child Care Assistance – Information Needed Notice*. Existing *Child Care Assistance Authorization* documents are canceled and reissued as needed to address the change. See section 4110-6 Changes to an Authorization Document Not Due to a Mistake.

If the family does not provide the required verification the change is not made to their CCAP benefit. The Designee will issue a *Child Care Assistance – Notice of Change*, indicating the information was reported but required verification was not received to allow for the family's benefit to be changed and document the action in an ICCIS case note.

4. Second Parent Moves Out of the Family Home

A participating family is not required to report when the second parent is no longer in the family home, however, if it is reported the Participation and Eligible Activity Screens are updated in ICCIS. The Designee must evaluate the impact to the family's co-pay using the same *Family Income and Contribution Schedule* used when determining the family's eligibility for the certification period. If removing the parent and their income lowers the family's co-pay, a new budget and co-pay is created effective the first of the following month. The start date of the family's certification period must be entered in the Budget and Co-pay screen to ensure the correct *Family Income and Contribution Schedule* is used when determining the impact on the family's co-pay.

Existing *Child Care Assistance Authorization* documents are canceled and reissued as needed to address the change. See section 4110-6 Changes to an Authorization Document Not Due to a Mistake.

If removing the parent and their income increases the family's co-pay a new budget and co-pay is not created.

5. **Name Change**
When a parent reports they or one (1) of the children of the family have had a name change the family must provide documentation supporting the change to the Designee. The Designee will forward the documentation to the CCPO Policy mailbox at: dpaccp@alaska.gov using subject heading: Name Change. The CCPO Eligibility and Benefits Staff will coordinate with other Division of Public Assistance (DPA) Staff, as needed to complete the name change in ICCIS.

Upon completion of the name change, the CCPO Eligibility and Benefits Staff will notify the Designee. The Designee must cancel any existing *Child Care Assistance Authorization* documents and reissue them reflecting the changed name(s).

4120-1 F. PASS II OR PASS III ELIGIBLE ACTIVITY ENDS

When a PASS II or PASS III parent reports their eligible activity is ending or has ended, the Designee must inquire if the job loss or participation in an education or training activity is temporary. If a family reports a job loss and intends on or is actively pursuing new employment the change is considered temporary. Temporary loss of employment or participation in an education or training activity does not impact the family's eligibility for program participation as long as the family intends to resume an eligible activity within three (3) months. The family's benefit (budget and co-pay and authorized unit of care) would remain unchanged.

1. **Parent Reports New Eligible Activity**
When the parent reports a change of eligible activity, the Designee will issue a new *Child Care Assistance - Notice of Change* to the family. The family's *Child Care Assistance Authorization* document(s) will only be revised if the family's unit of care needs to be increased or the family's co-pay is reduced based on the new activity. If the *Child Care Assistance Authorization* document is canceled and re-issued, copies of the previous authorization(s) are to be stamped "canceled," initialed, dated, and mailed to the family and provider along with the re-issued documents.

a. **Job Change – No Change to the Family's Income or Care**
When the family's new eligible activity is a change of employment which does not result in a reduction in their income or co-pay, or increase in the unit of care, the new employer is entered in the Eligible Activity screen and a detailed case note is entered in ICCIS. A new *Child Care Assistance Authorization* document is not included with the *Child Care Assistance - Notice of Change.*

b. **Job Change – Income or Care Change**
When the family's new eligible activity is a change of employment which results in a change of income, co-pay, or unit of care, the new employer is entered in the Eligible Activity screen and a detailed case note is entered in ICCIS. The budget screen is updated only if the family's income and/or co-pay are less than currently determined. A new *Child Care Assistance Authorization* document is issued only if the unit of care has increased to be sent with the *Child Care Assistance - Notice of Change.* The *Child Care Assistance - Notice of Contribution Change* is also issued if the family's co-pay is reduced. If the *Child Care Assistance Authorization* document is canceled and re-issued, copies of the previous authorization(s) are to be stamped "canceled," initialed, dated, and mailed to the family and provider along with the re-issued documents.

2. **No New Eligible Activity**
When a family reports a change in one or both parent's employment or attendance in a job training or educational program that is expected to last more than three (3) months, they will remain eligible for the three (3) months following the reported change to allow the parent(s) to engage in job search activities and/or re-engage in attending the job training or educational program. The family will be considered to be participating in job search for the next three (3) months, beginning the first of the month following when the change was reported, whether they report while the change is still considered temporary, or after. The Budget and Co-pay screen in ICCIS and the care authorized will remain unchanged for these three (3) months.

The income used to determine the family's co-pay is not adjusted and the care authorized remains in place. The Designee will issue a *Child Care Assistance – Notice of Change* advising their CCAP eligible activity will be job search for three (3) months, after applying adverse action, and their case will close at the end of the

third (3rd) month unless an eligible activity is reported and verified.

An alert is set for the fifteenth (15th) day of the second (2nd) job search month for the Designee to issue a *Child Care Assistance – Information Needed Notice*, requiring the family to provide verification of an eligible activity or their case will close at the end of the three (3) months.

When the family reports and provides verification of new employment or beginning an education or job training program, changes are made to the Eligible Activity Screen in ICCIS. However the family's authorization is changed only if it reduces the family's co-pay amount or increases the unit of care needed based on the new activity reported.

If the family does not provide verification of obtaining employment or resuming attendance in a job training or educational program by the last day of the third (3rd) job search month their case is closed. The Designee will issue a *Child Care Assistance Closure Notice* advising the family the effective date of their case closure for not having an eligible activity.

If a participating family does not report their eligible activity ending timely or at all, and it is discovered by the Designee or CCPO, an *Incorrect Payment Preliminary Review Form* CC17 is completed and submitted to the CCPO for an Intentional Program Violation. See section 4420-1 Intentional Program Violation. The three (3) month job search timeframe is considered by the CCPO when determining if an incorrect payment actually occurred and recoupment action is needed.

3. No New Eligible Activity – Extended Certification Period

If the family's certification period ends prior to the three (3) months of job search, their certification period is to be extended only through the last day of the three (3) month period.

An alert is set for the fifteenth (15th) day of the second (2nd) job search month for the Designee to issue a *Child Care Assistance Renewal Notice.*

If during an extended certification period for a two (2) parent family, due to one (1) parent's need for job search, the second (2nd) parent reports a non-temporary change in employment or participation in a job training or educational program, the family's

certification period is not extended for an additional three (3) months.

When the family reports and provides verification of employment or beginning an education or job training program changes are made to the family's benefit only if it reduces the family's co-pay amount or increases the unit of care needed based on the new activity reported.

The family must submit a *Child Care Assistance Application* CC08 by the last day of the extended certification period. They must be in an eligible activity within sixty (60) days of their application being received by the Designee.

If the family does not submit a *Child Care Assistance Application* CC08 the family's program participation will end at the end of the three (3) month job search timeframe.

4. Incapacity

When a participating family reports a parent is incapacitated they will continue to receive CCA for the remainder of their certification period if verification is provided by a health care or mental health care professional confirming the parent's incapacitation and the anticipated length of time of the incapacitation. See section 4070-3 D. 6. Incapacity as an Eligible Activity.

When a temporary incapacitation is reported and verification is received, no change is to be made to the budget and co-pay or units of care.

When a permanent incapacitation is reported and verification is received, the family's benefit is increased due to a reduction of income. The budget and co-pay is to be changed based on the family's change of income. The unit(s) of care is not decreased.

4120-1 G. FAMILY REQUESTS CASE CLOSURE

If a family requests in writing to have their case closed at the end of the current month, action can be taken to close their case as requested and adverse action is not required.

If a family verbally requests their case to be closed, the Designee is to confirm the date the family is requesting closure. If closure is requested for the current month and the date the family notifies the

Designee is after the Adverse Action date, the family must provide their request in writing or their case will be closed effective the end of the following month after applying adverse action timeframes. If the family verbally requests prior to the Adverse Action date for their case to close at the end of the current month, written notification to the Designee is not required. A new *Child Care Assistance Authorization* document is issued with the *Child Care Assistance - Notice of Change*. If a *Child Care Assistance Authorization* is canceled and re-issued, the copy of the *Child Care Assistance Authorization* document that was canceled is stamped "canceled or void," initialed, dated, and mailed to the family and provider. The family is also sent a *Child Care Assistance Closure Notice* advising the family their case will close based on their request, with the effective date for case closure.

4120-1 H. FAMILY MOVING OR CHANGING SERVICE DELIVERY AREA

When a participating family reports they are physically moving or have moved from one CCAP service delivery area to another, they will remain eligible for the remainder of their current certification period if they continue to need child care in the new service delivery area. The Designee will issue a *Child Care Assistance – Notice of Change* confirming the family's report and advising the family to complete and submit a *Family Report of Change* CC37 to the Designee in the family's new service delivery area. In instances where the family is moving from one service delivery area to another and continues to participate in their eligible activity in the service delivery area they are moving from, they have the option of receiving services from the new Designee or not, as either can serve the family.

The Designee will document the change in an ICCIS case note and monitor the case to ensure it is reassigned to the new Designee at which time they will remove the family's hard copy case file from their active cases, however, the hard copy case file remains with the original Designee and information from the file will be copied for the new Designee as needed and requested.

This change does not start a new certification period. The family's co-pay and unit of care authorized are not changed unless the family's co-pay is less and/or the unit of care is more than currently authorized. Information is shared between Designees and/or the CCPO and provided within two (2) business days of the request for information.

Both Designees must enter an ICCIS case note documenting the dates and actions taken.

If the new Designee receives a *Child Care Assistance Application* CC08, *Family Report of Change* CC37, or other means of notification from a family who is already active in ICCIS and now in the new Designee's service delivery area, the Designee shall request copies of information used in determining the family's eligibility from the former Designee's file, instead of requesting them from the family, to include:

1. Proof of age for children on the application needing care;

2. Court documents, if any;

3. Verification of incapacitation, if any; and

4. Other documentation needed to establish financial and non-financial eligibility.

The new Designee will assume responsibility for the family's case upon receipt of the reported change to include *Report of Family Non-payment* CC80s that have been received, but not acted on. The new Designee will determine whether or not the family changed providers in the month of transfer and if so will contact the child care provider to verify the family gave the provider at least the required ten (10) business day notice to end services.

The new Designee will contact the family, as need, to identify the provider(s) being used for care to be authorized. Care is to be authorized at the same level as in the previous service delivery area unless the family reports a need for increased care. Additional information may be required to support the need for additional care.

The new Designee will cancel and re-issue the *Child Care Assistance Authorization* documents for both service delivery areas reflecting the family's new address, new provider as applicable, and the same or increased unit of care.

Copies of the previous authorization(s) are to be stamped "canceled," and mailed to the family and provider along with the re-issued documents.

4120-1 I. PROVIDER RATE CHANGES

When a participating child care provider reports a change of their rates to the Designee or CCPO, based on the office with the CCAP approval responsibility for the provider, existing authorizations must be canceled in order to enter the provider's new rates.

The Designee or CCPO will cancel or void existing authorizations issued for the month the rate change is effective and future months, regardless of the family's PASS category, enter the provider's new rates, and reissue the previously authorized care for each family. See section 4110-6 Changes to an Authorization Document Not Due to a Mistake.

4120-1 J. PASS II OR PASS III FAMILY CHANGES NOT REQUIRING ADVERSE ACTION

The Designee will close a family's participation at the end of the current month and send the *Child Care Assistance Closure* notice in the following circumstances, see section 4170-2 Notice of Action for Family:

1. The only child authorized for care in the family is deceased;

2. The only parent of the participating family is deceased. In this instance the *Child Care Assistance Closure Notice* is addressed to "Estate of (parent name);

3. The family requests in writing, to close their case;

4. The family's whereabouts are unknown and mail correctly addressed with their last known address was returned by the post office with no forwarding address, and the Designee is unable to contact the family by telephone for a new address. See section 4000-6 Returned Mail Processing, or

5. The family is transitioning from PASS II or PASS III to PASS I

4130 PASS IV

THIS SECTON INTENTIONALLY LEFT AS A PLACE HOLDER FOR PASS IV

4140 ALASKA INCLUSIVE CHILD CARE PROGRAM

Families participating in the Child Care Assistance Program (CCAP) through Parents Achieving Self-Sufficiency (PASS) I, PASS II, or PASS III, who have a child, under the age of thirteen (13) years, identified as having a qualifying special need, may be eligible for their provider to receive a special needs supplemental payment through the Alaska Inclusive Child Care Program (Alaska IN!). The supplemental payment is to be used by the provider for any additional costs associated with the inclusion of the child with special needs into their program.
When an applying family has identified on their initial *Child Care Assistance Application* CC08 or a participating family made their Work Services Provider (WSP) case manager aware through a report of change or other contact, that a child younger than thirteen (13) years of age may have special needs and do not have an identified child care provider, they are referred to the Alaska statewide Child Care Resource and Referral Network (CCR&R) to assist in finding a provider.

Alaska Inclusive Supplemental payments are specific to the child with special needs and a provider.

See *Alaska Inclusive Child Care Program Policies and Procedures Manual* for detailed guidance.

4140-1 ALASKA INCLUSIVE CHILD CARE PROGRAM REFERRAL PROCESS

When a family identifies on the *Child Care Assistance Application* CC08 their child may have special needs, it is to be documented in the family's case in the Case Management System (CMS) or Integrated Child Care Information System (ICCIS).

The Work Services Provider (WSP) or Designee will provide the family with an Alaska Inclusive Child Care brochure and an *Application for Alaska Inclusive Child Care* CC48.

If the family submits an *Application for Alaska Inclusive Child Care* CC48 to the WSP or Designee, receipt of the application is documented in the family's case in CMS or ICCIS and the application is faxed to the Child Care Program Office (CCPO) the same or next business day. Upon confirmation the fax was received and legible, the original is shredded.

4140-2 ALASKA INCLUSIVE CHILD CARE PROGRAM ISSUANCE AND TIMEFRAMES

The family and provider must first be approved eligible to participate in the Child Care Assistance Program (CCAP) for additional funding to be authorized. An *Authorization for Special Needs Supplement* CC51 will coincide with the family's CCAP certification period and cannot be authorized for a period in which the family or provider was not eligible for CCAP, or when there is no additional cost to the provider.

The *Authorization for Special Needs Supplement* CC51is issued, by the Child Care Program Office (CCPO), based on the family's CCAP certification period, is provider specific, and always begins on the first (1st) day of a month. If the family changes providers during their CCAP certification period the supplemental funding ends. The family and their new provider must complete the Alaska Inclusive Child Care Program (Alaska IN!) application and eligibility process.

The Work Services Provider (WSP) working with the family will include the additional supplemental funding with all future authorizations issued during the family's certification period.

1. **Authorization for Special Needs Supplement for a Parents Achieving Self-Sufficiency (PASS) I CCA Family**
   When the WSP receives the *Authorization for Special Needs Supplement* CC51 from CCPO they will include the special needs supplemental subsidy in future requests based on the authorized amount and timeframe determined by the CCPO. The *Authorization for Special Needs Supplement* CC51 is filed in the family's hard case file.

If the special needs supplement was approved for a month that has already been paid, a *Supplemental Payment Request* CC06 is to be submitted so the supplemental can be paid to the provider.

2. **Authorization for Special Needs Supplement for a PASS II or PASS III Family**
   Designees will file the *Authorization for Special Needs Supplement* CC51 in the family's hard case file for review with the family at the time of their CCAP renewal.
3. **Changes Received by the Designee or WSP for a Family Authorized for Special Needs Supplement**
   Within one (1) business day of receiving a change from a family approved for Alaska IN! with an *Authorization for Special Needs Supplement* CC51 issued, the Designee or WSP must email the CCPO policy mailbox at dpaccp@alaska.gov using subject heading: Special Needs Supplement Change Rcvd.

   Family changes to be reported to the CCPO policy mailbox include: change of their child care provider, an increase in the level of care authorized, closure of their case, or otherwise no longer participating in CCAP.

   The family must re-apply for Alaska IN! participation annually in conjunction with their CCAP renewal or when there is more than a sixty (60) day break in CCAP participation or when a family changes child care providers.

4150 FAMILY NON-COMPLIANCE

Applicants sign acknowledgement of their rights and responsibilities for participation in the Child Care Assistance Program (CCAP). If it is determined a family deliberately misrepresented, concealed, or withheld a material fact during the application process which resulted in the establishment of benefits or payment the family was not entitled to, the Intentional Program Violation process will be followed. See section 4420-1 Intentional Program Violations.

Once determined eligible for CCAP participation, families are responsible to follow all program rules including reporting changes and cooperating with an investigation. If a CCAP participating family is found non-compliant with program rules the Intentional Program Violation, Overpayment, or non-payment to provider process may be followed depending on the non-compliance.

4150- 1 REQUIRED REPORTING NON-COMPLIANCE

A participating family must, within twenty-four (24) hours, report to: child care licensing, if the provider is licensed by the State of Alaska or Municipality of Anchorage; local child care assistance office, if the provider is an Approved Relative or In-home caregiver; and to local police, level one (1) abuse, harm, or serious risk of harm to a child in the provider's care. Reports to these entities must be verifiable. If a family fails to report or fails to report timely no action is taken to pursue an Intentional Program Violation (IPV) or Incorrect Payment (IP). The family would not be authorized to a different child care provider until the required ten (10) business day notice to their current provider has passed.

A participating family is required to report to the Designee within ten (10) business days of:

1. **Changing Providers**
   A participating family must give the Designee notice within ten (10) business days of changing their provider. This can be verbal or in writing, however, the family must give their provider written notice, at least ten (10) business days prior to ending care.

   When a family does not give their child care provider the required ten (10) business day written notice before ending care and there is no mutual waiver from the provider, a *Child Care Assistance Authorization* document will not be issued to the family's new provider for any time which should have been included in the required ten (10) day notice timeframe. The family is responsible for payment to their new provider during this time if care is used.

2. **A Unit of Care Change**
   If a family does not report a change in their circumstance that would reduce the unit of care authorized, no action is taken to pursue an IPV or IP. If the family does not report a change in their circumstance that would result in an increase to the unit of care authorized, the family is responsible for any additional payment due to their provider until the change is reported to the Designee and appropriately acted on.

3. **A Non-Temporary Loss of Eligible Activity**

If a family does not report a non-temporary loss of employment or ending their attendance at a job training or educational program the IPV process will be followed. See section 4420-1 Intentional Program Violations.

4. **An Increase in Income Exceeding Eighty-five Percent (85%) of The State Median Income**
   If it is determined a family did not report an increase of earned and/or unearned income which caused the family's countable monthly income to exceed eighty-five percent (85%) of the State Median Income (SMI) using the same *Family Income and Contribution Schedule* used when determining the family's eligibility for the certification period, the IPV process will be followed. See section 4420-1 Intentional Program Violations.

4150-2 PROGRAM RULES NON-COMPLIANCE

A family must review their child care provider's *Request for Payment* CC78 form(s), if requested by the Designee or Child Care Program Office (CCPO). A family's failure to complete a requested review of the *Request for Payment* CC78 form(s) may result in a payment adjustment being made to the child care provider and the family owing the provider. Failure to review a provider's *Request for Payment* CC78 form(s) is not pursued as an Intentional Program Violation (IPV) or an Incorrect Payment (IP).

The family is responsible for paying their child care provider directly the portion of the family's eligible cost of care that is not paid by the Child Care Assistance Program (CCAP) on the family's behalf, which includes their contribution (co-pay), the difference between the provider's charges and the amount paid by the CCAP on the family's behalf, and any other fees charged by the provider. See section 4150-3 Non-Payment to Provider.

When a family has not paid their provider and has not entered into a payment plan with their provider and the provider submits a *Report of Family Non-Payment* CC80 form, they may be debarred from program participation. If the family does not respond and provide verification of payment(s) or the payment plan agreed upon with their provider by the due date listed in the notification the information is forwarded to the CCPO for debarment action. See section 4150-3 Non-Payment to Provider.

4150-3 NON-PAYMENT TO PROVIDER

The Child Care Assistance Program (CCAP) requires a family to pay their child care provider their monthly contribution (co-pay) every month as well as any provider charges not covered by the program. If a family is using one (1) child care provider, for more than one (1) child, and the child who the family's co-pay is attached to stops attending child care, but the other children remain in care, the family is still required to pay their monthly co-pay. If a family ends services with a provider, they are responsible to report within ten (10) business days a change to that provider and they must pay their co-pay and any additional charges for the months that include the ten (10) business day notice timeframe.

The only time a family is not responsible to pay their CCAP co-pay, is when the family is approved for program participation, issued a *Child Care Authorization* document, but never uses care with the authorized provider. When care was never used, any agreement for payment, signed or not, is between the provider and the family and will not be pursued by the Designee or Child Care Program Office (CCPO) as a non-payment.

When a child care provider reports a participating family has not paid their required co-pay, the difference in the State Rate and the child care provider's charges, and/or any other fees charged by the provider, and the provider confirms they have been unsuccessful in attempts to collect the money owed by the family or get the family to enter into a payment plan, the provider is to complete and submit a *Report of Family Non-Payment* CC80 to the Designee. The *Report of Family Non-Payment* CC80 must be received by the Designee by the last day of the month following the month in which care was provided. The *Report of Family Non-Payment* CC80 shows a record of the provider's charges for the cost of care and amount(s) paid by the family for each child for the month(s) in question.

Non-payment older than the first day of the month preceding the month the non-payment is reported will not be pursued by the Designee or CCPO.

If the family owing their child care provider money has entered into a payment plan with the provider and is not maintaining payments as agreed, the CCAP can only require the family to enter into a payment plan. Enforcement of the family's maintenance with the payment plan

is the provider's responsibility. The provider may decide to not allow a payment plan and require the family to pay what is owed in full.

If an In-home caregiver reports the family has not paid them, they must file a claim with the Department of Labor, Division of Labor Standards and Safety, Wage and Hour Administration: http://labor.alaska.gov/lss/whhome.htm. Once they have filed a claim with DOL they can submit a copy of that paperwork to the Designee or CCPO to follow the same process as assisting a provider in obtaining payment from a family.

When a child care provider reports a participating Parents Achieving Self-Sufficiency (PASS) II or PASS III family has not paid the family's contribution (co-pay), the provider's charges for care exceeding the state payment, or any other fees charged by the provider. The Designee will inform the provider of the option to complete and submit a *Report of Family Non-Payment* CC80 which must be received by the Designee by the last day of the month following the month in which care was provided and payment was not made.

When the Designee receives a *Report of Family Non-Payment* CC80 timely, the Designee will verify that notification of the balance owed was provided to the family by the provider. The notification verification submitted by the provider to the Designee must include an outstanding balance for the month identified and all payments made to the provider by the family. If this information is not included in the verification provided to the Designee by the provider, a *Child Care Assistance Provider - Information Needed* notice is to be mailed to the provider allowing ten (10) days based on the adverse action calendar for the provider to submit the requested verification. If verification is submitted within the timeframe identified in the notice issued to the provider, the Designee will determine if the family owes money to the provider and the amount. The Designee will document the receipt of the *Report of Family Non-Payment* CC80, verification received, and the determination. If the family's case was closed prior to the Designee receiving the *Report of Family Non-Payment* CC80, the information and verification is forwarded to the CCPO for action.

If a *Child Care Assistance Authorization* document had not been issued for the family for the month(s) identified by the provider the *Child Care Assistance – Reported Family Non-Payment Notice* is issued to the provider advising the provider any non-payment is between the provider and the family. The Designee documents their findings in the family's case in the Integrated Child Care Information System (ICCIS). If the family had never used care with the provider identified on the *Child Care Authorization* document, the *Child Care Assistance –*

Reported Family Non-Payment Notice is issued to the provider informing that their request has been denied.

1. The Designee will:
   When the family was participating in the CCAP for the month(s) identified by the provider the Designee will:
   a. Ensure the *Report of Family Non-Payment* CC80 is for the service month prior to the month it was received by the Designee based on the date stamp;

   b. Review the family's case and ensure the correct unit of care was authorized for the timeframe included on the provider's *Report of Family Non-Payment* CC80;

   c. Confirm the authorization document was issued timely. See section 4380-2 # 1. and 2.

   d. Confirm with the provider that the family used care at least one (1) day within the timeframe authorized and the timeframe being reported by the provider;

   e. Determine the amount owed to the provider, if any by:
      - Confirming the provider's rates in ICCIS;
      - Confirming the payment verified to the provider through the Payment Options screen in ICCIS;
      - Subtracting the payment amount verified through ICCIS from the total amount identified by the provider for the month;
      - Using the *Request for Payment* provided by the provider, subtract any payment(s) made by the family in the month or after the month identified by the provider. Payments for the month are subtracted from that months charges; and
      - Other charges billed by the provider must be accrued in the same month as the report of non-payment.

   f. Issue a *Child Care Assistance Report of Non-Payment Notice* to the family if it is determined the family owes the provider and document their actions in an ICCIS case note. The notice
      - Advises the family of the requirement to pay their child care provider the portion of the family's cost of care that is not paid by the CCAP;
      - Requests verification the family has paid or entered into a payment plan with their child care provider;

- Advises the family information provided will be confirmed with their child care provider; and
- Advises the family that failure to comply will result in debarment from program participation.

If it is determined the family does not owe the provider money due to not participating in CCAP during the timeframe identified by the provider or the *Report of Family Non-Payment* CC80 timeframe identified by the provider is outside of the allowable period to request assistance, no notice is issued to the family and no further action taken against the family.

g. Issue *a Child Care Assistance – Reported Family Non-Payment Notice* to the child care provider if it is determined the family owes the provider money and the CCAP can assist. The notice advises the provider that their report had been received, the amount determined to be owed by the family, and the family was notified of the requirement to pay the provider or enter into a payment plan.

If it is determined the family doesn't owe the provider money due to care not being authorized or not used with this provider during the timeframe identified by the provider or the *Report of Family Non-Payment* CC80 timeframe identified by the provider is outside of the allowable period to request assistance or the family did not use at least one (1) day of care during the timeframe authorized and reported by the provider, the Designee will issue a *Child Care Assistance – Reported Family Non-Payment Notice.*

The family must be given at least ten (10) days based on the Adverse Action Calendar, to provide the information. If the family provides documentation verifying payment or a payment plan is in place, the Designee will confirm the information with the child care provider and document the information in an ICCIS case note. Copies of all notices mailed to the family and the provider are filed in the family hard case file as this is a family non-payment.

If the family responds timely by providing a receipt to the Designee of payment made to the provider for the total amount due in the *Child Care Assistance Report of Non-Payment* Notice, the family will be mailed a *Child Care Assistance - Notice of Change* indicating the Non-payment has been paid in full.

If the family does not respond or provides information not corroborated by the child care provider, the Designee will forward to the CCPO, a copy of the *Report of Family Non-Payment* CC80 received from the provider and *Child Care Assistance Report of Non-Payment Notice* issued to the family and document the action in an ICCIS case note. The Designee will issue a *Child Care Assistance Closure Notice* with the eligibility end date the last day of the month after applying adverse action.

2. Family Case Closed Prior to Designee Receiving the *Report of Family Non-Payment* CC80
When the family's case was closed prior to the Designee receiving the *Report of Family Non-Payment* CC80 from the provider, the CCPO Eligibility and Benefits Staff will:

   a. Ensure the *Report of Family Non-Payment* CC80 is for the service month prior to the month it was received based on the date stamp;

   b. Review the family's case and ensure the correct unit of care was authorized for the timeframe included on the provider's *Report of Family Non-Payment* CC80;

   c. Confirm with the provider that the family used care at least one (1) day within the timeframe authorized and the timeframe being reported by the provider;

   d. Determine the amount owed to the provider, if any by:
      - Confirming the provider's rates in ICCIS;
      - Confirming the payment verified to the provider through the Payment Options screen in ICCIS;
      - Subtract the payment amount verified through ICCIS from the total amount identified by the provider for the month;
      - Use the bill provided to the family for the month of the non-payment, subtract any payment(s) made by the family identified by the provider for the month. Payments made by the family for the month of the non-payment go towards that months charges; and
      - Other charges billed by the provider must be accrued in the same month as the Report of Non-payment.

   e. Issue a *Child Care Assistance* Case Closed - *Report of Non-Payment Notice* to the family if it is determined the family owes the provider and document their actions in an ICCIS case note.

The notice advises the family of the requirement to pay their child care provider the portion of the family's cost of care that is not paid by the CCAP; requests verification the family has paid or entered into a payment plan with their child care provider; advises the family information provided will be confirmed with their child care provider; and failure to comply will result in debarment from program participation.

If it is determined the family doesn't owe the provider money due to care not being authorized or used with this provider during the timeframe identified by the provider or the *Report of Family Non-Payment* CC80 timeframe identified by the provider is outside of the allowable period to request assistance, no notice is issued to the family and no further action taken against the family.

f. Issue *a Child Care Assistance – Reported Family Non-Payment Notice* to the child care provider if it is determined the family owes the provider money and the CCAP can assist. The notice advises the provider that their report had been received, the amount determined to be owed by the family, and the family was notified of the requirement to pay the provider or enter into a payment plan.

If it is determined the family doesn't owe the provider money due to care not being authorized or not used with this provider during the timeframe identified by the provider or the *Report of Family Non-Payment* CC80 timeframe identified by the provider is outside of the allowable period to request assistance or the family did not use at least one (1) day of care during the timeframe authorized and reported by the provider, the CCPO will issue a *Child Care Assistance – Reported Family Non-Payment Notice.*

The family must be given at least ten (10) days based on the Adverse Action Calendar, to provide the information. If the family provides documentation verifying payment or a payment plan is in place, the CCPO Eligibility Staff will confirm the information with the child care provider and document the information in an ICCIS case note.

If the family does not respond or provides information not corroborated by the child care provider, The information is documented in an ICCIS case note and the CCPO will take action to

pursue debarment. See Section 4410-5 Child Care Assistance Program Debarment

3. When the family's case is open when the *Report of Family Non-Payment* CC80 is received by the Designee from the provider and the *Child Care Assistance Report of Non-Payment Notice* has been issued to the family the CCPO Eligibility Staff will:
   a. Confirm the family was noticed of their requirement to pay their child care provider their contribution and provide proof of payment or a payment plan and the details of the plan;

   b. Confirm either the proof was not received by the Designee or the family's child care provider disputed the information provided by the family;

   c. Review and confirm the information provided by the child care provider and reviewed by the Designee is accurate, and make any corrections needed; and

   d. Take action to pursue debarment. See Section 4410-5 Child Care Assistance Program Debarment.

4160 FAMILY CHILD CARE ASSISTANCE RENEWAL APPLICATION

Parents Achieving Self-Sufficiency (PASS) II and PASS III families must complete an annual application process. An acceptable *Child Care Assistance Application* CC08 must be submitted to the Designee, and the family must participate in an interview. At each renewal, the family's income and co-pay are based on the *Family Income and Contribution Schedule* with the most recent effective date that is prior to the new certification period.

In an effort to streamline the renewal process and provide both families and providers more timely notice of continuing eligibility and continuity of care for children, the Designee must send a *Child Care Assistance Renewal Notice* with a *Child Care Assistance Application* CC08, the first (1) of the eleventh (11th) month of the family's certification period. Upon receipt of a *Child Care Assistance Renewal Notice* with a *Child Care Assistance Application* CC08, Designees are to schedule an interview, to be held within this sixty (60) day timeframe whenever possible. The due date included in the *Child Care Assistance Renewal Notice* for the family to have all information submitted to and be received by the Designee is the last day of the eleventh (11th)

month of their certification period and the closure date is the last day of the family's certification period.

1. **Renewal Application Submitted and Received Prior to Issuance of *Child Care Assistance Renewal Notice***
   If a family submits either an application or information regarding their situation prior to the Designee issuing the *Child Care Assistance Renewal Notice*, the information received is processed as a reported change. The Designee must still issue the family a *Child Care Assistance Renewal* notice and include a blank *Child Care Assistance Application* CC08. The *Child Care Assistance Application* CC08 must be submitted by the family and received by the Designee by the last day of the eleventh (11th) month of the family's certification period.

2. **Renewal Application Submitted and Received After Issuance of *Child Care Assistance Renewal Notice* and Prior to Due Date**
   Information or an application received from the family after the *Child Care Assistance Renewal* Notice is issued and prior to expiration of their certification period will be accepted and processed with their renewal. If a family reports a change during the application process, no benefits are issued prior to all needed verification being received including the reported change.

3. **Renewal Application Submitted and Received After Due Date**
   If a family does not submit a renewal application on or prior to the due date in the *Child Care Assistance Renewal Notice*, a *Child Care Assistance Closure Notice* is issued advising the family their case is closed effective the last day of the last month of their current certification period.

   When the family submits an application and it is received by the Designee, following the issuance of a *Child Care Assistance Closure Notice* and before their certification period ends, the family's case is to remain open or be reopened and the application processed. The family would not experience a lapse in child care coverage unless, based on their new application, they are determined ineligible.

4. **Renewal Application Not Submitted and Received Prior To Certification Period Ending**
   If a family does not submit an application that is received or postmarked prior to the end of their certification period their case is closed. A *Child Care Assistance Closure Notice* is issued advising the family their case closed the last day of the certification period.

5. Application Submitted and Received After the Certification Period Ends

When a family's case is closed, or should have been closed, due to a renewal application not being received prior to the end of their certification period, an application received is treated as an initial application and not a renewal. The family may experience a lapse in child care coverage.

When the application is received after the first (1st) of the month following the end of the family's certification period, the Designee must close the family's case in the Integrated Child Care Information System (ICCIS), issue a *Child Care Assistance Closure Notice* and register the new application.

4170 CHILD CARE ASSISTANCE NOTICE DISTRIBUTION AND DOCUMENTATION REQUIREMENTS

When actions are taken, the Designee and Child Care Program Office (CCPO) are to issue a notice to the Parents Achieving Self-Sufficiency (PASS) II or PASS III family and document the actions in the Integrated Child Care Information System (ICCIS).

The CCPO does not have notices for actions taken on a PASS I family's case. The Work Services Provider (WSP) is responsible for notifying Alaska Temporary Assistance Program (ATAP) clients of PASS I eligibility.

Documentation may be required in PASS I, PASS II, and PASS III family cases in certain situations or communications even if a notice is not issued.

4170-1 PASS II AND PASS III FAMILY GENERALNOTICE REQUIREMENTS

The Child Care Program Office (CCPO) provides notices to Designees using the Designee's official letterhead, which is to be used for actions taken or when advising the family of requirements for Child Care Assistance Program (CCAP) participation. Only these notices are to be used and must not be altered. If a circumstance arises that does not fit any of the provided notices, the Designee is to contact the CCPO for guidance.

Dates identified throughout this manual for the issuance of a notice, such as the first (1st) of a month, are to be issued as soon as possible in that month and not specifically required to be issued on the first (1st) day as the first (1st) may not be a business day. Due dates and closure effective dates, however, are specific.

Designee staff is to review each notice prior to mailing for spelling, grammar, punctuation, and tone, to ensure they are professional and accurate.

Notices have date blocks, free form space, or a combination of both. The Designee is to use this space to inform the family specifically what is required using a message and tone that are professional and appropriate. Information or instruction provided in the date blocks and free form spaces is not to be in all capitalized letters or in bold. Notices must include:

1. Requirement(s) of the family;

2. Information required and not provided. If more than one *Child Care Assistance – Information Needed Notice* is issued at the time of application, all information still missing at the time the notice is issued is to be included, even if already included in the prior notice;

3. The date the requirement is due;

4. The consequences for not meeting the requirement;

5. The appropriate regulation citation; and

6. *Request for Hearing* CC46 form on the back side of the last page, if the action in the notice is denying, reducing, suspending, or terminating the family's benefits. If it is not possible to include the *Request for Hearing* CC46 on the back side of the last page, it must be stapled to the notice.

The appropriate regulation citation referenced on each notice is specific to the action or requirement(s). Many notices have a drop down menu to aid in the selection of the appropriate citation. Regulations not pertaining to the action or requirement are not to be included in the notice. Designees are to contact the CCPO policy mailbox if assistance is needed to ensure the correct citation is used.

4170-2 NOTICE OF ACTION FOR FAMILY

Notices issued regarding actions taken by the Designee, or requirements of the family for participation, must be sent following either timely or adequate timeframes. See section 4000-7 Timely and Adequate Notice.

When taking an action that either does not result in a change or increase to the family's benefit, adequate written notice must be given.

The Designee must give timely written notice to a participating family at least ten (10) mailing days before taking any action, to be effective the first (1st) of the following month, if the action adversely affects their benefit by terminating eligibility. Notice of an adverse action to decrease or end benefits that is to take place must be sent at least ten (10) mailing days prior to the first (1st) day of the affected month and prior to taking the action.

The Division of Public Assistance (DPA) produces an Adverse Action Calendar which is distributed to Designees each month. See section 4000-4 G. Adverse Action Calendar. Staff must refer to the calendar to ensure the appropriate timeframes and deadlines are used in situations requiring an action and notice.

Exceptions to Adverse Action Calendar timeframes include the following:

1. The family requests in writing, their case to be closed;
2. The family's whereabouts are unknown and mail correctly addressed to their last known address was returned by the post office with no known forwarding address;
3. Factual written evidence exists of the death of the participating child; or
4. Factual written evidence exists of the death of a participating single parent.

4170-2 A. NOTICE DOCUMENTATON

Notices sent in conjunction with an action taken on an acceptable application or ongoing case must be documented within the body of

the Integrated Child Care Information System (ICCIS) standardized case note of the action taken, by including the notice title, requirements of the family, approval/income information, and any due date.

If not included within the body of the ICCIS standardized case note of the action taken, notices issued must be documented in an ICCIS case note using the name of the notice as the subject line and a brief description of what is being required of the family, when the information is due, and/or the action being taken in the body of the case note. The entire notice issued is not to be copied and pasted into an ICCIS case note.

1. **Notice Documentation Requirements for ICCIS Case Note**
   Specific information included in the notice is entered into the body of the case note. This will allow any ICCIS user to know what is being required of the family and follow the action taken.

   a. **Notice for a Stand Alone Action**
      When the notice issued is for a stand-alone action the ICCIS subject heading is the notice title. The body of the case note contains the action taken or needed, any applicable due date, and consequence.

   b. **Notice as Part of a Multiple Action**
      When the notice issued is part of multiple actions being taken at the same time, the notice issued may be documented as part of that action's case note. The notice title and contents, including the action taken or needed, any applicable due date, and consequence is included in the body of the case note.

2. **Notice Documentation Requirements for Hard Copy Case File**
   A copy of all pages of each notice issued, including the *Request for Hearing* CC46, if applicable, must be contained in the family's hard copy case file.

4170-2 B. PASS II CHILD CARE REFERRAL

When a family's Temporary Assistance (TA) case closes either due to or with earnings from employment, the DPA staff is to issue the *PASS II Child Care Referral* W150 notice to the family with a copy sent to the Designee. This notice is issued even when the family requests their TA case to be closed as long as they are employed at the time. The notice

includes the Designee agency name, address and telephone number for the family to follow up with if they continue to need child care assistance.

If DPA Field Services does not mail a family the *PASS II Referral* W150, it does not mean the family is not eligible for Parents Achieving Self-Sufficiency (PASS) II. PASS II eligibility can be determined using ICCIS and Case Management System (CMS) to verify at least one of the parents in the TA household had employment earnings at the time of the family's TA closure. If a Designee is unable to confirm this information using ICCIS and CMS, they are to send an email inquiry to the Child Care Program Office (CCPO) Policy Mailbox. See section 4000-4 L. Inquiries and Consultation for more information.

4170-2 C. APPLICATION PROCESS LETTERS

The following letters are used during the family application process.

1. **Child Care Assistance – Notification of PASS II Potential Eligibility**
   This letter is sent when the Designee either receives a copy of the *PASS II Child Care Referral* W150 notice, issued by DPA advising the family they may be eligible for PASS II child care assistance, or receives the mailing labels from the CCPO for families who have been sent the *PASS II Child Care Referral* W150 in the past month.
2. **Unacceptable Child Care Assistance Application Submitted**
   When an application is received which does not contain at least a legibly written applicant name and signature on the Statement of Truth it is not acceptable for processing. The application is not documented in ICCIS because it is not considered received.

   If the application has at least a mailing address, or if an address is found in ICCIS, this letter is issued and mailed with the application to the applicant. The letter issuance is not documented in ICCIS.

3. **Receipt of Acceptable Child Care Assistance Application**
   This letter is only issued at the request of the parent. Some child care providers want confirmation of a family's participation to either accept a child or keep a child in care. Designees are to provide this letter at the family's request indicating an acceptable application has been received by their office. The family may share the document with whomever they choose. This letter is not a determination of eligibility or a guarantee the family will be approved for program participation.

4170-2 D. APPLICATION PROCESS NOTICES

The following notices are used during the application process.

1. **Child Care Assistance Application Received – Pended Notice**
   This notice is used with both new and renewal acceptable applications when required information is missing, including scheduling and participating in an interview. The information listed must be specific to the family and their application. An interview is prescheduled with the date, time, method, and contact information if the family needs to reschedule, included in the notice. When documenting the information needed, a numbered list is preferred.

   For example, Item(s) Needed:
   1. *Name and telephone number for your selected childcare provider*
   2. *A copy of your government issued photo identification.*
   3. *Proof of age for child – Betty*
   4. *A telephonic interview has been scheduled on MMDDYY at Time. Worker Name will call you at xxx-xxxx. If you need to change this date and/or time please call xxx-xxxx.*

   Designees are to include this information in an ICCIS case note along with the date the items are due to be received. The family must be given at least ten (10) days to provide the needed information based on the Adverse Action Calendar.

   When the interview is scheduled and included in this notice, the interview date must be scheduled for at least five (5) calendar days from the date of issuing the notice if the appointment time has not already been confirmed with the parent. If the interview has been confirmed with the parent and it is less than five (5) days from the date of issuing the notice, the confirmation of the interview appointment conversation with the parent must be documented in an ICCIS case note. See section 4060-1 Scheduling the Interview.

2. **Child Care Assistance Application - Approved Notice**
   This notice is used following the submission of a complete *Child Care Assistance Application* CC08, when an applicant is determined to be eligible to participate. The eligible start date is the date the application was date stamped received and the end date is the last

day of the twelfth (12th) month following the start month. Benefits will start either the month the application was received or within sixty (60) days of the date the application was received.

If the family is determined not eligible for the month of application or the month following the reason for their ineligibility must be selected. Regulation citations pertaining to reasons for the ineligibility are at the end of the reason and must be included in the citation sentence at the end of the notice.

When the family's co-pay and child care provider are the same for any consecutive months in the family's certification period, the information may be entered on one line of that section in the notice. The family's full certification period must be accounted for in the Month Year section. Likewise when the family size and monthly countable income are the same for any consecutive months in the family's certification period, the information may be entered in one line of that section of the notice.

When the first (1st) month in the family's certification period begins on a day other than the first (1st) day of the month, the family's co-pay is pro-rated. This month can be entered in the notice to reflect the actual first eligible date to support the start day in the body of the notice. "Pro-rated" may also be entered in the Co-pay amount section for this first month to help explain why it is different than the following months. If the family's benefits start the month following the month the application was received, the co-pay is not pro-rated.

The care authorized for the each child of the family also needs to be included for the full certification period.

The worksheet showing the math calculations used to determine the family's monthly income must be included along with the *Family Income and Contribution Schedule* used and *Child Care Assistance Authorization* document(s).

The regulation citation sentence must include: 7 AAC 41.320, 7 AAC 41.325, 7 AAC 41.330, 7 AAC 41.335 and the applicable regulation if it is determined the family is not eligible for up to sixty (60) days from the date the application was submitted and received based on the reason selected in the notice. It is preferred the listing of citations be in numeric order.

3. Child Care Assistance Application - Denied Notice

This notice is used when: the family does not meet the financial eligibility, non-financial eligibility or both; any of the required information is not received; the family's monthly countable income is over the allowable maximum for their family size for both the month of application and the following month; the family's contribution exceeds the amount of the authorized benefit for the month of application and the following month; when the family has applied for or is receiving Alaska Temporary Assistance (TA) and their case in ICCIS reflects a status of RE, PE, or OP prior to submitting a *Child Care Assistance Application* CC08 to the Designee; or guidance has been given by the CCPO to deny the application.

The specific reason for the denial must be included in the notice for example; there are no child care age eligible children in your family.

The regulation citation sentence must include: 7 AAC 41.315, 7 AAC 41.320 and the applicable regulation associated with the reason for denial. It is preferred the listing of citations be in numeric order.

4. **Child Care Assistance – Mailing Address Needed**
When a notice issued to the family during the application process is returned by the United States Postal Service, and contact with the family is unsuccessful, this notices is issued to the address on record.

This notice is used for both families and providers so the regulation citation must be adjusted to include only those pertaining to a family: 7 AAC 41.315 and 7 AAC 41.320.

4170-2 E. PARTICIPATING FAMILY NOTICES

Situations arise during a family's certification period requiring written notification. The following notices are used:

1. **Child Care Assistance – Notice of Contribution Change**
This notice is used when the family reports during their certification period, a change in their income, which reduces their monthly contribution (co-pay).

The family size and monthly countable income are entered beginning with the effective month of the change and for each

following month remaining in the family's certification period. The family's co-pay and the name of the provider are also listed for the same months through the remainder of the certification period. The worksheet showing the math calculations used to determine the family's monthly income must be included along with the *Family Income and Contribution Schedule* used and *Child Care Assistance Authorization* document(s).

2. **Child Care Assistance - Information Needed Notice**
   This notice is used to request information or documentation from a participating family to support a reported change or clarify/verify questionable information. The family must be given at least ten (10) days to provide the requested information.

   When information/action is needed on an open case, the *Child Care Assistance – Information Needed Notice* is sent advising the family that failure to comply will result in the change not being made.

   If the information is not submitted and received by the Designee by the due date in this notice, no changes are made to the case, except in the case of a family utilizing job search. See sections 4070-3 C. 2. Job Search and 4120-1 B. 1. Non-temporary Change in Eligible Activity.
3. **Child Care Assistance – Notice of Change**
   This notice is used to inform the family the changes to their benefit due to a reported change or information.

   The *Child Care Assistance – Notice of Change* is sent with copies of the: income worksheet showing the math calculations used to determine the family's monthly income when the family's income was recalculated; and any canceled and/or new *Child Care Assistance Authorization* documents, as applicable.

   When the change results in the family's eligibility ending, adverse action must be applied when determining the date for their case to be closed if there are existing authorizations beyond the closure date. In these situations, the *Child Care Assistance Closure* notice is issued with a copy of the canceled/amended authorizations instead of the *Child Care Assistance - Notice of Change.*

   The regulation citation sentence must include: 7 AAC 41.340 if the changes results in a change to their authorizations; and the applicable regulation associated with the change reported. It is preferred the listing of citations be in numeric order.

4. **Child Care Assistance Reported Change – No Benefit Change Notice**
   This notice is used to inform the family the outcome of a reported change or information resulting in no change to be made to their benefit or participation.

   The *Child Care Assistance Reported Change – No Benefit Change Notice* is sent with copies of the: income worksheet showing the math calculations used to determine the family's monthly income when the family's income was recalculated.

   The regulation citation sentence must include: 7 AAC 41.305 if the family's benefit is not changing based on the reported change and the applicable regulation associated with the change reported. It is preferred the listing of citations be in numeric order.

5. **Child Care Assistance Renewal Notice**
   This notice is used for the family's annual renewal. Designees are to issue the notice to be mailed to participating families at the beginning of the eleventh (11th) month of the family's certification period.

   The due date included in the notice for the family to have all information submitted and received by the Designee is the last day of the eleventh (11th) month of their certification period and the closure date is the last day of the family's certification period.

6. **Child Care Assistance - Report of Non-Payment Notice**
   This notice is issued to a participating family when their child care provider reports the family has not paid the family's contribution (co-pay), the difference in the provider's rate and what the Child Care Assistance Program (CCAP) paid on the family's behalf, or any other fees charged by the provider.

7. **Child Care Assistance Closure Notice**
   This notice is used when: the Designee does not receive an application from a participating family to renew their participation; a family has been determined to be eligible to receive PASS I Child Care Assistance (CCA); a family's countable monthly income exceeds eighty-five percent (85%) of the State Median Income (SMI); in instances of sudden program ineligibility; loss of contact; a family in job search activity does not respond to the *Child Care Assistance – Information Needed Notice* sent to them during the three (3) month job search timeframe; a family has a

debarment determination for an incorrect payment or intentional program violation; or a family requests their case to be closed.

Families must be given at least ten (10) days notice based on the Adverse Action Calendar prior to the effective date of case closure. Case closures are always effective the last day of a month.

When a family requests in writing for their case to be closed at the end of the current month, adverse action is not needed and the *Child Care Assistance Closure Notice* is sent to reflect case closure the last day of the month identified by the family to close as long as it is not a past month. If the family verbally requests their case to be closed, the *Child Care Assistance Closure Notice* is issued indicating the closure date to be the last day of the month following adverse action.

The *Child Care Assistance Closure Notice* can be issued prior to the closure date or after the closure date depending on the circumstances.

The regulation citation sentence must include the applicable regulation associated with the reason for closure. It is preferred the listing of citations be in numeric order.

8. **Child Care Assistance – Eligible Provider Needed Notice**
When a family's selected child care provider's CCAP approval period ends or license expires during the family's certification period this notice is issued to the family advising them of the provider's end date, care can only be authorize to their provider if they renew participation, and they may select to use a different provider.

9. **Child Care Assistance – Notice of Continued Benefits**
The notice is issued when a family requests the issuance of continued benefits in conjunction with a hearing request submission. The notice advises the family their benefits will be authorized on a month by month basis until a determination to concede the hearing is made or the final hearing decision is issued. It notifies the family if the hearing is not in their favor they will have to repay the benefits received during this timeframe.

4170-3 REGULATION REFERENCE TOOL FOR FAMILY NOTICES

The following chart can be used to ensure the correct regulation citation is selected in those notices which include this information.

010 – Applicability (if eligible through PASS I)
055 – Program participation prohibitions
300 – Eligible Family
305 – Family eligibility determination
310 – Eligible activities
312 – Work
313 – School
315 – Family application
320 – Family responsibilities
322 – Family rights
325 – Family income determination
330 – Family contribution
335 – Family income and contribution schedule
340 – Child care authorization
345 – Payment of program benefits
350 – Eligible child
360 – Allowable absence, incapacitation
370 – Child care in the child's own home
375 – Compliance and other reviews

4180 MAINTAINING DOCUMENTATION IN THE CHILD CARE ASSISTANCE FAMILY CASE FILE

Documentation is the recording in the family's file, which includes the hard copy case file and Integrated Child Care Information System (ICCIS) information. Clear ICCIS case notes must be entered describing how information was verified and why decisions were made that led to the eligibility determination. Sources of verification include documentary evidence, collateral contacts, and verbal or written statements made by the applicant.

Documentary evidence includes, but is not limited to, hard copies of items such as pay stubs, employer verifications, proof of age, etc.

Collateral contacts are used to obtain information that will help

determine the family's eligibility, and may include but are not limited to: inter-agency staff, health/mental health care professionals, or employers who supply pertinent information about the family.

Families have primary responsibility for providing documentary evidence to support statements. Families have primary responsibility to resolve any unclear or inconsistent information that contradicts the application, statement(s) made by the family, or other information received by the Designee. When questionable information from another source contradicts statements made by the family, the family must be provided an opportunity to clarify and verify their circumstances.

When a family has been notified in writing of information needed to determine or receive Child Care Assistance (CCA), the Division of Public Assistance (DPA) Adverse Action Calendar is used to establish the due date the information must be received. This due date is provided in the notice. The family may submit the requested information in person, via fax, scan and email, or via mail.

Family hard copy case files must be maintained in a consistent manner within the Designee's office, with the most current forms on top and the permanent forms on the bottom.

Each hard copy family file shall contain the following information:

1. A complete family application, annually or at the time of reapplication, if there is a lapse in participation for more than thirty (30) calendar days;
2. A copy of each parent's government issued photo identification (permanent forms). This is only required one (1) time unless the parent changes their name;
3. A print out of the System for Award Management (SAM) search results for the initial application and renewals, for each parent in the family and for each known name used by the parent, such as maiden or previously used married names;
4. Verification of child support received or paid for the initial application and renewals, if applicable;
5. A copy of proof of age (permanent forms) for children in the family younger than thirteen (13) years of age for whom care is being requested, if not verified through ICCIS. This is only required one time unless the child's name changes;

6. Verification of incapacitation for a participating parent, if applicable. This is required at the time of the initial application, onset of condition, and at renewal. New documentation is not needed if the family's case closes and they reapply within sixty (60) calendar days of case closure and the identified dates of incapacitation exceed the sixty (60) days;

7. Proof of alien status for children needing care, if citizenship is questionable (permanent forms), if applicable. This is only required one time;

8. Income verification and documentation. This is needed for the initial application, renewals, and applicable reports of change;

9. Proof of a current State of Alaska business license, if self-employed. This is needed for the initial application and renewals and/or at the time of beginning a self-employment activity;

10. Proof of a valid State of Alaska issued chauffer's license if self-employed in a capacity of a taxi, limousine or other driving capacity requiring additional licensure. This is needed for the initial application, renewals or at the time of beginning this type of self-employment activity;

11. Education or job training documentation, if applicable. This is needed for the initial application, renewal, at the beginning of this type of activity, and when a change is reported causing the family to need more care authorized;

12. Copies of all notices issued to the family by the Designee;

13. Copies of all *Child Care Assistance Authorization* documents issued to the family or created in error;

14. Alaska Inclusive Child Care Program *Authorization for Special Needs Supplemental* CC51 from the Child Care Program Office (CCPO), if applicable; and/or

15. Waiver or written notice of ending or changing child care providers provided by the family, if applicable.

4180-1 CREATING CASE FILE VOLUMES

Accurate and current hard copy case files must be maintained to ensure all required documentation is available for future reference in accordance with state and federal regulations. Files must be maintained at a manageable size. This process is called "creating case file volumes," which means to create a new file folder when a case file has reached two inches in thickness.

The procedure for creating case file volumes are as follows:

a. Sorting the Case File:

The documents in the case file are sorted to determine which will be pertinent to an active case. These documents are retained in the active case file (follow steps 3 and 4 for the procedures in retaining documents). The documents which are no longer considered pertinent are transferred in a Manila folder to be sent to Archives.

b. Labeling the Files:

On the front cover of the Manila folder, mark the file as "Volume 1" and the active file as "Volume 2." Clearly indicate on both files the date the original case file was sorted. The current file is to be filed in the Designee's office, and older volumes will be archived based on the archiving schedule.

4190 CHILD CARE ASSISTANCE CHILD CARE PROVIDER TYPES

The State of Alaska subsidizes the costs of child care for low to moderate income families participating in the Child Care Assistance Program (CCAP). Child care providers must be determined eligible to be paid with public funds through the Parents Achieving Self Sufficiency (PASS) CCAP, with the exception of some families receiving PASS I Child Care Assistance (CCA). See section 4040-2 B. a. PASS I Certification Period.

Individuals will be established with the CCAP as only one (1) type of child care provider at a time.

The Designee is responsible for providing information about the different types of CCAP eligible providers and the current applications and forms. The type of provider an individual may apply to become depends on certain criteria. The Designee will assist interested individuals in identifying the appropriate application to be completed by assisting in identifying the following:

1. The age of the individual wanting to become a provider;

2. The location where care will be conducted;

3. The number of children anticipated to be cared for; and

4. The relationship of the applicant to the children to be in care, if any.

A *Child Care Licensing* brochure is given to any individual expressing an interest in becoming a Licensed provider.

4190-1 ELIGIBLE PROVIDER TYPES

Child care providers who are eligible to participate in the Child Care Assistance Program (CCAP) include: Licensed; United States (US) Department of Defense or US Coast Guard Certified; Tribally Approved or Tribally Certified; Nationally Accredited or Nationally Certified Day Camp or similar facility or program; Approved Relative; and In-home.

The Child Care Program Office (CCPO) maintains a list of current Licensed and Approved providers who are in Active/Open status in the Integrated Child Care Information System (ICCIS), excluding In-home child care providers. These providers may or may not be approved for CCAP participation. The list of providers is available on-line at: http://www.hss.state.ak.us/dpa/programs/ccare/

1. LICENSED

Individuals conducting child care services for more than four (4) children who are not related to them must become licensed by the State of Alaska or Municipality of Anchorage (MOA) to participate in the CCAP, unless the individual has been hired by a family to provide child care services in the children's home.

Parents who are employees of a Licensed child care provider may participate in the CCAP as a family even if, at times, they are the

sole caregiver in lieu of the Licensed provider or assigned to care for their own child.

Additionally, an individual employed as a caregiver at a Licensed facility may be approved as an Approved Relative Provider and care for children in their own home when not working at the Licensed facility.

An individual employed by a Licensed child care provider may be approved as an Approved Relative provider if they meet the required criteria or as an In-home caregiver and care for children in the family's home.

Licensed providers hold a current *Child Care License* issued by the State of Alaska, Department of Health & Social Services (DHSS), CCPO, or by the MOA, Department of Health and Human Services (DHHS).

Licensed provider types include:

a. Center;

b. Group Home; and

c. Home.

A licensed facility located within a residential treatment center is eligible for program participation. The parent is considered to be residing in the treatment facility and not in the provider's facility.

2. US DEPARTMENT OF DEFENSE OR US COAST GUARD CERTIFIED

US Department of Defense or US Coast Guard Certified providers hold a current certificate or other approval granted by the US Department of Defense or the US Coast Guard.

Department of Defense Instruction Number 6060.02 effective August 5, 2014 are the standards used in certifying these providers, regardless of the military branch, and meet the requirements of Alaska Administrative Code (AAC) 7 AAC 41.

3. TRIBALLY APPROVED OR TRIBALLY CERTIFIED

Tribally Approved or Tribally Certified providers hold a current certificate or other approval granted by a tribal entity. The standards used for the tribal certification or approval must be

evaluated by the CCPO to determine if they meet or exceed the requirements of 7 AAC 41 in order for them to be eligible for CCAP participation.

4. **NATIONALLY ACCREDITED OR NATIONALLY CERTIFIED DAY CAMP OR SIMILAR FACILITY OR PROGRAM**
   Nationally Accredited or Nationally Certified Day Camp or similar program providers hold a current accreditation or certification from the American Camping Association or another national accreditation group. The accreditation or certification standards must be evaluated by the CCPO to determine if they meet or exceed the requirements in 7 AAC 41 in order for them to be eligible for CCAP participation.

5. **APPROVED RELATIVE**
   Approved Relative providers hold a current approval issued by the State of Alaska, DHSS, CCPO, or by a Designee on behalf of the State of Alaska. Approved Relative providers are the sole caregiver, providing child care services in the provider's private residence, which is outside of the child's own home. Care must be for less than twenty-four (24) hours per day and provided only to eligible children who are by marriage, blood relationship, or court decree, their grandchildren, great-grandchildren, niece, nephew, or sibling.

   An Approved Relative provider may care for no more than a total of five (5) children, younger than thirteen (13) years of age, including the provider's own children and any other children residing in the provider's home. A child who turns thirteen (13) years of age during the family's certification period, and continues to have care authorized must be counted in the five (5) children maximum.

   The provider's own children and any other children residing in the provider's home are considered to be children in care. No more than two (2) of these children may be younger than thirty (30) months of age. This type of provider is approved for participation in the CCAP biennially. A new application is required every two (2) years to continue participation in the CCAP.

   Approved Relative providers must:
   a. Be at least eighteen (18) years of age;

   b. Have at least a high school diploma, General Educational Development (GED) diploma, or the equivalent;

c. Have an understanding of the development of children;

d. Have the ability to care for children;

e. Have the skills to work with children, family members, department staff, community agencies; and

f. Have the skills necessary to handle finances and plan and evaluate programs.

Approval will not be granted for more than one individual to operate as a child care provider during the same hours at the same location, including different levels or floors of the same home or separate rooms in a larger building. This does not apply to separate units in a multi-family dwelling such as a duplex, triplex, apartment building, or condominium complex. When child care services are provided in a rented residence, approval must be received from the property owner or manager.

The Approved Relative provider may not operate an additional business on the premises during the hours established for providing child care services, if customers of the additional business would have access to the child care facility or would interrupt the supervision of children in care.

6. IN-HOME

In-home providers hold a current approval issued by the State of Alaska, DHSS, CCPO, or by a Designee on behalf of the State of Alaska.

When eligible to use In-home Child Care, a parent participating in the CCAP may choose to hire a caregiver to come into the family home for the purposes of providing child care services for the eligible children of the family. The In-home caregiver may bring their own child(ren) to the family's home if there will be no more than a total of five (5) children (family and caregiver's children combined) younger than thirteen (13) years of age and with the written permission of the family. All children of the family and the caregiver are counted even if not all the children are present at the same time.

a. Family Eligible for In-home Child Care

The parent(s) of the family must be participating in their eligible activity outside the family's home except allowable sleep time, at
the same time, and need care for at least one of the following:

- At least four (4) children who are not in school at any time during the day, are otherwise eligible, and are not the children of the In-home caregiver; and/or
- At least one (1) child with special needs verified by a health care or mental health care professional; and/or
- At least one (1) child who is younger than twelve (12) months of age. If this is the only qualifying criteria, eligibility to use In-home care ends the month following the child turning twelve (12) months of age; and/or
- At least one (1) child, if all parents in the family are working a night shift. Night shift is defined as employment requiring a minimum of six (6) work and travel hours between the time of 8:00 pm and 6:00 am. If this is the only qualifying criteria, eligibility to use In-home care ends the month following a parent no longer working a night shift.

b. Eligible In-home Caregiver

The In-home caregiver is considered an employee of the family and:

- Must be at least eighteen (18) years of age;
- Have at least a high school diploma, GED, or the equivalent;

d. Cannot be a member of the family's Temporary Assistance (TA) unit;
e. May be related or unrelated to the children receiving care;
f. May not reside in the same home as the children of the family they are caring for;
g. Will not be established with the CCAP as a different child care provider type at the same time they are providing in-home child care;
h. May bring their own child(ren) into the family's home while providing child care services only with written approval from the family and only if by doing so the total number of children in care combined does not exceed five (5); and
i. Will only be approved to provide in-home childcare services for one family at a time.

A family with four (4) children may qualify to use in-home child care during the summer months when no children of the family are in school; however, would need to use a different provider type if they do not meet the qualifications once school starts.

A family choosing to use in-home child care will not simultaneously be established as any other provider type during their approval timeframe to have an In-home caregiver. An In-home caregiver will not be established as any other provider type during their approval timeframe as an In-home caregiver. Approval as an In-home provider will not be granted for more than one family during the same hours at the same location, including different levels or floors of the same home or separate rooms in a larger building. This does not apply to separate units in a multi-family dwelling such as a duplex, triplex, apartment building, or condominium complex.

The In-home caregiver cannot operate an additional business on the premises during the hours established for providing child care services, if customers of the additional business would have access to the child care facility or would interrupt the supervision of children in care.

4190-2 PROGRAM RESTRICTION FOR PROVIDERS

Parents or stepparents will not be approved to provide child care services and receive child care assistance for their own child(ren) or step child(ren).

During the hours of operation as a child care provider, the provider's own child(ren) and other children residing in the home, younger than thirteen (13) years of age, will not be authorized for coverage by the Child Care Assistance Program (CCAP) and must be included in the total capacity for the provider.

A person who is included in the Temporary Assistance (TA) family unit is not eligible to participate as a provider for any member of the TA family unit.

If a parent receiving TA chooses to provide child care as their employment, the Work Services Provider (WSP) Staff must assess the potential for economic self-sufficiency, including their ability to meet the Approved Relative, In-home, or Licensed provider requirements.

The family's own children, and any other children residing in the home, younger than thirteen (13) years of age must be counted in the total number of children in care. Therefore, a parent's ability to become self-sufficient as a provider must be considered if they have children younger than thirteen (13) years of age.

The reasons the parent is choosing to provide child care is evaluated by the WSP Staff. Individuals should not be encouraged to provide child care services unless they are committed to the early care and education of young children and are able to meet all of the requirements including the health and safety standards.

A TA recipient who provides child care services as their eligible activity is not eligible to participate in the CCAP and receive child care assistance for their own children.

4200 CHILD CARE ASSISTANCE PROGRAM PROVIDER APPLICATION

To participate in the Child Care Assistance Program (CCAP) a complete application, specific to the type of provider the individual wants to become, must be submitted to, and received by the Designee, and all the applicable requirements must be met.

Applications are submitted to the Designee responsible for families and providers within their CCAP service delivery area. If an application is received by a Designee or the Child Care Program Office (CCPO) which should have been submitted to a different office, it is to be date stamped and faxed or scanned and emailed to the correct office within two (2) business days. Upon confirmation the correct office received the forwarded application and all information is legible, the original can be shredded.

The Designee will complete the following screenings: the federal database for excluded individuals, System for Award Management (SAM) and debarment information in the Integrated Child Care Information System (ICCIS) for the applicant and all applicable household members prior to approving an application. See section 4210-1 Provider Program Participation Prohibitions.

Individuals can apply to participate in the CCAP as only one provider type at a time.

4200-1 PROVIDER APPLICATION CRITERIA

An acceptable Child Care Assistance Program (CCAP) provider application must contain at least the applicant's name legibly written, address, and signature for the Certification and Statement of Truth. A faxed or scanned and emailed copy of the application is acceptable and an original signature on file is not needed. Applications and supporting documentation received via email must be printed for the provider's file and each page legible. Any missing or illegible information must be requested from the provider.

Unacceptable applications are not date stamped, case noted in the Integrated Child Care Information System (ICCIS), or registered.

When an unacceptable application is submitted in person the Designee will advise the applicant of the information needed for the application to be considered acceptable. Unacceptable applications received by fax, mail, or email are to be returned to the applicant.

All acceptable applications must be date stamped with the month, day, and year in which they are received. Acceptable applications received after the close of business are to be date stamped with the date received via fax, or by email or by mail. When applications are received via a drop box, they are date stamped with the previous business day's date or most recent business day's date, if retrieved on a Monday or a business day following a holiday.

If an application is received by a Designee in a service delivery area not serving the provider, or by the Child Care Program Office (CCPO), the Designee or CCPO will within one (1) business day:

1. Date stamp the application and fax it to the Designee for the service delivery area of the applicant's physical city, including a copy of the envelope, if received by mail. The Designee or CCPO who originally received the application will hold the application until it is confirmed received by the correct Designee. The sending Designee or CCPO can confirm receipt by the correct Designee by telephone, email or by checking for the application to be registered and case noted in ICCIS. Once confirmed the original document is shredded.

2. When the Designee in the provider's service delivery area receives the faxed application, they are to date stamp the application as

received the date the fax is received and within one (1) business day:

a. Register the application in received status; and
b. Case note receipt of the application, based on the first date stamp. See section 4200-4 Registering an Acceptable Provider Application.

4200-2 PROVIDER APPLICATION SUBMISSION

Providers currently licensed or certified/accredited, individuals interested in becoming an Approved Relative provider, or a family choosing to hire an In-home caregiver, must submit an acceptable and complete application to the Designee. A complete application must be received by the Designee within thirty (30) days of the date the application was submitted in order to participate in the Child Care Assistance Program (CCAP) to receive subsidies on behalf of CCAP participating families.

All pages of the application, forms, and supporting documentation are to be date stamped by the Designee.

4200-2 A. LICENSED PROVIDER CHILD CARE ASSISTANCE APPLICATION SUBMISSION

The application packet for a Licensed provider includes the following forms and verification requirements that must be completed and submitted to the Designee:

1. *Licensed Provider Child Care Assistance Application* CC41*;*

2. *State of Alaska Substitute Form W-9;*

3. *Child Care Provider Rates and Responsibilities* CC12; and

4. The *Electronic Payment Agreement for Vendors Doing Business with the State of Alaska* form is strongly encouraged and provided to each applicant however is not required. If provided it is forwarded to the Child Care Program Office with the *State of Alaska Substitute Form W-9* at the time of program approval; and

5. Verification of completion of the Child Care Assistance Licensed, Certified, or Accredited Provider Orientation.

The application forms must be signed by the owner or the facility's Administrator if different than the owner. The facility's owner and Administrator have signatory authority for all CCAP actions and forms including *Request for Payment*. The Administrator must designate the individual(s) who may sign CCAP *Request for Payment* forms if someone in addition to themselves will be responsible for submissions. The Administrator and each individual with signatory authority must complete the *Child Care Assistance Provider Billing Training* prior to submission of *Request for Payment* forms signed by that individual. When verification of an individual's completion of the *Child Care Provider Billing Training* is received the Designee will enter a case note in the provider's case in ICCIS documenting the billing training was taken.

If the CCAP application has a different owner or Administrator, the Designee will notify the Licensing Specialist of the discrepancy.

6. Corporations
   If the business owner in the Integrated Child Care Information System (ICCIS) is a corporation, the individual signing the application must be the President according to the provider's State of Alaska Business License or the facility's Administrator.

   To determine if the signor is the corporation's President the Designee will access the corporation's State of Alaska business license at:
   http://commerce.alaska.gov/occ/home_bus_licensing.html.
   and:
   a. Enter the business name and select search;
   b. Select the correct business name from a list at the bottom of the screen which will take you to the License Details showing the business type as a corporation;
   c. From the left hand side under Search License Data select Corporations. Enter the business name in the "Entity name" and Search; and
   d. Select entity # for the correct business from the list. This will take you to the Entity Details. The Registered Agent is listed as well as officials of the corporation.

4200-2 B. CERTIFIED/ACCREDITED PROVIDER CHILD CARE ASSISTANCE APPLICATION SUBMISSION

The application packet for United States (US) Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camp or similar

facility, includes the following forms and verification requirements that must be completed and submitted to the Designee:

1. *Certified/Accredited Provider Child Care Assistance Application* CC84*;*

2. *State of Alaska Substitute Form W-9;*

3. *Child Care Provider Rates and Responsibilities* CC12;

4. A copy of a current accreditation, approval, or certification from the US Department of Defense or US Coast Guard, tribal entity, or national accrediting or certifying agency. If the valid certification has not been issued for a US Department of Defense or US Coast Guard Certified provider, a copy of the facility's letter issued by either the US Department of Defense or a branch of military responsible for the oversight of the facility, identifying they are in compliance is acceptable;

5. A copy of the standards used in the accreditation, approval or certification of US Department of Defense, US Coast Guard, Tribally Approved, Tribally Certified, Nationally Accredited, or Nationally Certified Day Camp or similar facility;

6. Verification of completion of the Child Care Assistance Licensed/ Certified Provider Orientation must also be received, and

7. The *Electronic Payment Agreement for Vendors Doing Business with the State of Alaska* form is strongly encouraged and provided to each applicant however is not required. If provided it is forwarded to the Child Care Program Office with the *State of Alaska Substitute Form W-9* at the time of program approval.

The application forms must be signed by the owner or Administrator of the facility, as identified in ICCIS. If the business owner in ICCIS is a corporation, the individual signing the application and/or identified as having signing authority must be listed in the provider's Staff/HH screen in ICCIS.

4200-2 C. APPROVED RELATIVE PROVIDER APPLICATION SUBMISSION

An Approved Relative provider application packet includes the following forms and verification requirements that must be completed and submitted to the Designee:

1. *Approved Relative Child Care Provider Application* CC42*;*

2. *State of Alaska Substitute Form W-9;*

3. *Child Care Provider Rates and Responsibilities* CC12, including verification the applicant is the only individual providing child care services;

4. *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan CC10;*
5. *Approved Relative Child Care Provider Health and Safety Requirements CC11;*

6. A copy of the applicant's government issued photo identification;

7. Verifiable valid State of Alaska business license to operate as a child care using the primary line of business of 62- Health Care and Social Assistance, and the primary North America Industry Classification System (NAICS) code of 624410 Child Care Services;

8. *Typical Daily Schedule of Activities* CC87;

9. A copy of valid pediatric first aid and cardiopulmonary resuscitation (CPR) certifications;

10. Verification of completion of the Child Care Assistance Approved Relative Provider Orientation;

11. Verification of the qualifying relationship of each child in care to the applicant;

12. *Permission to Operate a Child Care Business* CC72, if applicable;

13. A copy of the provider's high school diploma, General Educational Development (GED) diploma, or the equivalent;

14. Valid Background Check
    The provider must also apply to the Alaska Background Check Program (BCP) as a facility in the New Alaska Background Check System (NABCS); obtain background checks for themselves and all

household members sixteen (16) years of age and older; and associate each of these household members with their facility.

The Designee will obtain verification of a valid background check for the provider and all household members sixteen (16) years of age and older and correct association to the provider's case within NABCS. See section 4210 Child Care Assistance Program Provider Background Check Requirements; and

15. The *Electronic Payment Agreement for Vendors Doing Business with the State of Alaska* form is strongly encouraged and provided to each applicant however is not required. If provided it is forwarded to the Child Care Program Office (CCPO) with the *State of Alaska Substitute Form W-9* at the time of program approval.

4200-2 D. IN-HOME CHILD CARE APPLICATION SUBMISSION

An eligible CCAP family may choose to hire a caregiver to care for the family's children in the family's home. An individual serving as an In-home caregiver for a participating family will not be approved to participate in the CCAP as a family and receive a benefit for the care of his or her own child during the same hours they are providing child care services.

An In-home child care application packet given to a family choosing In-home child care includes state and federal employment information, health and safety guidelines and notification they are required to comply with all applicable labor and tax laws.

As the employer of the In-home caregiver, the family is responsible for complying with minimum wage standards and both federal and state employer tax requirements. The Designee does not verify the family is in compliance with tax and labor laws.

The In-home child care application packet includes the following forms and verification requirements that must be completed and submitted to the Designee:

1. *In-home Child Care Application* CC40;

2. *In-home Child Care Parent/Caregiver Agreement* CC18, if applicable;

3. *Health and Safety Requirements for In-home Child Care* CC27;

4. *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan CC10;*

5. A copy of the parent's government issued photo identification;

6. A copy of the caregiver's government issued photo identification;

7. A copy of the caregiver's valid pediatric first aid and CPR certifications;

8. A copy of the caregiver's high school diploma, GED diploma, or the equivalent;

9. *Alaska New Hire Reporting Form* 04-1050;

10. *Alaska Employer Registration Form for Daycare Services form* TREG (daycare); and

11. The *Electronic Payment Agreement for Vendors Doing Business with the State of Alaska* form is strongly encouraged and provided to each applicant however is not required. If provided it is forwarded to the Child Care Program Office with the *State of Alaska Substitute Form W-9* at the time of program approval.

The family must complete the *Form I-9 Employment Eligibility Verification* as verification their employee is eligible for employment in the US. The completed form and supporting verification documents are not submitted to the Designee or a federal agency but must be retained by the Employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices. Completed forms must be retained for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The family must contact the Department of the Treasury Internal Revenue Service (IRS) for assistance in completing and submitting the *SS-4 Application for Employer Identification Number*; Form W-2 *Wage and Tax Statement*; and Form W-4 *Employee's Withholding Allowance Certificate*. These forms are not submitted to the Designee or retained in the provider's file.

The family must also apply to the BCP as a facility in NABCS; obtain a background check for their selected caregiver; and associate the caregiver with their facility.

4200-3 ACTIONS TAKEN ON AN UNACCEPTABLE PROVIDER APPLICATION

Applications determined unacceptable are not registered in the Integrated Child Care Information System (ICCIS) and are returned within one (1) business day of receipt to the applicant with an *Unacceptable Child Care Assistance Provider Application Received* letter. A copy of the letter and the submitted application are retained by the Designee for sixty (60) days after which they are shredded.

If no mailing address is included on the application, the Designee will attempt to call any phone number included in the application to advise the applicant of the unacceptable application. The Designee will attempt to obtain a mailing address to return the unacceptable application to the applicant. When all attempts to identify the applicant and/or mailing address to return the unacceptable application have been exhausted, the application is retained by the Designee for sixty (60) days after which time it is shredded.

4200-4 REGISTERING AN ACCEPTABLE PROVIDER APPLICATION

The Designee must, within one (1) business day of receipt of an acceptable Child Care Assistance Program (CCAP) provider application, enter (register) the application in the Integrated Child Care Information System (ICCIS) and assign the provider case to the appropriate Child Care Assistance office and worker's caseload.

The Designee must refer to the *ICCIS User Guide* to ensure the application is entered correctly and duplicate providers are not created. After conducting the required searches and it is determined the applicant does not already have a provider case, a new ICCIS case is created.

To complete the registration, the Application, Demographics, and Staff/HH screens are completed in ICCIS, except as noted in the following sections.

1. **DOCUMENTING RECEIPT OF AN ACCEPTABLE LICENSED PROVIDER CHILD CARE ASSISTANCE APPLICATION**

When an ICCIS search results in an existing case for the applicant, a case note is entered using subject heading: CCAP App Rcvd MM/DD/YYYY and the body of the case note contains the documents received. No ICCIS screens are updated at this time. See section 4260-6 Reviewing an Acceptable Provider Application for Completeness.

When an ICCIS search results in no existing case for the applicant, the application is not registered and is denied. The applicant must either apply as a different provider type or work with the Licensing office to become licensed before they can participate in the CCAP.

2. **DOCUMENTING RECEIPT OF AN ACCEPTABLE CERTIFIED/ACCREDITED OR APPROVED RELATIVE CHILD CARE PROVIDER APPLICATION**

a. **No Existing Case**

When an ICCIS search results in no existing case for the applicant, the Designee creates a new case in ICCIS. When a valid business license has been issued to the applicant matching the facility name on the *Certified/Accredited Provider Child Care Assistance Application* CC84 or *Approved Relative Child Care Provider Application* CC42, the provider is established in ICCIS as the business name. When no valid business license has been issued, the provider is established in ICCIS using the applicant's personal name until the valid business license is received at which time ICCIS is updated to reflect the business name. A case note is entered using subject heading: CCAP App Rcvd MM/DD/YYYY and the body of the case note contains the documents received.

The Designee will conduct a search in the New Alaska Background Check System (NABCS) to determine if the Approved Relative provider applicant has an existing provider case. See section 4210- Approved Relative and In-home Provider Case in the New Alaska Background Check System.

b. **Existing Case in Active/Open Status**

When an ICCIS search results in an existing case for the applicant, this same provider case is used.

When a *Certified/Accredited Provider Child Care Assistance Application* CC84, *Approved Relative Child Care Provider Application* CC42, or *Approved Relative Child Care Provider Renewal Application* CC82 is received from an applicant who has an existing provider case in ICCIS that is in Active/Open status, and the business type is the same, the existing ICCIS case is used.

- The new application is not registered;
- An ICCIS case note is entered using subject heading: CCAP App Rcvd MM/DD/YYYY or AR App Rcvd MM/DD/YYYY and the body of the case note contains the documents received;
- Request a review of NABCS, if outside of the Municipality of Anchorage (MOA), from the Child Care Program Office (CCPO) to ensure an Approved Relative provider's case is still enabled and if not, the change is requested. See section 4210 Approved Relative and In-home Provider Case in the New Alaska Background Check System; and
- Further review must be completed to determine the next action regarding the application. See section 4260-6 Reviewing an Acceptable Provider Application for Completeness.

The provider may continue to participate under their current approval type and status until a determination is made regarding the new application.

c. Existing ICCIS Case in Closed or Denied Status

When a *Certified/Accredited Provider Child Care Assistance Application* CC84 or *Approved Relative Child Care Provider Application* CC42 or *Approved Relative Child Care Provider Renewal Application* CC82 is received from an applicant who has an existing provider case in ICCIS that is in Closed or Denied status the existing ICCIS case is used. The application is registered in ICCIS by updating the ICCIS screens:

- Application Screen
  - Effective and Expiration dates are cleared;
  - The date the application was date stamped received is entered in the CCAP App Received space;
  - The App Completed date is cleared; and
  - The CCA caseworker is updated.
- Demographics Screen
  The physical, mailing, and email addresses and contact phone numbers are updated.
- Staff/HH screens

Information for each individual in the child care is entered using the date the application was date stamped received as the Start date.

- Case Note
  An ICCIS case note is entered using subject heading: AR App Rcvd MM/DD/YYYY for approved relative and CCAP App Rcvd MM/DD/YYYY for licensed/certified/accredited and the body of the case note contains the documents received.

The Designee will request a search in NABCS for Approved Relative Provider applicants from the CCPO to determine if the applicant has an existing provider case. See section 4210 Approved Relative and In-home Provider Case in the New Alaska Background Check System.

Further review must be completed to determine the next action regarding the application. See section 4260-6 Reviewing an Acceptable Provider Application for Completeness.

3. DOCUMENTING RECEIPT OF AN ACCEPTABLE IN-HOME CHILD CARE APPLICATION

When an *In-home Child Care Application* CC40 is received a search is conducted in the family module of ICCIS to ensure the individual submitting the provider application is an applying or already active parent participating in the CCAP.

When the family has an existing provider case in ICCIS that case is to be used. In situations where both parents of a family have existing provider cases in ICCIS the provider case for the individual listed as the Primary 1 on the family's case is to be used even if the individual listed as the Primary 2 completed and signed the *In-home Child Care Application* CC40 or *In-home Child Care Renewal Application* CC86. If the existing case is in Active/Open status the new application is not registered and no ICCIS screens are updated at this time. A case note is entered using subject heading: IN HOME App Rcvd MM/DD/YYYY and the body of the case note contains the documents received.

When the family does not have an existing provider case, a new case is created. The application is registered by entering information in the ICCIS Application, Demographics, and Staff/HH screens. The parent as the owner and their caregiver are the only individuals who are entered in the Staff/HH screen. An ICCIS case note is entered using subject heading: IN HOME App Rcvd MM/DD/YYYY and the body of the case note contains the

documents received. Further review must be completed to determine the next action regarding the application. See section 4260-6 Reviewing an Acceptable Provider Application for Completeness.

4200-5 APPROVED RELATIVE AND IN-HOME PROVIDER CASE IN THE NEW ALASKA BACKGROUND CHECK SYSTEM

Approved Relative and In-home providers must have a provider case established in the New Alaska Background Check System (NABCS) in order to have the required background checks completed.

When an acceptable Approved Relative or In-home child care provider application is received the Designee will give or mail the applicant the *Child Care Provider – Background Check Requirement* information sheet advising how to access NABCS. Applicants delivering their application in person will be given the *Child Care Provider – Background Check Requirement* at the time the application is received.

The Designee will request a review of NABCS by the Child Care Program Office (CCPO) via the policy mailbox at: dpaccp@alaska.gov, to ensure a duplicate case is not requested to be established for the applicant. See section 4210-1 for steps needed for the background check process

4200-6 REVIEWING AN ACCEPTABLE PROVIDER APPLICATION FOR COMPLETENESS

Within one (1) business day of registering or case noting receipt of an acceptable Child Care Assistance Program (CCAP) provider application all required documents are reviewed for completeness. Unless the applicant completed an interview within the last ninety (90) days or is renewing participation, an interview must be conducted with the applicant as part of the application process. See section 4250 Child Care Assistance Program Provider Interview. An acceptable application received with spaces or sections left blank is considered incomplete.

4200-6 A. REVIEWING AN ACCEPTABLE LICENSED, CERTIFIED/ACCREDITED PROVIDER CHILD CARE ASSISTANCE APPLICATION FOR COMPLETENESS

The Designee does not ensure Licensed, United States (US) Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camp or similar facility provider applicants have obtained the required State of Alaska business license. Business licenses for these provider types is monitored by the child care licensing office or applicable accrediting, certifying or approving office.

The Designee will review an acceptable application and supporting documentation to include the following steps prior to determining an application complete:

1. *Licensed Provider Child Care Assistance Application* CC41or *Certified/Accredited Provider Child Care Assistance Application* CC84

   Ensure the *Licensed Provider Child Care Assistance Application* CC41 is filled out completely and the Statement of Truth section of the application has been signed by the facility owner or Administrator reflected in the Integrated Child Care Information System (ICCIS), attesting they have read, understand and agree to abide by the rules pertaining to program participation. If there are applicable areas not marked, a copy of the form is retained and the original is returned to the applicant to be completed.

2. *Child Care Provider Rates and Responsibilities* CC12
   Ensure the provider has completed the top portion pertaining to their facility name; contact phone number; physical, mailing, and email addresses; owner name, owner physical, mailing, and email addresses and has marked the applicable box for Provider Type.

   Ensure the provider has also completed the rate portion by either checking the box indicating the provider's charges are the same as the State subsidy rate with or without exceptions for specific age groups or levels of care, or by marking the box "My rates are listed below" and completing all applicable information.

3. *State of Alaska Substitute Form W-9*
   This is a State of Alaska, Department of Administration, Division of Finance form used by all vendors of the State of Alaska. Ensure the provider's business type is identified as well as their Taxpayer

Identification Number. The *State of Alaska Substitute Form W-9* is required in order for a Vendor Customer Number (VCN) to be created in the Integrated Resource and Information System (IRIS) and ICCIS which allow for payments to be processed. Pages 2 and 3 provide instructions for completing the form.

4. Child Care Assistance Licensed or Certified/Accredited Provider Orientation
   Verify the facility Owner or Administrator and/or the individual whom they have authorized signature authority for the CCAP has completed the Child Care Assistance Licensed or Certified/Accredited Provider Orientation.

5. Child Care License (Licensed Providers Only)
   Verify the Licensed provider has a current *Child Care License* issued by the State of Alaska, Department of Health & Social Services (DHSS), Child Care Program Office (CCPO) or the Department of Health and Human Services (DHHS), Municipality of Anchorage (MOA), by ensuring the Effective and Expiration dates populated in the Application screen in ICCIS have not passed.

   If the applicant has not submitted and the State of Alaska CCPO or MOA has not received an application for a child care license, their *Licensed Provider Child Care Assistance Application* is denied.

   If the applicant is still in the licensing application process and a *Child Care License* has not yet been issued the *Licensed Provider Child Care Assistance Application* is pended for a copy of their *Child Care License*. If the applicant is not issued a child care license by the due date in the pend notice their *Licensed Provider Child Care Assistance Application* is denied.

7. Certification or Accreditation (Certified/Accredited Providers Only)
   US Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camp or similar providers must provide a copy of their current accreditation, approval, or certification from the applicable oversight agencies. If the Designee does not receive a copy of their current accreditation, approval, or certification from the applicable oversight agency, the application is pended for a copy. If the verification is not received by the due date in the pend notification, the application is denied.

When an official certificate has not yet been issued by the US Department of Defense or US Coast Guard, a letter on letterhead of either the US Department of Defense or the branch of military responsible for the oversight of the facility affirming the facility has been inspected and is in compliance is acceptable until the certificate is issued.

8. Certifying or Accrediting Standards (Certified/Accredited Providers Only)
   The standards used in the accreditation, approval or certification of US Department of Defense or US Coast Guard Certified, Tribally Approved, Tribally Certified, Nationally Accredited, or Nationally Certified Day Camp providers, must be provided. The Designee will forward the standards to the CCPO policy mailbox for review with the State of Alaska Department of Law to ensure they meet or exceed the requirements of Alaska Administrative Code (AAC) 7 AAC 41.

9. Debarment Searches
   The Designee must complete the debarment information searches before a determination can be made on the application. See section 4210 Child Care Assistance Program Provider Background Check Requirements.

An interview with the facility owner or Administrator is needed for all new Licensed, new US Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camp providers applying for CCAP participation. See section 4250 Child Care Assistance Program Provider Interview.

An orientation is not needed if a facility has a break in licensure/certification/accreditation and reapplies within twelve (12) months. Separate orientations are not needed if the owner has more than one licensed facility and the owner has already completed an orientation.

When a *Licensed Provider Child Care Assistance Application* CC41 or *Certified/Accredited Provider Child Care Assistance Application* CC84 is determined to be complete the date the last needed item was submitted and received or action taken is entered in the App Completed Date field on the line corresponding with the CCAP App Received, of the provider's case in ICCIS.

When an acceptable application is determined to be incomplete, the Designee will issue a *Child Care Assistance Provider Application - Pended* notice identifying the information and/or action needed. See section 4260-1 A. Pending a Provider Application.

4200-6 B. REVIEWING AN ACCEPTABLE APPROVED RELATIVE CHILD CARE PROVIDER APPLICATION FOR COMPLETENESS

The Designee will review an acceptable application and supporting documentation to include the following steps prior to determining an application complete:

1. *Approved Relative Child Care Provider Application* CC42
   The *Approved Relative Child Care Provider Application* CC42 is to be filled out completely. At the time of application, the provider applicant must have signed the Statement of Truth section of the application, which includes attesting they have read, understand and agree to abide by the rules pertaining to program participation. If there are applicable areas not marked, a copy of the form is retained and the original is returned to the applicant to be completed.

2. *Child Care Provider Rates and Responsibilities* CC12
   Approved Relative provider applicants must complete the top portion pertaining to their facility name; contact phone number; physical, mailing, and email addresses; owner name, owner physical, mailing, and email addresses and mark the box for Approved Relative for Provider Type.

   Ensure the provider has completed the rate portion by either checking the box indicating the provider's charges are the same as the State subsidy rate with or without exceptions for specific age groups or levels of care, or by marking the box "My rates are listed below" and completing all applicable information. Approved Relative Providers will not be paid a registration fee by the CCAP.

3. *State of Alaska Substitute Form W-9*
   This is a State of Alaska, Department of Administration, Division of Finance form used by all vendors of the State of Alaska. The provider's business type is identified as well as their Taxpayer Identification Number. The *State of Alaska Substitute Form W-9* is required in order for a VCN to be created in IRIS and ICCIS which

allow for payments to be processed. Pages 2 and 3 provide instructions for completing the form.

4. State of Alaska Business License
   A valid State of Alaska business license is required to operate a business in the State of Alaska and must be obtained prior to program approval. The primary line of business must be 62-Health Care and Social Assistance, and the primary North America Industry Classification System (NAICS) code to be used is 624410 Child Care Services.

   The Designee will search the State of Alaska, Department of Commerce and Economic Development website to determine if the applicant has a valid State of Alaska Business License listing the same address as their provider application. A copy is printed for the provider's case file. The website is: http://commerce.alaska.gov/occ/home_bus_licensing.html.

   If a State of Alaska Business License has been issued matching the facility name on the application, the facility name is updated in ICCIS.

5. *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10
   a. Floor Plan
      There must be a floor plan drawing of each level of the child care location reflecting each of the items listed on page 2 of the form. The drawing can be on a separate paper.

   b. Written Plan
      Each section must be completed providing a clear procedure of how the provider will respond in the specific situation.

6. *Approved Relative Child Care Provider Health and Safety Requirements* CC11
   This form must be signed by the provider applicant attesting they will abide by the health and safety requirements and remain in program compliance.

7. Debarment Searches
   The Designee must complete the debarment information searches before a determination can be made on the application. See section 4210 Child Care Assistance Program Provider Background Check Requirements.

8. *Permission to Operate a Child Care Business* CC72, only if renting their residence
   The landlord of the applicant must complete and sign the form acknowledging and approving the renter to operate a child care business in the residence. If the applicant resides in a rental property or mobile home and is technically the owner of the home/structure but rents the lot, this form is required.

   When the applicant is not residing in a rental property, or is residing with a spouse/significant other/relative/friend who is the property owner the form is not needed.

9. *Typical Daily Schedule of Activities* CC87
   The applicant must provide a "typical" schedule of daily activities for each age group of children in care. The schedule must include activities, including outdoor time, time for snacks/meals, and time for naps for young children. The schedule does not need to be exact but is a sample of the types of activities for children in care and approximate times.

10. Approved Relative Child Care Assistance Provider Orientation
    Verify the provider has completed the Approved Relative Child Care Assistance Provider Orientation.

11. Unexpired Government Issued Photo Identification
    The applicant must submit a copy of their unexpired government issued photo identification. No other household member's identification is required.

12. Pediatric First Aid and Cardiopulmonary Resuscitation Certification
    The applicant must submit a copy of their valid pediatric first aid and cardiopulmonary resuscitation (CPR) certifications.

13. Verification of Qualifying Education
    The applicant must submit a copy of their high school diploma, General Educational Development (GED) Diploma or Certificate, or the equivalent supporting they meet the education requirements. Acceptable verification of high school equivalent include:
    a. A GED diploma or certificate;
    b. A State certificate received by a student after the student has passed a State-authorized examination that the State recognizes as the equivalent of a high school diploma;

c. An academic transcript of a student who has successfully completed at least a two (2) year program that is acceptable for full credit toward a bachelor's degree;
d. For an individual seeking enrollment in an education program that leads to at least an associate degree or its equivalent and who has not completed high school but who excelled academically in high school, documentation that the individual excelled academically in high school and has met the formalized, written policies of the institution for admitting such students; or
e. A diploma or transcript verifying graduation from an approved two (2) year vocational child care training program approved by the state board of education.

Additional verification is needed if the applicant's name has changed after the time the documentation was issued.

For example: Provider applicant name is Jane F. Michael. Applicant's government issued identification is issued as Jane Francis Michael. Provider submits a High School Diploma issued to Jane Sophia Johnson. Additional verification of the provider's name change is required supporting her name change from Jane Sophia Johnson to Jane F. Michael.

14. Verification of the Qualifying Relationship of Each Child
The provider must submit verification of their relationship to each child to be in care supporting it meets the qualifying relationship.

Acceptable verification includes any of the following to clearly show the degree of kinship between the provider and the children in care: birth certificate; adoption record; hospital record; baptismal certificate; confirmation paper or other church record; court support order; divorce decree; or marriage certificate. Additional verification is needed if the applicant's name has changed after the time the documentation was issued.

For example: Provider applicant name is Jane F. Michael. Applicant's government issued identification is issued as Jane Francis Michael. Provider submits birth certificates for child a and child b listing the connecting parent as Anthony C. Townsend, and a birth certificate for Anthony Christopher Townsend listing the connecting parent as Jane Sophia Johnson. Additional verification of the provider's name change is required supporting her name change from Jane Sophia Johnson to Jane F. Michael.

An interview with the applicant is needed for all Approved Relative providers applying for CCAP participation. See section 4250 Child Care Assistance Program Provider Interview.

An orientation is not needed if an Approved Relative provider has a break in program approval and reapplies, as an Approved Relative provider, within twelve (12) months.

When an acceptable application is determined to be incomplete, the Designee will issue a *Child Care Assistance Provider Application - Pended* notice identifying the information and/or action needed. See section 4260-1 A. Pending a Provider Application.

When an Approved Relative provider application is determined to be complete, the date the last needed item was received by the Designee, or action taken is entered in the App Completed Date of the provider's case in ICCIS.

4200-6 C. REVIEWING AN ACCEPTABLE IN-HOMECHILD CARE APPLICATION FOR COMPLETENESS

A State of Alaska business license is not required for In-home child care.

The Designee will review an acceptable application and supporting documentation to include the following steps prior to determining an application complete:

1. *In-home Child Care Application* CC40
   The family and their selected caregiver must complete different sections on the application. The family, as the employer reads and completes the first page. The caregiver reads and completes the second page. The application must be signed by both the parent as the employer and the caregiver as the employee.

2. *Health and Safety Guidelines for In-Home Child Care* CC27
   The form summarizes the requirements and must be read and signed by the parent attesting they will maintain compliance.

3. *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10
   a. Floor Plan

There must be a floor plan drawing of each level of the child care location reflecting each of the items listed on page 2 of the form. The drawing can be on a separate paper.

b. Written Plan
Each section must be completed providing a clear procedure of how the caregiver will respond in the specific situation.

4. *Alaska New Hire Reporting Form* 04-1050
The Designee is not responsible to ensure the form is completed correctly but will ensure at least the Employer name and contact number is filled in. Upon a determination approving participation as an In-home provider the Designee will forward the *Alaska New Hire Reporting Form* 04-1050 to the Child Support Services Division at the address on the form. A copy is maintained in the provider's file.

5. *Alaska Employer Registration Form for Daycare Services form* TREG (daycare)
The Designee is not responsible to ensure the form is completed correctly but will ensure at least the Printed Name and Social Security Number are entered. Upon a determination approving participation as an In-home provider the Designee will forward the *Alaska Employer Registration Form for Daycare Services form* TREG to the Department of Labor at the address on page 1 of the form. A copy is maintained in the provider's file.

6. Unexpired Government Issued Photo Identification
The parent must submit a copy of their unexpired government issued photo identification as well as a copy of their selected caregiver's unexpired government issued photo identification.

7. Pediatric First Aid and Cardiopulmonary Resuscitation Certification
A copy of the caregiver's valid pediatric first aid and CPR certifications.

8. Child Care Assistance In-home Provider Orientation
Verify the provider (family) and their selected caregiver have completed the Child Care Assistance In-home Provider Orientation.

9. Debarment Searches
The Designee must complete the debarment information searches before a determination can be made on the application. See section

4210 Child Care Assistance Program Provider Background Check Requirements.

10. Valid Background Check
    The Designee will obtain verification of a valid background check for the caregiver and correct association to the family's provider case within the New Alaska Background Check System (NABCS). See section 4210 Child Care Assistance Program Provider Background Check Requirements.

11. *In-home Child Care Parent/Caregiver Agreement* CC18
    As the employer the family may allow their caregiver to bring their own child(ren) to the family's home, only if the number of children is no more than five (5). When the family grants this approval the *In-home Child Care Parent/Caregiver Agreement* CC18 form is submitted to the Designee. The form must be read and signed by both the parent as the employer and the caregiver as the employee.

An interview with the family and their caregiver is needed for all In-home applicants for CCAP participation.

A new orientation is not needed if the family has a break in participation and reapplies within twelve (12) months, or is renewing participation. If the family selects a new caregiver, the caregiver only is required to participate in the orientation. See section 4250 Child Care Assistance Program Provider Interview.

When an acceptable application is determined to be incomplete, the Designee will issue a *Child Care Assistance Provider Application - Pended* notice identifying the action needed. See section 4260-1 A. Pending a Provider Application.

When an In-home application is determined to be complete, the date the last needed item was received by the Designee, or action taken is entered in the App Completed Date of the provider's case in ICCIS.

4210 CHILD CARE ASSISTANCE PROGRAM PROVIDER BACKGROUND CHECK REQUIREMENTS

The Designee must ensure all Approved Relative provider applicants and household members and In-home caregivers are not prohibited from participating in the Child Care Assistance Program (CCAP) and

have the required background check prior to making an eligibility determination.

Individuals applying to become a provider and individuals working or residing in a child care facility where they will have contact with children in care must be free from problems that may pose a risk to children.

Fingerprint based background checks for Licensed, Approved Relative providers and In-home child care caregivers are conducted by the Alaska Background Check Program (BCP) before they can be approved for CCAP participation. Results of the fingerprint based background checks are valid for five (5) years.

Background Check Requirements:

1. **Licensed Providers**
   These providers do not need additional background review when applying for participation in the CCAP because this process is completed by licensing.

2. **United States (US) Department of Defense or US Coast Guard; Tribally Approved or Tribally Certified; Nationally Accredited or Nationally Certified Day Camps or similar facility or program**
   These providers must meet or exceed the DHSS requirements in order to be approved for CCAP participation. Background checks for these applicants are conducted by the entity issuing the certification, accreditation, or approval.

3. **Approved Relative Providers**
   Approved Relative providers must have background checks conducted as stated in 7 AAC 10 for the applicant and all household members sixteen (16) years of age and older.

   The provider applicant must have a myAlaska user name and password, and valid email address to apply to the BCP. A myAlaska account can be established by accessing the website at: https://my.alaska.gov.

   The provider applicant must have a facility created in the same child care name as is listed on the *Approved Relative Child Care Provider Application* CC42 in the New Alaska Background Check System (NABCS).

4. **In-home Providers**
   In-home providers must have a background check conducted as stated in 7 AAC 10 for their in-home child care caregiver before an eligibility determination can be made to approve.

   Families hiring an In-home child care caregiver must have a background check for their selected caregiver only. No household members need a background check.

   The parent of the family is considered the provider and must have a facility created in their name in NABCS. The provider (parent) must have a myAlaska user name and password, and valid email address to apply to the BCP. A myAlaska account can be established by accessing the website at: https://my.alaska.gov. The provider (parent) must regularly monitor the email address provided on their application for ongoing communication and information from the BCP and CCPO.

4210-1 CHILD CARE ASSISTANCE PROGRAM PROVIDER BACKGROUND CHECK SEARCH

Upon receipt of an acceptable application, the Designees will:
Email the CCPO via the policy mailbox at: dpaccp@alaska.gov with the provider applicant's first and last name and business name if provided, requesting a search in NABCS for the provider to identify if the applicant has an existing facility.

The CCPO Eligibility and Benefits Team will complete NABCS searches by selecting the Admin tab and Site Data. From the Site Data screen the provider type is changed to "Other" which will populate a drop down selection in the Provider section. Search for the provider from the drop down by: the child care business name; last name, first name; and first name, last name

The CCPO Eligibility and Benefits Team will respond to the Designee's email and the Designee will follow one of the four (4) headings below.

The Designee will follow the instructions from the heading below.

1. **No NABCS Case found**

   The Designee will complete the *Background Check Program NABCS: CCPO Provider/ Facility Account Form*, revised as of: 3/11/16, for new Approved Relative and In-home child care provider applications received. The *CCPO Provider/ Facility Account Form* can be found in NABCS under the Help link in the upper right corner. The forms are oversight agency specific so be sure to use the CCPO form. The *CCPO Provider/ Facility Account Form* is completed by typing:

   a. The Facility name as it has been created in the Integrated Child Care Information System (ICCIS);
   b. Provider Type: should already be populated with Other-Childcare;
   c. Programs(s): select Child Care Facility;
   d. License #: The provider's ICCIS number;
   e. The provider's First Name;
   f. The provider's Last Name;
   g. The provider's Email address;
   h. The provider's Mailing address;
   i. Action Needed: Select New Facility; and
   j. Name, Title and phone number of the staff member completing the form.

   The Designee will print a copy for the provider's file and scan the completed *Background Check Program NABCS: CCPO Provider/Facility Account Form* and email it to the Alaska Background Check Program (BCP) at BCUnit@alaska.gov and copy the CCPO at dpaccp@alaska.gov.

2. **Case found in NABCS – Disabled**

   When a NABCS search results in an existing case for the applicant, this same provider case is used. If the provider's case in NABCS has a Status of Disabled, the Designee will complete the *Background Check Program NABCS: CCPO Provider/ Facility Account Form*, by typing:

   a. The Facility name as it has been created in ICCIS;
   b. Provider Type: should already be populated with Other-Childcare;
   c. Programs(s): select Child Care Facility;
   d. License #: The provider's ICCIS number;
   e. The provider's First Name;
   f. The provider's Last Name;
   g. The provider's Email address;
   h. The provider's Mailing address;
   i. Action Needed: Select Change Programs and in the description space, request the provider be enabled; and

j. Name, Title and phone number of the staff member completing the form.

The Designee will print a copy for the provider's file and scan the completed *Background Check Program NABCS: CCPO Provider/Facility Account Form* and email it to the BCP at BCUnit@alaska.gov and copy the CCPO and copy the CCPO at dpaccp@alaska.gov.

3. **Case found in NABCS – Enabled**
When an existing case is found in NABCS for the applicant, and the Status as Enabled no additional action is needed for NABCS.

4. **Duplicate NABCS Case**
If it is identified a provider has a duplicate case in NABCS, access both cases to determine which one should remain enabled. If one of the cases is disabled do not take action to enable it. If both cases are enabled, request the case without household members or caregivers associated to be disabled.

4210-2 CHILD CARE ASSISTANCE PROGRAM PROVIDER BACKGROUND CHECK MONITORING

The Child Care Program Office (CCPO) Eligibility and Benefits Staff will monitor the applicant's NABCS case at least weekly for up to forty-five (45) days after the provider has applied to the BCP beginning the week following the *Background Check Program NABCS: CCPO Provider/ Facility Account* form being submitted to the BCP. The CCPO will continue to monitor applications received, or until an eligibility determination of Eligible for Permanent Hire is made by the BCP and the provider "hires" the household member(s) or caregiver, whichever comes first.

To monitor the applicant's background check status, the CCPO will access NABCS and:

1. Select the Employees tab and Roster:

2. Select the provider from the drop down list;

3. Select the Division of Public Assistance (DPA) and click Search.

Search results will populate at the bottom of the page. If the applicant/individual is not found, a search is conducted using the Reports option on the Home tab.

The "Not Yet Submitted by Provider" listing will show all applications which have been started but have either not been completed or the submit button not selected by the applicant.

The "Not Yet Submitted by Provider>10 Days" is a listing of applications which have not been completed or "submitted" and their thirty (30) days to complete the application process will be expiring soon. The ten (10) days is based on when their application was started in NABCS. Using these two (2) listings, the CCPO will be able to determine if and when an application has been submitted and when it will be expiring.

When an application has been submitted (completed) but a determination is not available for the individual in the Staff/Roster listing it should be available in one of the other reports listed in the Application section on the Home tab of NABCS.

Should a barring crime and/or condition be identified for an Approved Relative provider or their household members or an In-home caregiver, action is taken to deny the application advising the individual of the right to request a variance. See 4250-1 Background Check Variance Request Applications.

4210-3 ALASKA BACKGROUND CHECK PROGRAM ELIGIBILITY DETERMINATION

The Alaska Background Check Program (BCP) conducts a series of criminal and civil registry checks including Child Protection Services (CPS), which take approximately twenty-four (24) to forty-eight (48) hours for those providers and household members required to apply to the BCP for background checks. If no barrier crimes or conditions are found during the registry checks, the individual is eligible to be hired provisionally while the BCP is waiting for fingerprint results. This information is available to the provider by accessing their case in the New Alaska Background Check System (NABCS). The provider may hire the individual at that time which associates them with the provider's case in NABCS. Individuals who are eligible for provisional

hire may work in a child care facility for up to thirty (30) days while waiting for fingerprint results to be received and a final determination to be made by the BCP.

The Child Care Program Office (CCPO) Eligibility and Benefits Staff will monitor all other Approved Relative and In-home providers and provide a copy of the BCP's eligibility determination notification to the Designee for the provider's case file.

4210-3 A. BARRING CRIME OR CONDITION FOUND

If a barring crime and/or condition is found during this initial process, the BCP issues a determination of "Ineligible" for the individual in NABCS.

If this check is for a new or existing household member of a participating provider, the provider must take action to immediately remove the individual from the child care facility.

When a barring condition is identified for a provider, household member or In-home caregiver, the provider applicant and the caregiver are sent notification from the BCP advising of the barrier, allowing for a request for redetermination, and if applicable, the option of applying for a variance. The individual may not apply for a variance if the barring crime or condition is identified in:

1. 45 Code of Federal Regulation (CFR) 98.43 (a) (2)
   A child care provider shall be ineligible if the provider employs a staff member who is ineligible for employment. Household members of an Approved Relative provider are considered to be "staff" in the regard they may have unsupervised access to children in care; or

2. 45 CFR 98.43 (c) (1)
   A child care member is ineligible for employment if the individual:
   a. Refuses to consent to the criminal background check;
   b. Knowingly makes a materially false statement in connection with the criminal background check;
   c. Is registered, or is required to be registered on a State sex offender registry or repository or the National Sex Offender Registry; or
   d. Has been convicted of a felony consisting of
      - Murder;

- Child abuse or neglect;
- A crime against children, including child pornography;
- Spousal abuse;
- A crime involving rape or sexual assault;
- Kidnapping
- Arson;
- Physical assault or battery; or
- Has been convicted of a violent misdemeanor committed as an adult against a child including the following crimes: child abuse, child endangerment, sexual assault, or of a misdemeanor involving child pornography.

Notification is also sent from the BCP to the CCPO or Designee as the oversight agency. The BCP notification letter is printed for the provider's case file.

The individual identified with a barring crime or condition may request redetermination from the BCP of their eligibility determination if they believe the information is incorrect or if they are not the individual identified.

When the provider, a household member, or the In-home caregiver is identified with a barring crime or condition, the provider's Child Care Assistance Program application is denied and the *Child Care Assistance Provider Application - Denied* notice is sent. The notice advises the individual that they may apply for a variance or the provider may request a variance on their behalf. The individual may not apply for a variance if the barring crime or condition is identified in 45 CFR 98.43 (a) (2) 45 CFR 98.43 (c) (1). The Designee will complete the *Background Check Program NABCS: CCPO Provider/ Facility Account* form and submit it to the BCP requesting the provider facility be closed in NABCS.

If the provider, household member, or the in-home caregiver is identified with a barring crime or condition after the provider has been approved, the provider is no longer eligible to participate in the program. If the individual with the barrier is a household member or the in-home caregiver, the provider may continue participation upon verifying the barred individual is no longer in the home. The provider is to be sent a *Child Care Assistance Provider – End of Approval Status* notice and informed of their right to apply for a variance. A variance may not be requested for barring crimes or conditions identified in 45 CFR 98.43 (a) (2) 45 CFR 98.43 (c) (1).

The Designee will complete the *Background Check Program NABCS: CCPO Provider/ Facility Account* form and submit it to the BCP requesting the provider facility be closed in NABCS.

4210-3 B. ELIGIBLE TO PROVISIONALLY HIRE

When the BCP makes an eligibility determination of Eligible for Provisional Hire, the individual is eligible to work and/or reside in a child care facility. The facility must "hire" the individual to connect them with the facility's NABCS case. If the provider does not take action to provisionally hire the individual in NABCS within thirty (30) days of the determination being made by the BCP the application is closed. The provider must submit a new BCP application and complete the application process including submitting a new fingerprint card and payment of fees.

No updates in the Integrated Child Care Information System (ICCIS) will be made until the facility has "hired" the individual in NABCS. However, a case note is entered in ICCIS using subject heading: BCP Clearance Rcvd MM/DD/YYYY. The body of the case note identifies the individual and type of clearance granted by the BCP and whether or not the facility has hired the individual which associates them with the BCP case. An alert is set for the assigned Designee worker.

Once the individual has been "hired" provisionally, the Designee will use the hired date to update the individual's information in the Staff/HH screen of the provider's ICCIS case.

The provider and Designee or CCPO must continue to monitor the case for a determination of Eligible for Permanent Hire to be made by the BCP.

4210-3 C. PROVISIONAL STATUS EXPIRES

Individuals remain in "provisional status" with the BCP until a final determination is completed. Remaining in a provisional status could mean the individual's fingerprint card was rejected requiring them to be re-rolled and resubmitted. Provisional status expires after sixty (60) days, therefore providers must monitor their NABCS case to ensure any action needed by the provider or individual is completed timely for a final determination to be made, including associating any applicable individuals with their case.

When a determination of Eligible for Permanent Hire is not made within sixty (60) days the individual's provisional status expires and they are no longer eligible to work or reside in a child care facility. The Designee will enter a case note in ICCIS using subject heading: BCP Prov Status Expired MM/DD/YYYY. The body of the case note identifies the individual whose provisional status expired.

When a provisional status has expired without a final determination being made, the individual's application is denied. The individual is no longer eligible to have access to children in care or reside in a child care facility and must immediately be removed from the child care facility.

When the provisional status is for a new individual in an already approved and participating provider, the provider must be contacted by telephone and advised to immediately remove the individual from the child care facility. The *Child Care Assistance Provider – Notice of Change* is issued to the provider requiring they immediately remove the individual from providing care and terminate the individual from their NABCS case. The provider must notify the Designee verbally or in writing, within fourteen (14) days confirming they have taken these actions.

A new application, including a new fingerprint card and payment of fees must be submitted and a determination of eligible for provisional hire must be received for the individual to return to the facility.

4210-3 D. ELIGIBLE FOR PERMANENT HIRE

When the BCP receives an individual's fingerprint results and there are no barring charges, crimes, or conditions, a determination of eligible for permanent hire is made in NABCS.

The provider must take action in NABCS to permanently hire the individual. These individuals are now "flagged" for the BCP to receive notification of any law enforcement involvement. The BCP notifies the individual and the provider if a barring crime and/or condition is identified after the individual is permanently hired.

The Designee or CCPO will access NABCS to review for application completion and to ensure the provider has hired/associated the individual with the provider's case. The CCPO will enter a case note in ICCIS using subject heading: BCP Clearance Rcvd MM/DD/YYYY. The

body of the case note identifies the individual and type of clearance granted by the BCP and whether or not the facility has hired the individual. The CCPO will enter the "permanent hired" date when updating the individual's information in the Staff/HH screen of the provider's ICCIS case.

An alert must be set for the caregiver based on the expiration of their valid background check. Fingerprint results are valid for five (5) years. An alert is to be set sixty (60) days prior to the expiration date of the caregiver's background check. The provider is sent the *Child Care Assistance Provider – Information Needed* notice listing a new fingerprint based background check be completed through the BCP. The due date included in the notice is the last day of the caregiver's eligibility determination issued by the BCP. The Designee will notify the CCPO via the policy mailbox at dpaccp@alaska.gov when a provider outside of the MOA is issued the *Child Care Assistance Provider – Information Needed* notice for a new fingerprint based background check.

4210-3 E. INCOMPLETE BACKGROUND CHECK APPLICATION

When a child care provider does not submit all of the required information for themselves, household members, or their in-home caregiver within thirty (30) days of the date their BCP application was received, their NABCS application is automatically closed by the BCP.

The Designee will enter a case note in the provider's case in ICCIS using subject heading: BCP Incomplete. The body of the case note identifies the BCP application date and the information missing for the individual.

When the background check for the provider is the last item needed to complete the application and the required information for the background check has not been completed, the application is denied and the *Child Care Assistance Provider Application - Denied* notice is sent. The Designee will complete the *Background Check Program NABCS: CCPO Provider/ Facility Account* form and submit it to the BCP requesting the provider facility be closed in NABCS.

4210-3 F. NO BACKGROUND CHECK APPLICATION

If the provider does not apply to the BCP within thirty (30) days of the start date identified, the Designee will enter a case note in ICCIS using subject heading: BCP Incomplete. The body of the case note states "No BCP application submitted."

When the background check is the last item needed to complete the application and the provider has not applied to the BCP within the 30 day timeframe, the application is denied and the *Child Care Assistance Provider Application - Denied* notice is sent. The Designee will complete the *Background Check Program NABCS: CCPO Provider/ Facility Account* form and submit it to the BCP requesting the provider facility be closed in NABCS.

4210-4 PROVIDER PROGRAM PARTICIPATION PROHIBITIONS

In addition to having a barring crime and/or condition as identified by Alaska Administrative Code (AAC) 7 AAC 10, or 45 Code of Federal Regulation (CFR) 98.43 (a)(2) or 45 CFR 98.43 (c)(1) , a provider applicant is prohibited from participating in the Child Care Assistance Program (CCAP) if the individual has been debarred in accordance with Title 2 of the Code of Federal Regulations, Part 376, System for Award Management (SAM). A provider applicant is ineligible because of placement upon the Department List of Ineligible Individuals (State Debar List) due to an intentional program violation or refusing to comply with: an established repayment plan or the development of a repayment plan with the State of Alaska; the development of a payment plan with their provider if they participated as a family; or a plan of correction.

The Alaska Background Check Program (BCP) conducts review of the Office of the Inspector General Exclusion Database or the List of Excluded Individuals and Entities (LEIE) as part of the background check for all providers. The LEIE includes individuals who match exclusion through the System for Award Management (SAM). The Designee does not conduct review of SAM or LEIE.

At the time of initial application, the Designee is required to review the Integrated Child Care Information System (ICCIS) and conduct a

State Debar search for all provider types to ensure the provider applicant is not 'debarred' either as a provider or a family.

The Designee must review the general screen in ICCIS for the individual in both the provider and family modules to see if the debar box is checked.

If the individual is checked as debarred in ICCIS, the family/provider cannot participate in the CCAP unless and until the reason for debarment is resolved. If a provider applicant is debarred due to an unresolved Incorrect Payment, the application is pended for a repayment plan to be developed or compliance with an established repayment plan to be achieved.

The results of these reviews and any actions taken because of them are to be documented in an ICCIS case note using subject heading: State Debar List Checked. The body of the case note identifies each individual checked, the results, and any action taken, if applicable.

4220 CHILD CARE ASSISTANCE PROGRAM PROVIDER ORIENTATION, PRE-SERVICE, AND OTHER TRAINING REQUIREMENTS

Prior to a child care provider being approved for participation in the Child Care Assistance Program (CCAP) they must complete a CCAP orientation and any required pre-service training based on their provider type. Pre-service training is training required before approval or licensure. A child care provider approved for participation in the CCAP must also complete other training requirements.

The Licensing orientation and pre-service/other training requirements for Licensed providers are monitored by the Licensing Staff of the State of Alaska, Department of Health and Social Services (DHSS), Child Care Program Office (CCPO) or the Municipality of Anchorage (MOA), Department of Health and Human Services (DHHS).

Completion of the CCAP orientation for a Licensed provider is monitored by the Designee. The owner of a Licensed facility, or the facility's Administrator, must complete the CCAP orientation prior to program approval.

The accrediting, certifying, or approving entity's orientation and pre-service/other training requirements for United States (US) Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camp or similar facility providers are determined and monitored by the accrediting, certifying, or approving entity. Completion of the CCAP orientation for an accredited, certified, or tribally approved provider is monitored by the Designee. The facility's Administrator must complete the CCAP orientation prior to program approval.

The CCAP orientation and pre-service/other training requirements for Approved Relative and In-home providers are monitored by the Designee.

Applicants to become an Approved Relative provider or an In-home caregiver of an In-home provider (family) must obtain pediatric first aid and cardiopulmonary resuscitation certification before program participation can be approved. See section 4220-2 Pre-Service First Aid and Cardiopulmonary Resuscitation Training for Approved Relative Providers and In-home Caregivers.

Within three (3) months of the effective start date of approval for CCAP participation, an Approved Relative provider and an In-home caregiver must also complete the required new caregiver health and safety trainings. See section 4220-3-3 Health and Safety Trainings for Approved Relative Providers and In-home Caregivers. These individuals must also participate in ongoing training annually. See section 4220-4 Annual Professional Development Training Requirements for Approved Relative Providers and In-home Caregivers.

4220-1 PROVIDER ORIENTATION

Online Child Care Assistance Program (CCAP) provider orientations specific to the provider type have been developed to help the applicant better understand the CCAP, their responsibilities, and know where to find governing regulations and policies as they pertain to provider requirements, as well as resources. All provider applicants must complete a CCAP orientation prior to being determined eligible for participation, unless they are renewing participation or have a break in CCAP participation of less than sixty (60) days, and have already completed the orientation requirement.

If an applicant completed a CCAP provider orientation and is applying as a different provider type, they need to complete the orientation for the new provider type.

There are three (3) different CCAP Provider orientations available online: Approved Relative Provider Orientation; In-home Provider Orientation; and Licensed, Certified and Accredited Provider Orientation.

The facility owner or Administrator of a licensed, certified or accredited provider must complete the orientation. The provider/owner for an Approved Relative provider must complete the orientation. The parent of a family using an In-home caregiver and their caregiver must both complete an orientation. If the family changes In-home caregivers, the new caregiver only must complete the orientation before they can be approved.

At the time of receipt of an application, applicants are advised of the requirement to complete the applicable orientation based on the type of provider application received, and given the website, user name and password information.

The goal of the provider orientation is to ensure:

1. The provider has a copy or has accessed a copy of all of the Alaska Administrative Codes (AAC) governing CCAP child care providers to include 7 AAC 41, 7 AAC 10, and 7AAC 57. These regulations cover the provider's requirements and day to day operations to include:
   a. Daily activity plan;
   b. Behavior guidance;
   c. General health;
   d. Administration and storage of medication;
   e. Nutrition;
   f. Environmental health;
   g. Life and fire safety, including evacuation plans and monthly drills;
   h. Diapering;
   i. Pediatric first aid and cardiopulmonary resuscitation (CPR);
   j. Animals; and
   k. Poisonous plants.

2. Approved Relative and In-home providers understand a health and safety inspection will be conducted;

3. Approved Relative providers understand their own children and any other child younger than thirteen (13) years of age residing in the provider's home are considered to be in care. The provider must have children's records for these children in addition to the related children in the provider's care;

4. Approved Relative and In-home providers understand the requirement for completing health and safety training within three (3) months of the effective date of their CCAP participation approval. The required trainings cover:
   a. Prevention and control of infectious diseases, including immunization;
   b. Prevention of sudden infant death syndrome and the use of safe sleeping practices;
   c. Administration of medication, consistent with standards for parental consent;
   d. Prevention of and response to emergencies due to food and allergic reactions;
   e. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;
   f. Prevention of shaken baby syndrome and abusive head trauma;
   g. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
   h. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
   i. Precautions in transporting children;
   j. Pediatric first aid and CPR; and
   k. Minimum health and safety training.

5. Understanding of the requirements to provide the family: at least ten (10) business day's written notice before ending care for the family's children; at least a thirty (30) calendar day written notice prior to implementing an increase in their rates for services; and/or notice prior to closing for more than seven (7) consecutive days in a month and care authorized will be changed;
6. Understanding of the reporting requirements and how to report changes to include instances of abuse or neglect; and Licensed providers understand which information is reported to their Licensing Specialist and/or Designee;

7. Providers understand they must cooperate with the Department: by providing required documentation or scheduling appointments within the timeframe identified in any notice issued; regarding any inspection or investigation conducted;

8. Approved Relative and In-home providers understand the requirement to renew program participation timely and prior to the expiration of the approval timeframe to avoid a lapse in program eligibility;

9. Approved Relative and In-home providers understand their provider eligibility and program approval is separate from the family's CCAP eligibility and approval;

10. Understanding of the requirement to complete the *Child Care Provider Billing Training* within thirty (30) days of the effective date of their approval. The Child Care Provider Orientation and Child Care Provider Billing Training help ensure the provider and anyone with signatory authority understands payment for services timeframes and processes to include: payment will not be made for any services provided prior to the provider's approval effective date; program payment for services provided is contingent on the family's approval for program participation and a *Child Care Assistance Authorization* document must be received prior to submitting a *Request for Payment* CC78;

11. Approved Relative and In-home providers understand the requirement to complete twelve (12) hours of training annually;

12. Providers understand their right to request a hearing regarding decisions issued regarding their program eligibility or payment amounts with which they disagree;

13. Providers understand the consequences if CCAP rules are not followed including Plan of Correction, Incorrect Payment, and Intentional Program Violation processes; and

14. Providers understand the records required and retention timeframes.

Upon completion of the orientation's final exam and request for certificate, an email is automatically sent to the Child Care Program Office (CCPO) general mailbox. Notification of orientation completion is forwarded to the Designee.

Within thirty (30) calendar days of all provider applicant's approved effective start date or within thirty (30) days of the date of the approval notice whichever is later, the web based *Child Care Provider Billing Training* must be completed, unless they are renewing participation or have a break in CCAP participation of less than sixty (60) days and have already completed the training.

The owner or Administrator and/each individual(s) identified on the application as having CCAP signatory authority must complete the *Child Care Provider Billing Training* and the parent hiring an in-home caregiver and their selected caregiver must complete the training for an In-home provider.

A licensed facility's owner and Administrator have signatory authority for all CCAP actions and forms including *Request for Payment*. The Administrator must designate the individual(s) who may sign CCAP *Request for Payment* forms if someone in addition to themselves will be responsible for submissions. The Administrator and each individual with signatory authority must complete the Child Care Assistance Provider Billing Training prior to submission of *Request for Payment* forms signed by that individual.

If the CCAP application has a different owner or Administrator, the Designee will notify the Licensing Specialist of the discrepancy.

The approval notice informs providers of the requirement to complete the *Child Care Provider Billing Training* within thirty (30) days of the effective date of approval or within thirty (30) days of the date of the notice, whichever is later, and the consequence for failing to doso.

The provider must be sent a *Child Care Assistance Provider - Information Needed* notice with the applicable approval notice requesting verification of completion of the *Child Care Provider Billing Training* and identifies the individual(s) required to complete the training. The due date to use in this notice is the business day following the thirtieth (30th) calendar day from the later of their approval effective date or the date the approval notice was issued. The eligibility end date to use in this notice is the last day of the month following the month the training was to be completed.

An alert is set in the provider's case in the Integrated Child Care Information System (ICCIS) for the day following the due date, to send the provider the *Child Care Assistance Provider - End of Approval Status* notice at least 10 days prior to the last day of the month following the month their training completion was due. The *Child Care Assistance Provider - End of Approval Status* notice advises the

provider their CCAP approval status will be ended for failure to complete the *Child Care Provider Billing Training* within the required thirty (30) day time frame.

4220-2 PRE-SERVICE FIRST AID AND CARDIOPULMONARY RESUSCITATION TRAINING FOR APPROVED RELATIVE PROVIDERS AND IN-HOME CAREGIVERS

Applicants applying to become an Approved Relative provider or In-home caregiver must obtain current certifications for pediatric first aid and cardiopulmonary resuscitation (CPR) prior to approval for Child Care Assistance Program (CCAP) participation. A provider or In-home caregiver who is currently certified as an emergency medical or trauma technician satisfies this requirement.

Pediatric first aid and CPR certifications must be maintained throughout the provider's approval period.

Certification must be obtained by attending course(s) provided in a classroom type setting unless courses are not available within sixty (60) miles by road of the child care location. In these situations, the Approved Relative provider or In-home caregiver may receive instruction in pediatric first aid and CPR procedures through distance learning training videos and/or other materials approved by the department. For department approval of distance learning training, the Approved Relative provider or In-home caregiver must contact the Child Care Program Office (CCPO). They must also complete and pass the first available pediatric first aid and CPR certification course offered within sixty (60) miles by road of the child care location.

Approved Relative providers and In-home caregivers must maintain certification throughout the provider's approval period. The Approved Relative provider must review and post first aid and CPR instructions in an area where child care is conducted or make them readily available.

The Designee will set an alert in the Integrated Child Care Information System (ICCIS), for the first (1st) of the month prior to the provider's current certification expiration date to issue the *Child Care Assistance Approved Provider - Pediatric First Aid and CPR* notice. This notice informs providers of the requirement to renew their Pediatric First

Aid and CPR certifications and provide verification on or before the expiration of their current certification(s) and the consequence for failing to do so. An alert is set in the provider's case in ICCIS for the day after the due date, to send the provider the *Child Care Assistance Provider - End of Approval Status* notice at least ten (10) days prior to the last day of the month following the month the verification is due.

The *Child Care Assistance Provider - End of Approval Status* notice advises the provider their CCAP approval status will be ended for failure to provide verification of current pediatric first aid and CPR certifications.

First aid and CPR certification verification is not monitored by the Designee for Licensed, United States (US) Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camp or similar facility providers.

4220-3 HEALTH AND SAFETY TRAINING FOR APPROVED RELATIVE PROVIDERS AND IN-HOME CAREGIVERS

Applicants to become an Approved Relative provider or In-home caregiver must obtain training on topics designed to protect the health and safety of children in the child care setting within three (3) months of approval for program participation.

The minimum health and safety training must be appropriate to the child care setting and the required topics include the:

1. Prevention and control of infectious diseases (including immunization);

2. Prevention of sudden infant death syndrome and the use of safe sleeping practices;

3. Administration of medication;
4. Prevention of and response to emergencies due to food and allergic reactions;

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic;

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility);

8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;

9. Appropriate precautions in transporting children, if applicable; and

10. Recognition and reporting of child abuse and neglect.
    With the exception of recognition and reporting of child abuse and neglect, the required trainings listed above are available on-line through Better Kid Care. To access these trainings go to: http://extension.psu.edu/youth/betterkidcare/early-care/ccdbg:

    a. Select *Required Health and Safety*;
    b. Select *Sign in to On Demand*;
    c. Create an account as a new customer, or log into an existing account;
    d. Select *Required Health and Safety*; and
    e. Select "Health and Safety Basics: Requirements for Certification."

    Applicants are referred to the Office of Children's Services (OCS) website to take the "Report Child Abuse in Alaska Mandatory Reporter Training." OCS's website is: http://dhss.alaska.gov/ocs/Pages/childrensjustice/mandatoryreporting.aspx

The Designee will set an alert in the Integrated Child Care Information System (ICCIS), for the later of the first (1st) of the third (3rd) month following the provider's approval effective date or following the date of the approval notice, to issue the *Child Care Assistance Health and Safety Training Requirement – Information Needed N*otice. This notice informs providers of the requirement to complete the required health and safety training within three (3) months of their program approval effective date. The due date used in this notice is the last day of the third (3rd) month following their approval effective date and the eligibility end date to use in the notice is the last day of the fourth (4th) month following their approval effective date.

An alert is set in the provider's case in ICCIS for the day after the due date, to send the provider the *Child Care Assistance Provider - End of Approval Status* notice at least ten (10) days prior to the last day of the month following the month the verification is due.

The *Child Care Assistance Provider - End of Approval Status* notice advises the provider their CCAP approval status will be ended for failure to provide verification of completing the required health and safety training.

4220-4 ANNUAL PROFESSIONAL DEVELOPMENT TRAINING REQUIREMENTS FOR APPROVED RELATIVE PROVIDERS AND IN-HOME CAREGIVERS

All Approved Relative Providers and In-home caregivers must complete twelve (12) hours of professional development training annually from the effective start date of their approval for Child Care Assistance Program (CCAP) participation.

The annual training is in addition to the training required in section 4220-3 Health and Safety Training for Approved Relative Providers and In-home Caregivers, however; at least one (1) hour of the annual training must be on one (1) of the required health and safety training topics.

Annual professional development training must reflect current research and best practices related to the skills necessary for the child care workforce to meet the developmental needs of participating children, and improve the quality of, and stability within, the child care workforce. Professional development training must incorporate knowledge and application of Alaska's: Early Learning Development Guidelines; health and safety standards; and/or social-emotional behavior intervention models, which may include positive behavior intervention and support models. The Alaska statewide Child Care Resource and Referral Network (CCR&R) provides training and/or resources for training to all individuals interested in becoming a child care provider.

The Designee will issue a *Child Care Assistance Annual Training Requirement – Information Needed* notice the first (1st) of the eleventh

(11th) month following the approval effective date of the Approved Relative Provider or In-home caregiver's first (1st) year of participation. The notice requires the provider to submit verification to the Designee, of the training hours completed by the last day of their first year.

1. Verification Received – Hours Completed
   When the Approved Relative provider or In-home caregiver submits a copy of their certification(s) or transcripts verifying they have completed twelve (12) hours of professional development training, the Designee enters a case note in the provider's case in the Integrated Child Care Information System (ICCIS) using subject heading: Annual Training Completed. The body of the case note describes the training completed and hours associated.

   An alert is set in an Approved Relative provider's case in ICCIS for the first (1st) of the twenty-third (23rd) month to again issue a *Child Care Assistance Annual Training Requirement – Information Needed Notice.*

2. Verification Received – Hours Not Completed
   If the Approved Relative provider or In-home caregiver submits verification of the professional development training completed which is less than the required twelve (12) hours, the Designee enters a case note in the provider's case in ICCIS using subject heading: Annual Training Not Complete. The body of the case note describes the training completed and hours associated.

   The Designee will issue a *Plan of Correction (POC)* to the Approved Relative provider or family using an In-home caregiver requesting the provider's plan for coming into compliance with the requirement. See section 4280-2 Plan of Correction.

3. Verification Not Submitted
   If the Approved Relative provider or In-home caregiver fails to submit verification of the professional development training completed, the Designee enters a case note in the provider's case in ICCIS using subject heading: Annual Training Not Received.

   The Designee will issue a *POC* to the provider or family using an In-home caregiver requesting the provider's plan for coming into compliance with the requirement. See section 4280-2 Plan of Correction.

4230 CHILD CARE ASSISTANCE PROGRAM PROVIDER REQUIREMENTS

To participate in the Child Care Assistance Program (CCAP) a provider must meet the program requirements of Alaska Statute (AS) 47.32, Alaska Administrative Code (AAC) 7 AAC 10, 7 AAC 41, and 7 AAC 57 specific to the type of provider the individual wants to become. CCAP requirements include admission processes; planning for care; ratios; and behavior guidance.

4230-1 LICENSED PROVIDER PROGRAM REQUIREMENTS

Licensed providers must meet the program requirements of Alaska Statute (AS) 47.32, Alaska Administrative Code (AAC) 7 AAC 10, 7 AAC 41, and 7 AAC 57 specific to the type of provider for which they are licensed: home; group home; or center.

The Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Staff monitor licensed child care provider's compliance with the applicable requirements.

4230-2 CERTIFIED/ACCREDITED PROVIDER PROGRAM REQUIREMENTS

The following program providers must follow the regulations governing the certifying, accrediting, or approving agency which meet or exceed the requirements of Alaska Administrative Code (AAC) 7 AAC 41: United States (US) Department of Defense or US Coast Guard Certified; Tribally Approved or Tribally Certified; Nationally Accredited or Nationally Certified Day Camp or similar facility or program.

The Child Care Program Office (CCPO), through consultation/coordination with the Department of Law has determined the standards used to certify US Department of Defense and US Coast Guard Certified providers meet the requirements of Alaska Administrative Code (AAC) 7 AAC. 41.

The CCPO, through consultation/coordination with the Department of Law will review the standards used for accreditation, certification, or approval of Tribally Approved or Tribally Certified; Nationally

Accredited or Nationally Certified Day Camp or similar facility or program to ensure they meet the requirements of Alaska Administrative Code (AAC) 7 AAC 41. See section 4200- 6 A. Reviewing An Acceptable Certified/Accredited Provider Child Care Assistance Application for Completeness.

4230-3 APPROVED RELATIVE PROVIDER PROGRAM REQUIREMENTS

It is important for providers to know and understand the requirements for their child care program type. This section will focus on Approved Relative providers who must be in compliance with Alaska Administrative Code (AAC) 7 AAC 41.

The Designee monitors Approved Relative and In-home providers with on-site assistance from the Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Staff.

4230-3 A. ADMISSION AND PLANNING FOR CARE

An Approved Relative provider may not admit a child until the required verification of the qualifying relationship is provided to the Designee and if that child's admission would not cause the provider to have more than five (5) children in care.

A provider must obtain specific information about a child from the child's parent at or before the child's admission into the provider's care as described in 7 AAC 41.207 and as listed below.

A provider may enroll children for up to thirty (30) days, who are homeless, in protective services, or in foster care without a valid immunization record. The provider must give the family at least a ten (10) business day written notice prior to ending services.

1. *Child Emergency Information* CC47
   The Child Emergency Information CC47 form must be completed for all children in a provider's care, including the provider's own children and any other child younger than thirteen (13) years of age residing in the provider's home. The asterisked areas on the form indicate required information, however, providers may find the other information helpful to obtain.

The *Child Emergency Information* CC47 form must be reviewed and updated by the child's parent at least semi-annually and when any new information becomes available. The parent must date and initial the form.

2. *Plan of Care* for a Child with Special Needs CC89
   A *Plan of Care for a Child with Special Needs* CC89 must be developed by a provider, in collaboration with the child's parent when it is identified a child has special needs. The *Plan of Care for a Child with Special Needs* CC89 must address any specific services the provider will provide in functional outcome objectives, and designate the responsibility for any provisions and financing. The *Plan of Care for a Child with Special Needs* CC89 must also list any additional services the child is receiving from other service providers and identify those providers.

   To the extent the parent consents in writing to disclose the information to the provider, the *Plan of Care for a Child with Special Needs* CC89 must be based on:
   a. Results of medical and developmental examinations;
   b. Assessments of the child's cognitive functioning or current overall functioning;
   c. Evaluations of the family's needs, concerns, and priorities;
   d. The child's *Individualized Family Service Plan* (IFSP) or *Individualized Education Program* (IEP); and
   e. Other evaluations as needed.

An Approved Relative provider may admit, deny admission, or terminate services depending on their review of the information provided and whether the provider can meet the needs of the child. A ten (10) business day notice must be given to families whose child is in care when the provider determines they cannot meet the needs of the child and are ending services.

4230-3 B. RATIOS AND PROGRAM REQUIREMENTS

An Approved Relative provider may not have more than five (5) children in care. A child in the provider's care who turns thirteen (13) years of age during the family's certification period and continues to have care authorized is counted in the five (5) children allowed to be in care. This five (5) children maximum includes the provider's own children, and any other child residing in the child care home, younger than thirteen (13) years of age and children who turn thirteen years

of age during the family's certification period and care continues to be authorized. The provider's own children younger than thirteen (13) years of age who reside in the child care location are considered children in care and must always be included in the maximum, even if those children are not physically in care. No more than two (2) children may be younger than thirty (30) months of age. All children in the provider's care must meet the qualifying relationship to the provider.

The full requirements pertaining to ratio and program requirements are found in 7 AAC 41.211 and are listed below.

1. **Daily Activities**
   Providers must have a schedule and daily plan of activities for each age group of children to be in their care, that provides a balance of quiet and active activities, group and individual activities, outdoor play, and must include time for meals, snacks, sleep, toileting according to individual needs, and indoor and outdoor play. The schedule and plan is a *sample* of the types of activities for children in care with approximate timeframes and does not need to be followed exactly.

   Providers must:
   a. Provide direct care and supervision of children at all times;
   b. Provide a level of supervision that is appropriate to the child's age and developmental needs that is adequate to prevent injury;
   c. Demonstrate respect for each child in care and the child's family;
   d. Support behavior of children with positive guidance and set clear and consistent limits to promote the child's ability for self-discipline;
   e. Provide a variety of age-appropriate learning and social experiences;
   f. Demonstrate a positive attitude toward bottle weaning, diapering, toilet learning, and individual needs of the children;
   g. Respond appropriately to a child's needs;
   h. Prevent exposure of children to high risk situations, including exposure to physical hazards and encounters with individuals or animals posing a possible danger;
   i. Use strategies to prevent a child's aggressive behavior and to de-escalate volatile situations;
   j. Act as a positive role model for children;

k. Provide an environment that respects the gender, culture, ethnicity, family composition, and special emotional, cognitive, and developmental needs of each child;

l. Provide opportunities for:
   - self-expression and imaginative play;
   - at least twenty (20) minutes of vigorous physical activity for every three (3) hours the provider is open between the hours of 7:00 am and 7:00 pm;
   - each child to foster independence;
   - intellectual and social development;
   - language development; and

m. Limit screen viewing time including television, computer, and hand held devices:
   - Prohibit screen viewing time for children younger than two (2) years of age; and
   - Only allow up to one (1) hour in a twenty-four (24) hour period, for children over two (2) years of age.

2. Structure

Providers must provide structure designed to promote a child's individual physical, social, intellectual, and emotional development.

a. Infants and Toddlers in Care

When infants and/or toddlers are in care, a provider may not routinely leave a child awake in a crib, swing, or similar device for more than fifteen (15) minutes without direct adult contact.

The provider must:
- Provide opportunities for a child to develop a caring and nurturing relationship with and attachment to the provider;
- Be responsive to a child's needs and relieve a child's distress;
- Provide stimulation and comfort;
- Provide frequent verbal communication during feeding, changing and cuddle times;
- Provide physical contact through holding, rocking, play, bathing, dressing, and carrying a child;
- Allow infants and toddlers ample supervised opportunity during the day to explore and learn on their own outside of a play yard or other restraining device; and
- Ensure infants are placed on their back to sleep, unless otherwise ordered by a physician.

b. School-Age Children
When school-age children are in care a provider must provide a program that supplements rather than duplicates the child's school activities. School-aged children are to be given freedom appropriate to the child's age and developmental level with opportunities for self-reliance, social responsibility, and selection and planning of their own activities.

c. Treat Children Equitably
Providers must treat children in care equitably with their own children, if any.

d. Encourage Parental Involvement
Providers are to encourage parental involvement and must allow parents unlimited access to their children, the provider, and all areas of the child care facility to observe or participate.

e. Child Identified as having Special Needs
Providers must ensure all children are afforded opportunities to participate in any scheduled activities, as possible. Providers caring for a child identified as having special needs must develop and implement a *Plan of Care for a Child with Special Needs* CC89 for that child to enhance their developmental status. Providers must conduct regularly scheduled reassessments of each child's *Plan of Care for a Child with Special Needs* CC89 to monitor effectiveness.

4230-3 C. BEHAVIOR GUIDANCE

An Approved Relative provider must help children in care develop age-appropriate patterns of behavior that will foster constructive relationships and increase the child's ability to deal with everyday life. Exclusionary practices are only to be used as a last resort in extraordinary circumstances where there is a serious safety concern that cannot reduced or eliminated with reasonable accommodations. Discipline of children in care must never be cruel, humiliating, or otherwise damaging to a child. Appropriate discipline techniques are positive reinforcement, redirection, and realistic expectations and clear and consistent limit setting. The full requirements pertaining to behavior guidance requirements are found in 7 AAC 41.213 and are listed in this section.

A child may not be:

1. Removed from the other children for more than ten (10) minutes if the child is a young child, except if the child has a pattern of out of control behavior. In this instance the child may be removed from the company of other children until the child's behavior has stabilized. A *Plan of Care for a Child with Special Needs* CC89 must be developed with the child's parent that includes methods for understanding the child's behavior, and developing, adopting, and implementing a team-based positive behavior support plan with the intent to reduce challenging behavior and prevent suspensions and expulsions;

2. Disciplined in association with food or rest;

3. Punished for bedwetting or actions in regard to toileting or to toilet training;

4. Subjected to discipline administered by another child;

5. Subjected to verbal abuse, to derogatory remarks about the child or members of the child's family, or to threats to expel the child from care;

6. Placed in a locked room;

7. Physically restrained, except when necessary to protect a young child from accident, to protect persons on the premises from physical injury, or to protect property from serious damage; and then only passive physical restraint may be used;

8. Mechanically restrained, except for a protective device such as a seatbelt; or

9. Chemically restrained, except on the order of a physician and subject to the provisions of 7 AAC 10.1070.

Corporal punishment of children in care is prohibited. Corporal punishment means the infliction of bodily pain as a penalty for a disapproved behavior; and includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling, and any other action that seeks to induce pain.

The Alaska statewide Child Care Resource and Referral Network (CCR&R) can assist providers with developing appropriate behavior guidance plans.

4230-4 IN-HOME PROVIDER PROGRAM REQUIREMENTS

This section will focus on the requirements for In-home providers who must be in compliance with Alaska Administrative Code (AAC) 7 AAC 41.

The parent(s) using an In-home caregiver is considered the provider and is responsible for establishing expectations for their caregiver that meet the requirements of this section.

4230-4 A. ADMISSION AND PLANNING FOR CARE

In-home caregivers must conduct child care services in the family's home. Care may be provided to all children of the family, even if there are more than five (5) children in the family.

A parent of the family must provide information about each child with regard to medical or health concerns, including medications and/or allergies. When it is identified a child has special needs a *Plan of Care for a Child with Special Needs* CC89 must be developed between the parent and In-home caregiver to ensure the child's needs are met.

The *Plan of Care for a Child with Special Needs* CC89 must address any specific services the parent(s) will provide in functional outcome objectives, and designate the responsibility for any provisions and financing. The *Plan of Care for a Child with Special Needs* CC89 must also list any additional services the child is receiving from other service providers and identify those providers.

To the extent the parent consents in writing to disclose the information to the In-home caregiver, the *Plan of Care for a Child with Special Needs* CC89 must be based on:

1. Results of medical and developmental examinations;

2. Assessments of the child's cognitive functioning or current overall functioning;

3. Evaluations of the family's needs, concerns, and priorities;

4. The child's *Individualized Family Service Plan* (IFSP) or *Individualized Education Program* (IEP); and

5. Other evaluations as needed.

4230-4 B. RATIO AND PROGRAM REQUIREMENTS

An In-home caregiver may bring their own children if written permission is given from the family and if with the caregiver's own children there are no more than five (5) children in care. The *In-home Child Care Parent / Caregiver Agreement* CC18 must be completed, signed by both the parent and their In-home caregiver and submitted to the Designee. In-home caregivers must:

1. Provide the parent with access to their children at all times;

2. Provide direct care and supervision of children at all times;

3. Provide a level of supervision that is appropriate to the child's age and developmental needs that is adequate to prevent injury;

4. Provide daily activities to promote the child's individual physical, social, intellectual, and emotional development that includes time for meals, snacks, sleep, toileting, and indoor and outdoor exercise; and

5. Prevent exposure of children to high risk situations, including exposure to physical hazards and encounters with individuals or animals posing a possible danger.

4230-4 C. BEHAVIOR GUIDANCE

An In-home caregiver must help children in care develop age-appropriate patterns of behavior that will foster constructive relationships and increase the child's ability to deal with everyday life.

Discipline of children in care must never be cruel, humiliating, or otherwise damaging to a child. Appropriate discipline techniques are positive reinforcement, redirection, and realistic expectations and clear and consistent limit setting.
A child may not be:

1. Removed from the other children for more than ten (10) minutes if the child is a young child, except if the child has a pattern of out of control behavior. In this instance the child may be removed from the company of other children until the child's behavior has stabilized. A *Plan of Care for a Child with Special Needs* CC89 must be developed with the child's parent to address the behavior issues;

2. Disciplined in association with food or rest;

3. Punished for bedwetting or actions in regard to toileting or to toilet training;

4. Subjected to discipline administered by another child;

5. Subjected to verbal abuse, to derogatory remarks about the child or members of the child's family, or to threats to expel the child from care;

6. Placed in a locked room;

7. Physically restrained, except when necessary to protect a young child from accident, to protect persons on the premises from physical injury, or to protect property from serious damage; and then only passive physical restraint may be used;

8. Mechanically restrained, except for a protective device such as a seatbelt; or

9. Chemically restrained, except on the order of a physician and subject to the provisions of 7 AAC 10.1070.

Corporal punishment of children in care is prohibited. Corporal punishment means the infliction of bodily pain as a penalty for a disapproved behavior; and includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling, and any other action that seeks to induce pain.

The Alaska statewide Child Care Resource and Referral Network (CCR&R) can assist providers with developing appropriate behavior guidance plans.

4240 CHILD CARE ASSISTANCE PROGRAM HEALTH AND SAFETY REQUIREMENTS

To participate in the Child Care Assistance Program (CCAP) a provider must meet the health and safety requirements of Alaska Statute (AS) 47.32, Alaska Administrative Code (AAC) 7 AAC 10, 7 AAC 41, and 7 AAC 57 specific to the type of provider the individual wants to become.

The health and safety requirements include general health, medication, and nutrition; environmental health and safety; life and fire safety; diapering; first aid kit; and animals, toxic substances and poisonous plants.

4240-1 LICENSED PROVIDER HEALTH AND SAFETY REQUIREMENTS

Licensed providers must meet the health and safety requirements of Alaska Statute (AS) 47.32, Alaska Administrative Code (AAC) 7 AAC 10, 7 AAC 41, and 7 AAC 57 specific to the type of provider for which they are licensed: home; group home; or center.

The Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Staff monitor licensed child care provider's compliance with the applicable requirements.

4240-2 CERTIFIED/ACCREDITED PROVIDER HEALTH AND SAFETY REQUIREMENTS

The following program providers must follow the regulations governing the certifying, accrediting, or approving agency which meet or exceed the requirements of Alaska Administrative Code (AAC) 7 AAC 41: United States (US) Department of Defense or US Coast Guard Certified; Tribally Approved or Tribally Certified; Nationally Accredited or Nationally Certified Day Camp or similar facility or program.

The Child Care Program Office (CCPO), through consultation and coordination with the Department of Law has determined the standards used to certify US Department of Defense and US Coast Guard Certified providers meet the requirements of Alaska

Administrative Code (AAC) 7 AAC 41.

The CCPO, through consultation and coordination with the Department of Law will review the standards used for accreditation, certification, or approval of Tribally Approved or Tribally Certified; Nationally Accredited or Nationally Certified Day Camp or similar facility or program to ensure they meet the requirements of Alaska Administrative Code (AAC) 7 AAC 41. See section 4200-6 A. Reviewing an Acceptable Certified/Accredited Provider Child Care Assistance Application for Completeness.

4240-3 APPROVED RELATIVE PROVIDER HEALTH AND SAFETY REQUIREMENTS

It is important for providers to know and understand the requirements for their child care program type. This section will focus on Approved Relative providers who must be in compliance with Alaska Administrative Code (AAC) 7 AAC 41.

The Designee monitors Approved Relative providers with on-site assistance from the Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Staff.

4240-3 A. GENERAL HEALTH, MEDICATION, AND NUTRITION REQUIREMENTS

An Approved Relative provider must meet the general health, administration and storage of medication, and nutrition requirements as described in 7 AAC 41.215 and listed below.

1. **General Health**
   Providers must:
   a. Ensure each person in contact with children washes their hands for at least ten (10) seconds with soap and water and rinses them with water:
      - Before food handling, preparation, serving, eating, or table setting;
      - After toileting or assisting a child with toileting or diapering;
      - After handling an animal, animal waste, or an animal cage;
      - Before and after giving medication;

- Before and after participating in moist play, including painting, cooking, or molding clay; and
- If hands are contaminated with body fluid, including from nose wiping;

b. Encourage children to wash their hands at similar times as described in 1.a. above;

c. Ensure children have been immunized as required by 7 AAC 57.550(a)-(e). A provider may enroll children for up to thirty (30) days, who are homeless, in protective services or in foster care without a valid immunization record. The provider must give the family at least a ten (10) business day written notice prior to ending services;

d. Ensure care of other children is not compromised by admitting or allowing a mildly ill child to be in attendance. If a mildly ill child is in care, arrange a plan of care with the parent and provide a place where, under supervision, the child may rest or play quietly, apart from other children, if warranted;

e. Ensure a child who shows definite signs of a serious illness or of a highly communicable disease is not admitted or allowed to remain in attendance unless a medical provider approves the child's attendance; and

f. Ensure an opportunity for a supervised rest or sleep period is provided for each child younger than five (5) years of age who is in care more than five (5) hours, and for any other child, if desired by the child. Provide supervised time and space for quiet play for a child who is unable to sleep. Only an infant, a nonclimbing toddler, or a child identified as having special needs, if appropriate, may be placed in a crib.

Additionally, a provider must follow the universal precautions described in 7 AAC 10.1045, including obtaining and following current medical and sanitation advice on communicable, contagious, or infectious diseases and adopting universal precautions, including the use of gloves, to handle potential exposure to blood, blood-contaminating body fluids, and injury discharges.

2. Administration and Storage of Medication

Providers must meet the requirements for the administration and storage of medication:

a. Administration of Medication

A provider may administer medication only with written permission for the administration of prescription medication from the parent of a child upon admission or when a new medication is prescribed. Prescription medication and special medical procedures are to be administered only in the dosage, at the intervals, or in the manner prescribed by a physician or other person legally authorized to prescribe medication or medical procedures. The date and time each dose is given must be documented in a medication log and initialed by the provider.

A provider may administer commonly used nonprescription medication or medication contained in the first aid kit with written permission from the parent of a child. If written permission is not obtained, the provider must document telephone permission to administer that medication. The date and time each dose is given must be documented in a medication log and initialed by the provider.

b. Storage of Medication

Prescription medication must be kept in the original container showing the date filled, expiration date, instructions, and the physicians name affixed to or stored with each medicine set.

Medications are stored in a manner that prevents access by unauthorized persons and medication requiring refrigeration is grouped together, stored in a manner to prevent contamination of food, and labeled.

Medications including controlled substances are stored according to the manufacturer's recommendations.

All unused medication is returned to the parent of the child when the medication is no longer needed.

3. Nutrition

Providers or the child's parent provide the applicable meal(s) and/or snacks for children while in care. If the parent supplies the food, it is the provider's responsibility to ensure the nutrition requirements are met.

a. Meals and Snacks

The provider must ensure:

- Snacks and meals must meet the child care food program requirements of the Code of Federal Regulation (C.F.R.) 7

C.F.R.226.20;

- Food provided by the child's parent is labeled with the child's name and the date;
- Maintain sanitary facilities for the proper care, storage, refrigeration, and preparation of food;
- Food served is not altered to contain harmful substances; and
- Fruits and vegetables are thoroughly washed with potable water before use.

b. Bottle Feedings

The provider must observe the following requirements for bottle feedings if caring for infants:

- Bottle feedings prepared by the provider must be consistent with bottle feedings given at home;
- An infant must be fed on demand;
- A child on bottle feedings must either be held or fed sitting up. If the child is unable to sit up they must be held during the feeding; and
- A bottle will not be propped for a child and a child is not permitted to hold or carry its bottle at times other than the feeding.

The provider must obtain information concerning any food allergies or special dietary needs of each child and plan that child's meals accordingly.

Except for medical reasons, a provider will not deny a meal or snack to a child, force feed a child, or otherwise coerce a child to eat against the child's will for any reason.

4240-3 B. ENVIRONMENTAL HEALTH AND SAFETY REQUIREMENTS

An Approved Relative provider must ensure the basic environment health and safety of children in care by meeting the requirements of 7 AAC 41.220 summarized below. Providers shall ensure:

1. There is a functional telephone or other identified means of communication available at all times;

2. An ample supply of potable water;

3. Clean and sanitary toilet facilities;
4. The child care and surrounding grounds are kept clean, sanitary, safe, and in good repair;

5. The child care is free of hazards, including splintered surfaces, sharp edges, protruding corners, broken or hazardous toys or play equipment, steep stairways, ice on walkways, unsecured play equipment, and unsafe play areas;

6. Insects, rodents, and other pests are controlled and that the child care is kept free of conditions that are likely to attract or harbor pests; any pesticide use is subject to the notice and other applicable requirements of 7 AAC 10.1093;

7. Outdoor areas are well drained and free from deep depressions that may collect standing water;

8. Ventilation by natural or mechanical means is provided to keep air fresh and prevent the accumulation of heat, steam, condensation, vapors, smoke or fumes;

9. Walls and ceilings have smooth, durable, nonabsorbent, easily cleanable surfaces, except that rough-textured and acoustical tile ceilings are permitted in bedrooms and living rooms;

10. Lead-based paint is not used and any painted surface is free from flaking;

11. Stairways and steps have handrails and nonslip treads or covering;
12. Any faucet that is accessible to children, hot water temperature is no less than one hundred (100) degrees Fahrenheit, and not more than one hundred and twenty (120) degrees Fahrenheit;

13. An artificial light source is sufficient and appropriate for the activities performed in each area by children in care;

14. Cleaners, medicines, and other harmful substances are stored in a place that is inaccessible to children;

15. Furniture and equipment is durable, safe, easily cleanable, and is kept clean and in good repair;

16. Smoking is prohibited in the child care while children are in care and tobacco, cigarettes or other smoking products, ashtrays,

lighters, or other smoking accessories are not visible or accessible to children. The home may not smell of smoke from cigarettes or other smoking products and any vehicle used to transport children is smoke free;

17. Alcohol, marijuana, legal controlled substances, and illegal controlled substances are not accessible to children or used during the hours that children are in care;

18. Children are transported in safe vehicles and appropriate child restraints are used;

19. Firearms are unloaded and stored in a locked gun safe or other locked place that is not visible or accessible to children. Ammunition must be stored separately from the firearms in a place that is inaccessible to children. The provider must inform each parent that firearms are present;

20. Safety gates are installed and used to prevent access to stairs if infants or toddlers are in care;

21. Outlet covers are installed in all electrical outlets that are not in use and that are accessible to children younger than five (5) years of age;

22. Items brought by a parent for a child's personal use are stored separately to prevent contamination;

23. Toys used by children are kept clean and sanitary and if a toy has been mouthed or is otherwise contaminated, that toy is cleaned and sanitized before use by another child;

24. Each crib, crib mattress, cot, mat, and playpen is cleaned and sanitized at least weekly, or before assigned to another child in care, or whenever soiled; and

25. Children are not allowed to participate in a high-risk activity including playing near or jumping on any type of trampoline.

4240-3 C. LIFE AND FIRE SAFETY REQUIREMENTS

An Approved Relative provider must meet the life and fire safety requirements of 7 AAC 41.222 as described in sections 4210-3 D. Disaster Preparedness and Emergency Evacuation and 4210-3 E. Means of Escape and Other Requirements.

If an emergency affects the child care, the provider must notify the Designee by telephone, fax, or electronic mail no later than the following working day and must, within five (5) of the provider's working days submit a detailed written report.

4240-3 D. DISASTER PREPAREDNESS AND EMERGENCY EVACUATION

An Approved Relative provider must complete and submit an *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10. This form provides a floor plan and written procedures for the full evacuation of the child care, including children with limited mobility, within one hundred and fifty (150) seconds or two and one half (2½) minutes, in the case of an emergency affecting the child care premises including: fire, tsunami, flooding, and earthquake. The provider's *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10 must include procedures for reunifying the child and family when the child care is inaccessible.

1. Emergency at the Child Care
   When an emergency occurs at a child care, the provider must notify the Designee no later than the following business day.

   Within five (5) business days of the emergency the provider must submit a written report to the Designee that includes:
   a. The date and time of the emergency;
   b. A description of the nature of the emergency;
   c. A description of how the evacuation was achieved, including the amount of time used to achieve evacuation; and
   d. A critique of the evacuation that includes the information required in 2. below.

2. Monthly Evacuation Drills
   Providers must conduct and document evacuation drills at least once per month unless postponed due to severe weather. The reason for postponement must be documented. A record of each evacuation drill must be made and retained by the provider and made available upon request. This record must include:
   a. The date and time of the drill;
   b. The name of each child in care who was present at the time of the drill including those who did not participate in the drill, and the reason for nonparticipation;

c. The amount of time used to complete the drill; and
d. A critique of the drill including a brief evaluation of the evacuation. The critique of the drill must include:
   - A review of actions taken by the provider;
   - A review of responses by children in care during the drill;
   - An evaluation of whether existing policies were followed and, if not, an explanation of why a policy was not followed;
   - An evaluation of whether the policies followed were effective and, if not, a description of how any policy will be revised for future drills;
   - An identification of factors contributing to an ineffective drill for any critique that indicates a drill was ineffective in any way; and
   - Any suggestions for improving future drills.

4240-3 E. MEANS OF ESCAPE AND OTHER REQUIREMENTS

An Approved Relative provider must have at least two (2) means of emergency escape that are remote from each other and provide unobstructed access to the outside of the building. At least one (1) of the means of emergency escape must be an exterior door. If children occupy a basement for any part of the day, there must be at least one (1) means of escape from the basement directly to the outside at or near ground level.

1. Window as a Means of Escape
   When a window is identified as one (1) of the means of emergency escape, unless prohibited by the state fire marshal for a window twenty (20) feet or more above ground level, each bedroom must have at least one (1) fully-opening window that provides escape directly to the outside and meets the following:
   a. The finished window sill height may not exceed forty-four (44) inches above the floor; or
   b. The net clear openable window area must be a minimum of five point seven (5.7) square feet; and
   c. A window screen is not used if it permanently prevents exit or if it cannot be easily removed for exit.

2. Smoke Detection Device and Fire Extinguisher Requirements
   a. A provider must have at least one (1) alternating current (AC) primary powered smoke detection device with battery backup or at least one (1) monitored battery powered smoke detection device, located in each bedroom. If the child care is in a multi-level home, there must be at least one (1) smoke detection

device installed on each level. Each device must be less than ten (10) years old, or newer if necessary to comply with the manufacturer's recommended replacement date.

b. The provider must also have at least one (1) fully charged 2A:10BC dry chemical fire extinguisher strategically located on each level of the child care. The fire extinguisher must be installed, inspected, tested, and serviced according to the requirements of 13 AAC 50.025(47).

3. Other Requirements
A provider shall ensure:
   a. The child care is free of any accumulation of combustible waste material and other fire hazards in or around the premise;

   b. Flammable or combustible liquids are stored in a container with a tight-fitting lid specifically designed for holding flammable or combustible liquids, and ensure these liquids are kept out of the reach of children;

   c. Each heating device meets the applicable requirements of 7 AAC 10.1015; and

      If the child care uses oil, wood, natural gas, or propane as a heating or cooking fuel, an operating carbon monoxide detector is installed in each hallway outside of or within each sleeping area, and each device is regularly inspected, tested, and serviced. If the home is multi-level, there must be at least one (1) operating carbon monoxide detector installed on each level.

4240-3 F. FIRST AID KIT REQUIREMENTS

An Approved Relative provider must post emergency telephone numbers, including the number for the poison control center, near the telephone. The provider must maintain first aid kits in accordance with 7 AAC 10.1075 which requires at least one (1) first aid kit that is kept at the child care; at least one (1) additional first aid kit for field trips or outings away from the child care; and an abbreviated first aid kit for outings of thirty (30) minutes or less such as a neighborhood walk. The provider must restock each first aid kit after use and ensure any expiration date is not exceeded.

1. **First Aid Kit Must Contain**
   A provider must have a container that will hold all the following items:
   a. Disposable nonporous, non-latex gloves;
   b. Sealed packages of alcohol wipes or antiseptic for thermometer cleaning only;
   c. Scissors;
   d. Tweezers;
   e. A thermometer;
   f. Adhesive bandages;
   g. Bandage tape;
   h. Sterile gauze pads;
   i. Flexible roller gauze;
   j. Triangular bandages;
   k. Safety pins;
   l. An eye dressing;
   m. A note pad with a pen or pencil;
   n. A cold pack;
   o. A current American Academy of Pediatrics or American Red Cross standard first aid text or equivalent first aid guide;
   p. A cardiopulmonary resuscitation (CPR) barrier device or mask;
   q. The telephone number for the poison control center;
   r. Potable water;
   s. Splints, including small child-size splints;
   t. Soap;
   u. A working flashlight; and
   v. For a field trip or outing away from the child care; for each child participating in the trip or outing:
      - Emergency child record information; and
      - Parent's written permission for use of medication.

      Note: only medication that is or may be needed during a field trip or outing may be included in the first aid kit, and only for the length of the field trip or outing.

2. **Abbreviated First Aid Kit**
   An abbreviated first aid kit may be used for an outing of thirty (30) minutes or less. An abbreviated first aid kit must contain:
   a. Disposable nonporous, non-latex gloves;
   b. Tweezers;
   c. Adhesive bandages;
   d. Bandage tape;
   e. Sterile gauze pads;
   f. A cold pack;

g. A CPR barrier device or mask;
h. Potable water;
i. The emergency child record; and
j. Medication that may be needed on the walk.

4240-3 G. DIAPERING REQUIREMENTS

An Approved Relative provider must use safe and sanitary equipment and supplies for diapering, that minimizes the risk of disease and the risk of contamination to hands and surfaces. The provider must wash their hands each time after changing a diaper.

A provider must follow the requirements of 7 AAC 10.1060(e) as summarized below to ensure:

1. The diaper changing area is not located in a food preparation area and is not used for temporary placement or service of food; and has one (1) accessible hand sink located in, or immediately adjacent to that area;

2. Each surface used for changing diapers is smooth, durable, nonabsorbent, and easily cleanable;

3. Sufficient quantities of clean diapers are available and are neatly stored;
4. Non-latex gloves and handwashing supplies are available to prevent contamination, and are used in accordance withuniversal precautions;

5. For soiled clothing or cloth diapers, solid waste contents are disposed of by dumping the contents into a toilet and placing the diapers, without rinsing, in an impervious bag or easily cleanable container with a firmly fitted cover and lined with plastic, to be given to the parent for laundering;

6. Each diaper changing surface is cleaned and sanitized after each use; if a single-use disposable cover is placed on the diapering surface before diapering, the cover is disposed of immediately after diapering;

7. After a soiled disposable diaper is removed, it is folded inward and resealed before disposal into a container with a firmly fitted cover;

8. If single-use, disposable wipes are used during diapering, the disposable wipes are discarded after use; if a non-disposable cloth is used, that cloth must be placed immediately, without rinsing, in an impervious bag or container with a firmly fitted cover;

9. Diaper changing supplies, including containers of cream and lotion, are kept clean and sanitary; and

10. Children are not allowed and do not handle diaper changing supplies.

4240-3 H. ANIMALS, TOXIC SUBSTANCES, ANDPOISONOUS PLANT SAFETY REQUIREMENTS

An Approved Relative provider must meet the requirements of 7 AAC 41.240 with regard to animals in their child care. They must also meet the requirements of 7 AAC 10.1095 with regard to toxic substances and poisonous plants in their child care. The requirements of these regulations are summarized below.

1. Animals

A provider must inform parents of children in care if any animal is present in the child care. Any animal in the child care must be free of communicable disease, internal and external parasites, and have the immunizations required under state and federal law.

The provider must disclose to the Designee if an animal in the child care has been the subject of a past contact with an animal control official because of aggressive behavior or biting; or has a history of aggressive behavior or biting, regardless of whether there has been contact with an animal control official.

The provider must notify the Designee within twenty-four (24) hours of any occurrence of aggressive behavior or biting by an animal in the child care, including whether the occurrence resulted in a contact with an animal control official.

The provider must immediately remove from the child care an animal with a history of aggressive behavior or biting or that has been the subject of a past contact with an animal control official because of aggressive behavior or biting. If the Designee determines the animal is a threat to the life or safety of children in care, the animal must be permanently removed.

a. Birds
A parakeet, pigeon, or other small-sized psittacine bird may be kept in the child care facility only if the bird receives prophylactic antibiotics before introduction into the child care and is isolated at least forty-five (45) days in a room separate from a room occupied by any other birds.

Ducklings and chicks may not be incubated or hatched in the room where infants or toddlers are present. Children may not handle the ducklings or chicks. The ducklings and chicks are removed from the child care when hatched.

b. Prohibited Animals
Amphibians, ferrets, reptiles, and wild, poisonous, or predatory animals may not be kept in the child care.

c. Cages and Cleaning
A provider must ensure:
- Any birds, fish, and other animals allowed are kept in appropriately designed cages or aquariums. Domestic dogs and domestic cats are not required to be caged;
- The area around a cage or aquarium is smooth, nonabsorbent, impervious to water, and easily cleanable, and is cleaned and sanitized at a frequency to keep the area clean and sanitary;
- Animal waste is removed daily, or at a frequency to prevent odor or contact with children in care;
- Each cage is lined with an impervious material and is cleaned at a frequency necessary to prevent a health risk to children in care;
- Bowls used for providing food and water for animals are cleaned at a frequency necessary to prevent a health risk to children in care; and
- Cleaning of animal waste is conducted when children in care are not present and is not conducted in an area used for food preparation or service.

2. Toxic Substances and Poisonous Plants
A provider must meet the requirements of 7 AAC 10.1095 regarding toxic substances and poisonous plants.

a. Toxic Substances
Only nontoxic arts and crafts materials may be used in the child care and by children in care.

The provider must ensure each cleaning material, detergent, aerosol can, pesticide, poison, and other toxic material is stored in the original labeled container. This does not apply to a spray bottle that contains a commercial sanitizing solution or a bleach-water solution used to sanitize toys, tables, counters, and other surfaces throughout the day, if the bottle is appropriately labeled and is stored so that it is:

- Inaccessible to children and stored separately from medication and food; and
- Used according to the manufacturer's instruction for the intended purpose, and in a manner that it will not contaminate a play surface, food service or food preparation area and in a manner that is not a hazard to children.

b. Poisonous Plants

A provider must submit to the Designee a list of all poisonous plants maintained in the child care, including: flower garden, house, trees and shrubs, vegetable garden and wild plants and a description of how they will protect children from being harmed by the plants.

Some common poisonous household plants include but are not limited to: poinsettia, dieffenbachia, English ivy, mother-in-law , and philodendron.

The provider must inform each parent of children in care of the poisonous plant(s) present and how the provider will protect the children from harm.

4240-4 IN-HOME PROVIDER HEALTH AND SAFETY REQUIREMENTS

This section will focus on In-home providers who must be in compliance with Alaska Administrative Code (AAC) 7 AAC 41. The parent(s) using an In-home caregiver is responsible to ensure their home has the necessary equipment and their caregiver follows the guidelines to ensure the requirements of this section are met.

The Designee monitors In-home providers with on-site assistance from the Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Staff.

4240-4 A. GENERAL HEALTH, MEDICATION, AND NUTRITION REQUIREMENTS

A family using an In-home caregiver must ensure their children have up-to-date age appropriate immunizations and follow the general health, medication, and nutrition requirements below.

1. **General Health**

   In-home caregivers must:

   a. Take precautions against the spread of infectious disease by washing their hands for at least ten (10) seconds with soap and water and rinses them with water:
      - Before food handling, preparation, serving, eating, or table setting;
      - After toileting or assisting a child with toileting or diapering;
      - After handling an animal, animal waste, or an animal cage;
      - Before and after giving medication;
      - Before and after participating in moist play, including painting, cooking, or molding clay; and
      - If hands are contaminated with body fluid, including from nose wiping;

   b. Encourage children to wash their hands at similar times as described in 1.a. above;

   c. Ensure children have been immunized as required by 7 AAC 57.550(a)-(e); and

   d. Ensure an opportunity for a supervised rest or sleep period is provided for each child younger than five (5) years of age who is in care more than five (5) hours, and for any other child, if desired by the child. Provide supervised time and space for quiet play for a child who is unable to sleep. Only an infant, a nonclimbing toddler, or a child identified as having special needs, if appropriate, may be placed in a crib.

2. **Administration and Storage of Medication**

   In-home caregivers must meet the requirements for the administration and storage of medication:

   a. Administration of Medication

      In-home caregivers may administer medication only with written permission for the administration of prescription medication from the parent of a child upon admission or when a new medication is prescribed. Prescription medication and special medical procedures are to be administered only in the

dosage, at the intervals, or in the manner prescribed by a physician or other person legally authorized to prescribe medication or medical procedures. The date and time each dose is given must be documented in a medication log and initialed by the caregiver.

In-home caregivers may administer commonly used nonprescription medication or medication contained in the first aid kit with written permission from the parent of a child. If written permission is not obtained, the provider must document telephone permission to administer that medication. The date and time each dose is given must be documented in a medication log and initialed by the provider.

b. Storage of Medication
Prescription medication must be kept in the original container showing the date filled, expiration date, instructions, and the physicians name affixed to or stored with each medicine set.

Medications are stored in a manner that prevents access by unauthorized persons and medication requiring refrigeration is grouped together, stored in a manner to prevent contamination of food, and labeled.

Medications including controlled substances are stored according to the manufacturer's recommendations.

All unused medication is returned to the parent of the child when the medication is no longer needed.

3. Nutrition

In-home caregivers or the child's parent provide the applicable meal(s) and/or snacks for children while in care.

a. Meals and Snacks
The caregiver must ensure:
- Snacks and meals are nutritious and meet the child's daily dietary needs;
- Food served is not altered to contain harmful substances; and
- Fruits and vegetables are thoroughly washed with potable water before use.

b. Bottle Feedings
The caregiver must observe the following requirements for bottle feedings if caring for infants:

- An infant must be fed on demand;
- A child on bottle feedings must either be held or fed sitting up. If the child is unable to sit up they must be held during the feeding; and
- A bottle may not be propped for a child and a child is not permitted to hold or carry its bottle at times other than the feeding.

The caregiver must obtain information concerning any food allergies or special dietary needs of each child and plan that child's meals accordingly.

Except for medical reasons, a provider may not deny a meal or snack to a child, force feed a child, or otherwise coerce a child to eat against the child's will for any reason.

4240-4 B. ENVIRONMENTAL HEALTH AND SAFETY REQUIREMENTS

A family using an In-home caregiver must ensure the basic environmental health and safety of their children. The family must ensure their home has the following:

1. At least two (2) means of emergency escape that are remote from each other and provide unobstructed access to the outside of the building. At least one (1) means of emergency escape must be an exterior door;

2. At least one (1) working smoke detection device that is less than ten (10) years old and that is alternating current (AC) primary power or monitored battery powered smoke detection device and at least one fully charged 2A:10BC dry chemical fire extinguisher strategically located on each level;

3. At least one (1) operating carbon monoxide detector on each level;

4. A functional telephone or other identified means of communication;

5. An ample supply of safe, drinkable water;

6. Clean and sanitary toilet facilities;

7. Sanitary areas for proper care, storage, refrigeration, and preparation of food;

8. Temperature controls ensuring hot water temperature, from any faucet accessible to children, is no less than one hundred (100) and not more than one hundred and twenty (120) degrees Fahrenheit;

9. Furniture and play equipment that is durable, safe, easily cleanable, and is kept clean and in good repair;

10. The home is free of fire hazards;

11. The home is kept clean, sanitary, safe, and in good repair;

12. Cleaners and other harmful substances are stored in a place that is inaccessible to children;

13. Refuse is stored in containers with tight-fitting lids until it can be properly disposed;

14. Safe and sanitary equipment and supplies are available for diapering and toileting, including accessibility for hand washing;

15. Smoking is prohibited in the home while children are in care and tobacco, cigarettes or other smoking products, ashtrays, lighters, or other smoking accessories are not visible or accessible to children. The home may not smell of smoke from cigarettes or other smoking products and any vehicle used to transport children is smoke free;

16. Alcohol, marijuana, legal controlled substances, and illegal controlled substances are not accessible to children or used during the hours that children are in care;

17. Children are transported in safe vehicles and appropriate child restraints are used; and

18. Firearms are unloaded and stored in a locked gun safe or other locked place that is not visible or accessible to children.

4240-4 C. DISASTER PREPAREDNESS AND EMERGENCY EVACUATION

The family hiring an In-home caregiver must ensure their home is free of fire hazards and an emergency evacuation plan is developed ensuring the complete evacuation of the home within one hundred and fifty (150) seconds, or two and one half (2½) minutes during an emergency.

The plan must include procedures for reunifying the child and family when the family's home is inaccessible.

In-home caregivers must conduct and document emergency evacuation drills at least once a month, unless postponed due to severe weather. The reason for postponement must be documented. A record of each evacuation drill must be made and retained by the provider and made available upon request.

This record must include:

1. The date and time of the drill;

2. The name of each child in care who was present at the time of the drill including those who did not participate in the drill, and the reason for nonparticipation;

3. The amount of time used to complete the drill; and

4. A critique of the drill including a brief evaluation of the evacuation. The critique of the drill must include:
   a. A review of actions taken by the caregiver;
   b. A review of responses by children in care during the drill;
   c. An evaluation of whether existing policies were followed and, if not, an explanation of why a policy was not followed;
   d. An evaluation of whether the policies followed were effective and, if not, a description of how any policy will be revised for future drills;
   e. An identification of factors contributing to an ineffective drill for any critique that indicates a drill was ineffective in any way; and
   f. Any suggestions for improving future drills.

4240-4 D. MEANS OF ESCAPE AND OTHER REQUIREMENTS

An In-home provider must have at least two (2) means of emergency escape that are remote from each other and provide unobstructed access to the outside of the building. At least one (1) of the means of emergency escape must be an exterior door. If children occupy a basement for any part of the day, there must be at least one (1) means of escape from the basement directly to the outside at or near ground level.

1. Window as a Means of Escape
   When a window is identified as one (1) of the means of emergency escape, unless prohibited by the state fire marshal for a window twenty (20) feet or more above ground level, each bedroom must have at least one (1) fully-opening window that provides escape directly to the outside and meets the following:
   a. The finished window sill height may not exceed forty-four (44) inches above the floor; or
   b. The net clear openable window area must be a minimum of five point seven (5.7) square feet; and
   c. A window screen is not used if it permanently prevents exit or if it cannot be easily removed for exit.

2. Smoke Detection Device and Fire Extinguisher Requirements
   a. A provider must have at least one (1) alternating current (AC) primary powered smoke detection device with battery backup or at least one (1) monitored battery powered smoke detection device, located in each bedroom. If the child care is in a multi-level home, there must be at least one (1) smoke detection device installed on each level. Each device must be less than ten (10) years old, or newer if necessary to comply with the manufacturer's recommended replacement date.

   b. The provider must also have at least one (1) fully charged 2A:10BC dry chemical fire extinguisher strategically located on each level of the child care. The fire extinguisher must be installed, inspected, tested, and serviced according to the requirements of 13 AAC 50.025(47).

3. Other Requirements
   A provider shall ensure:
   a. The child care is free of any accumulation of combustible waste material and other fire hazards in or around the premise;

b. Flammable or combustible liquids are stored in a container with a tight-fitting lid specifically designed for holding flammable or combustible liquids, and ensure these liquids are kept out of the reach of children;
c. Each heating device meets the applicable requirements of 7 AAC 10.1015; and
d. If the child care uses oil, wood, natural gas, or propane as a heating or cooking fuel, that an operating carbon monoxide detector is installed in each hallway outside, of or within, each sleeping area, and ensure that each device is regularly inspected, tested, and serviced. If the home is multi-level, there must be at least one (1) operating carbon monoxide detector installed on each level.

4240-4 E. FIRST AID KIT REQUIREMENTS

An In-home provider must post emergency telephone numbers, including the number for the poison control center, near the telephone. The provider must maintain first aid kits in accordance with 7 AAC 10.1075 which requires at least one (1) first aid kit that is kept at the child care; one (1) additional first aid kit for field trips or outings away from the child care, if applicable; and an abbreviated first aid kit for a neighborhood walk of thirty (30) minutes or less. The provider must restock each first aid kit after use and ensure any expiration date is not exceeded.

1. First Aid Kit Must Contain

A provider must have a container that will hold all of the following items:

a. Disposable nonporous, non-latex gloves;
b. Sealed packages of alcohol wipes or antiseptic for thermometer cleaning only;
c. Scissors;
d. Tweezers;
e. A thermometer;
f. Adhesive bandages;
g. Bandage tape;
h. Sterile gauze pads;
i. Flexible roller gauze;
j. Triangular bandages;
k. Safety pins;
l. An eye dressing;
m. A note pad with a pen or pencil;

n. A cold pack;
o. A current American Academy of Pediatrics or American Red Cross standard first aid text or equivalent first aid guide;
p. A cardiopulmonary resuscitation (CPR) barrier device or mask;
q. The telephone number for the poison control center;
r. Potable water;
s. Splints, including small child-size splints;
t. Soap;
u. A working flashlight; and
v. For a field trip or outing away from the child care; for each child participating in the trip or outing:
   - Emergency child record information; and
   - Parent's written permission for use of medication.

   Note: only medication that is or may be needed during a field trip or outing may be included in the first aid kit, and only for the length of the field trip or outing.

2. Abbreviated First Aid Kit

An abbreviated first aid kit may be used for an outing of thirty (30) minutes or less. An abbreviated first aid kit must contain:

a. Disposable nonporous, non-latex gloves;
b. Tweezers;
c. Adhesive bandages;
d. Bandage tape;
e. Sterile gauze pads;
f. A cold pack;
g. A CPR barrier device or mask;
h. Potable water;
i. The emergency child record; and
j. Medication that may be needed on the walk.

4250 CHILD CARE ASSISTANCE PROGRAM PROVIDER INTERVIEW

The purpose of an interview between the Designee and the applicant is to confirm all application information, identify any additional information needed, and to ensure providers understand their right to request a hearing.

The interview is to be open communication between the Designee and the provider regarding their application and why additional and personal questions are being asked and if applicable, additional verification requested.

The interview is part of the initial and renewal application process for all Child Care Assistance Program (CCAP) participating provider types and must be completed prior to making a final eligibility determination.

4250-1 SCHEDULING THE INTERVIEW

Whenever possible, interviews are to be conducted at the time the provider submits an initial or renewal application to the Designee in person. If the interview is conducted prior to the application being registered in the Integrated Child Care Information System (ICCIS) it is to be documented upon completion of the registration.

When applications are received other than in person, the Designee will make at least one attempt to contact the provider by telephone to conduct or schedule the interview.

Upon completion of the interview whether in person or other than in person, a case note is entered into ICCIS using subject heading: CCA Interview Completed and the body of the case note includes the details as described in section 4220-2 Conducting the Interview.

If the provider fails or refuses to participate in an interview within the specified timeframe identified in the notice or does not contact the office to reschedule, a *Child Care Assistance Provider Application - Denied* notice is issued and the provider's application is Denied in ICCIS.

If the provider fails to participate in an interview within the specified timeframe identified in the notice, but contacts the office within thirty (30) days of their application submission, to reschedule the interview, the application is considered valid and the interview is to be scheduled. The provider's status in ICCIS is changed from Denied to Pending.

In these situations the application is considered worked timely if the interview is conducted and a determination of approved or denied is issued within ten (10) days of the request to reschedule or within thirty (30) days of the application received date.

4250-1 A. APPLICATION RECEIVED IN PERSON

When an application is received in person from the applicant the Designee is to complete an interview at that time, whenever possible. If the interview is not completed, it is to be scheduled with the provider before they leave the office and notice issued even if it would not be received until after the date the interview is scheduled.

The *Child Care Assistance Provider Application Received – Pended* notice is issued to the provider listing all of the information and/or action needed to complete the provider's application, including the scheduled interview appointment date and time with a clear statement indicating the Designee is to call the provider, and how to contact the office, should the interview need to be rescheduled.

A case note is entered in ICCIS to include all items pended for with the date and time of the scheduled interview. See section 4250-2 Conducting the Interview.

4250-1 B. APPLICATION RECEIVED OTHER THAN IN PERSON

When applications are received other than in person, the Designee is to make at least one attempt to contact the provider by telephone to conduct or schedule the interview.

1. **Able to Speak with Applicant - Interview Conducted**
   When a provider submits an application other than in person and the Designee is able to speak with the applicant and conduct the interview during their attempted contact a case note is entered in ICCIS. See section 4250-2 Conducting the Interview. The *Child Care Assistance Provider Application Received – Pended* notice is issued to the provider and documented in a case note in ICCIS, if information and/or action is needed to complete the provider's application.

2. **Able to unable to speak with Applicant - Interview Scheduled**
   When a provider submits an application other than in person and the Designee is able to speak with the applicant during their attempt to contact the applicant and schedule a time other than the day contact was made for the interview, a notice is issued even

if the notice will not be received until after the interview appointment. If the Designee is not able to speak to the provider, a minimum of 5 days must be allowed for the notice to be mailed.

a. *Child Care Assistance Provider Application Received – Pended* Notice
is issued to the provider listing all of the
information and/or action needed to complete the provider's application, including the scheduled interview appointment date and time with a clear statement indicating the Designee is to call the provider, and how to contact the office, should the interview need to be rescheduled.

4250-2 CONDUCTING THE INTERVIEW

The interview is to be open communication between the Designee and the provider. There are times when additional questions of a more personal nature are required to be asked to help the Designee make the best eligibility determination possible. If there is conflicting or contradicting information received or identified during the interview, the provider is to be made aware of the conflict. Additional questions may need to be asked or the provider asked to provide additional information or verification in order to resolve the contradiction.

Interviews will be conducted in person or by telephone based on the preference and location of the provider. The Designee is to use the contracted interpreter service when unable to clearly understand the applicant or whenever requested by the applicant.

During the interview the Designee must:

1. Review the information submitted on the application and all application packet documents with the provider. If the provider reports a change of information submitted in the application packet during the interview, the Designee will include the changed information in their interview case note in the Integrated Child Care Information System (ICCIS). Information which is changed may need additional verification to be submitted and received by the Designee.

2. Identify and discuss any missing or conflicting information on the application and/or application packet documents.

3. Identify additional verification, information, or action needed to complete the provider's application and issue the *Child Care Assistance Provider Application Received – Pended* notice if applicable.

4. Discuss the provider's responsibility for reporting changes, timeframes and any verification associated with the change, and notification to the family if applicable based on the change. This is to include ensuring the provider understands if the State Rate changes it will not automatically change the provider's rate if they indicated they charge the same as the State Rate. The provider must submit a new *Child Care Provider Rates and Responsibilities* CC12 form, give their families at least a thirty (30) day written notice and provide a copy of the notice to the child care assistance office.

5. Discuss the provider's rights to include speaking with the assigned Designee staff and/or the staff's supervisor regarding actions taken on their case or discussing determinations they do not agree with and requesting a hearing.

6. Ensure the provider has an opportunity to ask and receive answers to any questions.

7. Provide Resources for Developmental Screening
   Information regarding how to access developmental screenings is to be offered to all providers. The provider may share the information with the families for contacting the appropriate agency.

8. Request Information from the Child Care Program Office (CCPO)
   The Designee is to be as transparent as possible when interviewing the provider. If there is conflicting or contradicting information received, additional questions may need to be asked or additional information or verification requested to resolve the contradiction. The conflict/contradiction is to be documented in the ICCIS case note, along with the additional questions asked and/or information or verification requested and the response of the provider. Once the interview is documented in ICCIS, if the Designee believes the contradiction was not resolved or the provider has not accurately reported information, submitting a Request for Information may be appropriate. The reason the Designee believes the information received is not accurate or remains questionable must be included.

a. Licensed Provider
If the Designee received conflicting or contradicting information from a licensed facility, the Designee will notify the licensing specialist with the conflicting information.

b. Approved Relative or In-home
If the Designee has received conflicting or contradicting information causing the Designee to believe the provider has reported information incorrectly or not reported information pertinent to their eligibility, has falsified, or withheld information, it is to be followed up on prior to an eligibility determination being made. If the Designee has discussed the need for and issued a notice requesting information and the provider responds saying they are not able to provide the information requested and the Designee is not able to access information needed, including through collateral contacts, a *Request for Information* form is submitted to the CCPO via the policy mail box at dpaccp@alaska.gov. The request includes a description of the information needed and the reason the Designee believes it was not reported or not reported accurately. The CCPO Eligibility and Benefits Staff will research the request using all databases and tools available and provide findings to the requestor within ten (10) days of the receipt of the request.

When this is the last piece of information needed to complete the provider's application it will not impact the effective start date if there are no findings that contradict the provider's statement or application or require additional information from the applicant.

The completion of the interview is documented in an ICCIS case note using subject heading: CCA Interview Completed and the body of the case note includes the details as described above.

If the application is denied or withdrawn and a new application is received by the Designee, a new interview is not required as long as the new application is received within sixty (60) days of the denial or request to withdraw the application.

4260 CHILD CARE ASSISTANCE PROGRAMPROVIDER ELIGIBILITY

A provider must submit the required information or verification to the Designee and complete actions needed within thirty (30) calendar days of the date their Child Care Assistance Program (CCAP) provider application was date stamped received by the Designee.

The Designee will make a final determination regarding a provider's application when:

1. A complete application is received;

2. The provider fails to complete the application within thirty (30) calendar days of submission;

3. When a disqualifying barrier crime or condition is identified; or

4. The provider requests to withdraw their application.

Individuals will only be approved as one (1) provider type at a time. In-home providers and In-home caregivers will not also be approved as any other provider type during the same hours in-home care is provided during their approval period.

Because they are not a provider type, staff of a Licensed provider may also be an Approved Relative provider or In-home caregiver.

If individuals share a residence, they both will not be approved to provide child care services at the same location.

4260-1 DETERMINATIONS ON A PROVIDER APPLICATION

The Designee must make a final determination of approve or deny on all applications received. When an application received is incomplete and/or the provider needs to complete a required action, the application is to be pended prior to making a final determination. See section 4260-1 A. Pending a Provider Application.

The timeframe to make a final determination is dependent on the type of provider application received.

1. **Licensed or Certified/Accredited Provider**
   The Designee will make a final determination to approve or deny a *Licensed Provider Child Care Assistance Application* CC41 or a *Certified/Accredited Provider Child Care Assistance Application* CC84 by the thirtieth (30th) calendar day following the date the application was date stamped received.

2. **Approved Relative and In-home Provider**
   The Designee will make a final determination to approve or deny an *Approved Relative Child Care Provider Application* CC42 or *In-home Child Care Application* CC40 by the sixtieth (60th) calendar day following the date the application was date stamped received.

When there is questionable information regarding the provider's application or information received during the interview and the *Request for Information* form has been submitted to the Child Care Program Office (CCPO), a determination will not be made until the review and findings are received. When this is the last piece of information needed to complete the provider's application and there are no findings to support incorrect information has been reported by the provider applicant the effective start date of the provider's approval is based on the date the application would have been considered complete without submitting the *Request for Information* form. If there are findings of incorrect information having been reported by the provider applicant they are pended for any needed verification or clarifying documentation.

4260-1 A. PENDING A PROVIDER APPLICATION

The Designee must identify all information and actions needed by the applicant to complete a provider application, including completing the applicable background check process, and the Child Care Assistance Provider Orientation for their provider type.

Within two (2) business days from the date the application is received the *Child Care Assistance Provider Application – Pended* notice is issued identifying the required documentation and/or actions needed to complete the provider application and the due date. The applicant must be given at least ten (10) days based on the Adverse Action Calendar to provide the missing documentation and/or complete the actions unless an Approved Relative or In-home applicant also needs

to complete the background check process. When needed information includes completing the background check process the applicant is given thirty (30) calendar days from the date their application was date stamped received to provide all needed information including applying to the Alaska Background Check Program (BCP).

Additionally, they have thirty (30) calendar days from the date they submit their BCP application to complete the BCP process.

A *Child Care Assistance Provider Application Received – Pended* notice is issued identifying required documentation and/or actions needed. The *Child Care Provider – Background Check Requirement* information sheet advising how to access The New Alaska Background Check System (NABCS) is included when pending Approved Relative and In-home child care applications. Applicants delivering their application in person will be given the *Child Care Provider – Background Check Requirement* information sheet at the time the application is received. See section 4210 Approved Relative and In-home Provider Case in the New Alaska Background Check System.

4260-1 B. DENIAL OF A PROVIDER APPLICATION

When a provider applicant does not submit the needed information and/or complete the identified action, or the Designee does not receive the information by the due date in the *Child Care Assistance Provider Application – Pended* notice, the application is denied.

A provider application is also denied when: the applicant or household member is identified through the background check process as having a disqualifying crime or condition or receives a Not Eligible for Hire determination from the BCP; when the degree of kinship between the children identified as being in care and the Approved Relative provider applicant do not meet the criteria of "relative"; or the family choosing an In-home caregiver has been determined ineligible for CCAP participation.

The Designee issues the *Child Care Assistance Provider Application-Denied* notice, citing the specific denial reason(s) and giving the provider the opportunity to appeal the determination by requesting a hearing within thirty (30) calendar days of the date the notification was issued.

When the denial is due to a barring crime or condition for the provider or household member, the provider is to be advised of their right to request a variance within ninety (90) calendar days of the date of the BCP's notification letter of a barrier crime and/or condition and the *Background Check Variance Request Applicatio*n is included with the denial notice.

The action is documented in an Integrated Child Care Information System (ICCIS) case note using subject heading: CCA App Denied and the body of the case note includes the reason(s) for denial and timeframe for appeal. The provider's Facility Status in ICCIS is changed to Denied with today's date in the Status Date and the corresponding reason code for the denial is selected.

When an Approved Relative or In-home application is denied, the Designee will complete the *Background Check Program NABCS: CCPO Provider/ Facility Account* form and submit it to the BCP requesting the provider facility be closed in NABCS.

Once an application has been denied, a new application packet is not needed if the applicant submits the required information to the Designee and/or completes the required action on or before the thirtieth (30th) day for a Licensed provider or the sixtieth (60th) day for an Approved Relative or In-home provider, following the date their application was date stamped as received by the Designee. The Designee will complete the *Background Check Program NABCS: CCPO Provider/ Facility Account* form and submit it to the BCP requesting the provider facility be opened/enabled in NABCS.

If an applicant questions the denial and contacts the Designee, the provider's case is to be reviewed. If it is determined an error was made it is to be corrected, applicable notices issued and documented in a case note in the provider's case in ICCIS. In these circumstances the provider applicant is not advised or required to request a hearing.

When a new application is submitted to and received by the Designee, information previously received, and the completed Child Care Assistance Program Provider Orientation will be used if it was received or completed within the ninety (90) days prior to the date the new application is date stamped received.

Additional actions are needed when denying an In-home child care application:

1. **Parents Achieving Self-Sufficiency (PASS) I Family**
When an *In-home Child Care Application* CC40 for a family participating in PASS I is denied, the Designee creates an ICCIS case note in the provider's case. A case note is also entered in the family's ICCIS case with the "Copy to CMS" and "Alert CMS" boxes checked which automatically enters a case note in the Case Management System (CMS) and notifies the applicable Work Services Provider (WSP) staff.

   Authorization documents issued for the PASS I family's initial authorization period will be honored even if the provider's application is denied during this timeframe, except when the reason for denial is due to a barrier crime or condition. If the BCP identifies a barring crime or condition for the provider, all existing authorizations are cancelled effective the date of the barring crime notification.

   The Designee sets an alert in CMS to notify the family's case manager.

   WSP staff must contact the family informing them of the provider's Ineligibility, counsel them to remove children from the provider's care, and assist them to secure an eligible provider, including a referral to the Alaska statewide Child Care Resource and Referral Network (CCR&R).

2. **PASS II and PASS III Families**
When an *In-home Child Care Application* CC40, for a family participating in PASS II or PASS III is denied, the Designee enters a case note in both the provider's and family's ICCIS cases.

   The Designee working with the provider's application will also set an alert in the family's ICCIS case, using today as the due date, to notify the Designee's assigned worker for the family an action has been taken affecting the family's case.

4260-1 C. APPROVAL OF A PROVIDER APPLICATION

When all required application documents and valid background checks are received, and the applicant has completed a Child Care Assistance Program Provider Orientation and interview, the Designee will issue the appropriate approval notice based on their provider type:

1. *Child Care Assistance Approval – Licensed or Certified Provider;*

2. *Child Care Assistance Approved Relative Provider Application – Approved; or*

3. *Child Care Assistance In-home Child Care Application - Approved.*

The approval notice informs providers of the requirement to complete the *Child Care Provider Billing Training* within thirty (30) days of the effective date of approval or within thirty (30) days of the date of the notice, whichever is later and the consequence for failing to do so. The approval notice also informs providers that they are required to maintain a current business license.

A copy of a *Child Care Assistance Program Provider Report of Change* CC43, *Child Emergency Record* CC47, *Emergency Evacuation Drill Report* CC63 and *Approved Relative Provider and In-home Caregiver Health and Safety Training Checklist* forms are included with the approval notice for Approved Relative and In-home Child Care providers. The *Children's Daily Attendance* CC85 form is included with the approval notice for Approved Relative providers. See section 4260-2 Participation Effective and Expiration Dates for the appropriate effective dates.

The Designee sends all providers a *Child Care Assistance Provider - Information Needed* notice the same day or with the applicable approval notice identifying the individual(s) required to complete the *Child Care Provider Billing Training* and provide verification of completion. The due date used in this notice is the thirtieth (30th) day from the later of the effective date of the approval or the date the approval notice was issued. The eligibility end date to use in the *Child Care Assistance Provider - Information Needed* notice is the last day of the month following the month in which completion of the billing training is due. An alert is set in the provider's case in ICCIS for the day after the due date of the *Child Care Assistance Provider - Information Needed* notice to send the provider the *Child Care Assistance Provider - End of Approval Status* notice at least ten (10) days prior to the last day of the month following the month their approval is effective or the date the approval notice was issued, whichever is later, based on the Adverse Action Calendar. The *Child Care Assistance Provider - End of Approval Status* notice advises the provider their CCAP approval status will be ended for failure to complete the *Child Care Provider Billing Training* within the required thirty (30) day time frame. An alert is set in the provider's case in

ICCIS for the day following the approval status end date to close the provider in ICCIS.

The CCA box is checked in the ICCIS Application screen and the approved provider's status is changed to Active/Open, today's date is entered in the Status Date and the Reason code is changed to "blank".

Changing the status to Active/Open automatically lists Approved Relative providers as an eligible provider in the Child Care Database on the CCPO website even though their approval effective date may be the month following. The CCPO website for the real time list of eligible providers can be accessed at: http://www.hss.state.ak.us/dpa/programs/ccare/. This listing does not include In-home Child Care Providers as they are specific to an individual family.

The Designee must take additional actions with each approval based on the provider type and household members. See section 4260-3 Additional Approval Actions.

4260-1 D. APPROVED RELATIVE PROVIDER AND IN-HOME CHILD CARE HEALTH AND SAFETY INSPECTION NOTIFICATION

When an acceptable and complete *Approved Relative Child Care Provider Application* CC42 or *In-home Child Care Application* CC40 has been determined eligible and the applicable approval notice issued, the Designee will notify the appropriate CCPO Child Care Licensing Supervisor and request an on-site inspection. The Municipality of Anchorage (MOA) Licensing Supervisor will be notified of those providers within the MOA. An ICCIS case note is entered using subject heading: H&S Insp Request to Licensing. The body of the case note documents the date the request was sent to licensing requesting the inspection.

Licensing Staff will schedule and conduct an on-site health and safety inspection to these providers. See section 4270 Health and Safety Inspections. The results of the on-site inspection will be provided to the Designee to maintain in the provider's hard copy case file. An ICCIS case note is entered using subject heading: H&S Inspection Results Received. If a non-compliance has been identified, see section 4270-2 B. Report of Inspection/Notice of Violation – Out of Compliance.

4260-2 PARTICIPATION EFFECTIVE AND EXPIRATION DATES

The effective start date for Child Care Assistance Program (CCAP) participation for all provider types is the first (1st) of the month following the date all required documents, actions, and information are received and the Designee determines they are eligible.

CCAP expiration dates are different depending on the provider type:

1. **Licensed**
   A Licensed provider's participation expiration date is the same as their *Child Care License*.

2. **United States (US) Department of Defense or US CoastGuard Certified**
   A US Department of Defense or US Coast Guard Certified provider's participation expiration date is the same as their certification. If a provider does not receive their official certification timely, an approval letter on US Department of Defense, US Coast Guard, or the branch responsible for the oversight of the facility's letterhead is acceptable to support continued participation. When a letter is used and dates are not included, the allowable approval period is eighteen (18) months.

   When the official certification document is received and the dates are different from the CCAP approval, the dates must be changed to match the official certification period. A *Child Care Assistance Provider – Notice of Change* is issued with the new CCAP approval dates.

3. **Tribally Approved or Tribally Certified**
   A Tribally Approved or Tribally Certified provider's participation expiration date is the same date as their approval or certification.

4. **Nationally Accredited or Nationally Certified Day Camps or Similar Facility or Program**
   A Nationally Accredited or Nationally Certified Day Camp or similar facility or program's participation expiration date is the same as their approval, certification or accreditation end date.

5. **Approved Relative**
   Approved Relative providers are determined eligible for a two (2) year period. Their program participation expiration date is the last day of the twenty-fourth (24th) month following their approval effective date.

6. **In-home**
   An In-home provider's program participation expiration date is the same as the family's Alaska Temporary Assistance Program (TA) eligibility for Parents Achieving Self-Sufficiency (PASS) I, or CCAP eligibility for PASS II or PASS III certification period, not to exceed twelve (12) months.

   There are instances when the family's and provider's eligibility is determined by different staff. Coordination and communication is required between the family's assigned worker and the provider's assigned worker during this process to ensure the provider is not approved when the family has been denied and vice versa. When the provider's eligibility is approved first, the worker will set an alert thirty (30) days from the approval date to ensure the family's eligibility has been determined. In situations where the provider has been determined eligible and there are delays on the family side, the provider's eligibility end date will match the family's as long as the family has done what is needed and the delay is due to the Designee, even if the delay exceeds sixty (60) days.

   The Designee must match the provider's expiration date with the last day of the family's certification period.

   a. **Family Transitions from PASS I to PASS II or PASS III using In-home Care**
      When a PASS I family using an In-home caregiver submits an acceptable family application for PASS II or PASS III to the Designee, there is no lapse in provider eligibility as long as their application is received within sixty (60) days of their TA Program closure. A new *In-home Child Care Application* CC40 is not needed.

      At the time the family is determined eligible for PASS II or PASS III participation, the Designee will change the provider type and expiration date in the Integrated Child Care Information System (ICCIS) to match the family's PASS II or PASS III program participation end date.

The Designee will issue a *Child Care Assistance Provider – Notice of Change* to the family advising based on the family's application their In-home child care provider's eligibility has been changed to match the family's PASS II or PASS III certification period.

b. Family Transitions from PASS II or PASS III to PASS I using In-home Care

When a PASS II or PASS III family using an In-home caregiver is determined eligible for TA there is no lapse in provider eligibility as long as they are using the same caregiver. A new *In-home Child Care Application* CC40 is not needed.

At the time the family is determined eligible for PASS I participation, the Designee will change the provider type and expiration date in ICCIS to match the family's TA eligibility.

The Designee will issue a *Child Care Assistance Provider – Notice of Change* to the family advising based on the family's application their In-home child care provider's eligibility has been changed to match the family's PASS I certification period.

7. Effective Date Exceptions For Pass I Family

An individual identified as providing care for a PASS I family will be determined eligible for up to sixty (60) days of the family's initial authorization period, even when this timeframe is prior to receiving all of the required documentation for the provider application. See section 4040-2. B. a. PASS I Certification Period.

The Designee will issue a *Child Care Assistance Approval for Initial Authorization Period* notice to the provider for the sixty (60) day timeframe only.

4260-3 ADDITIONAL APPROVAL ACTIONS

When a provider's application is approved for program participation, the Designee must enter information in the Integrated Child Care Information System (ICCIS) to complete the provider's case.
The ICCIS Application, Rates, and Schedule screens are completed, based on the provider type, using information received with the provider's application. The Designee also enters an Alert in the provider's ICCIS case for each future action regarding their Child Care Assistance Program (CCAP) participation.

1. **Application Screen**
   The Designee enters:
   a. The provider's effective and expiration dates;
   b. The facility status for Approved Relative and In-home providers to Active/Open;
   c. Today's date in the Status Date; and
   d. "Blank" in the Status Reason.

2. **ICCIS Rates Screen**
   a. Effective Date:
      The Designee enters the provider's rate information based on the *Child Care Provider Rates and Responsibilities* CC12 received with their application. The effective date of the provider's rates is the same date as their CCAP participation approval effective date.

   b. Registration Fee and Type:
      Only Licensed providers or those Certified or Approved by the United States (US) Department of Defense or the US Coast Guard who meet or exceed the standards of the Department of Health and Social Services are eligible for a registration fee payment through the CCAP.

      The actual amount of the provider's registration fee is entered; however, payment will not exceed $50.00 per child, per Licensed provider, per calendar year.

   c. Care Level Rates
      Providers may define their age categories differently than the CCAP and/or may have an age category of children not accepted into their facility. Due to current ICCIS design and how the CCAP defines age categories and payments it may be difficult to enter the provider's actual charges accurately into the Rate screen.

      ICCIS requires every age category to have a rate entered in the Rate screen, even if the provider has specified they do not provide care for a particular age category, or does not have a specific rate for an age category. In these instances the state rate will auto populate. A comment is to be entered in the Rate screen, comments section for the age category indicating "no care is provided for that age or there is no provider rate for that age category."

When the provider defines their age categories differently than the state, the provider's rate for the age category is entered in ICCIS based on the provider's definition.

> ***Example:*** *If the provider defines a toddler to be thirteen (13) through twenty-four (24) months and a preschooler to be twenty five (25) months through fifty nine (59) months, the provider's rates for both categories (as they have defined them) are entered into the ICCIS Rate screen. A comment is also entered describing the provider's age definitions. The family's authorization document will be reflective of the state's age category; however the provider must bill based on their own age category. The lesser of the two (2) rates (provider defined age category rate vs. state rate) will be paid.*

3. ICCIS Schedule Screen

Licensed provider's hours of operation and scheduled closures are entered in this screen by the Licensing Specialist assigned on the provider's case. If the Designee receives this information and it conflicts with information in ICCIS, the information is forwarded to the assigned Licensing Specialist requesting follow up with the provider and any updates to be made in ICCIS.

The Designee enters this information for Approved Relative and In-home providers using the schedule listed on their application.

4. Vendor Customer Number

All providers participating in the CCAP, with the exception of In-home providers, are assigned a unique identification number specific to the owner or umbrella organization. In ICCIS this number is referred to as the Vendor Identification (ID). In the State of Alaska's accounting system, Integrated Resource Information System (IRIS), this number is referred to as the Vendor Customer Number (VCN). This identification number is the linkage between ICCIS and IRIS, which allows the systems to interface and CCAP payments to be processed.

The Systems Operation unit enters the Vendor ID in the provider's ICCIS case based on a request from the Designee.

a. Licensed, US Department of Defense or the US Coast Guard, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camp or similar facility or program, and Approved Relative Providers

The Designee forwards the *State of Alaska Substitute Form W-9 and the Electronic Payment Agreement for Vendors Doing Business with the State of Alaska* form, if received, to the Child Care Program Office (CCPO) Accounting Staff requesting a VCN to be established. Designees must fax these forms since they contain protected personal information.

The CCPO Accounting Staff coordinates with the Department of Administration and Systems Operations for the VCN assignment and Vendor ID entry into ICCIS. CCPO Accounting Staff will contact the provider if the *Electronic Payment Agreement for Vendors Doing Business with the State of Alaska* form is not received to explain payments are made via direct deposit and explain how the provider can receive information regarding payments made to them. If the provider refuses to provide the form or requests to receive payment in the form of a paper warrant the *Electronic Payment Agreement for Vendors Doing Business with the State of Alaska* form is not required or further pursued.

Each time a Designee receives a *State of Alaska Substitute Form W9* from a provider it must be forwarded to the CCPO Accounting Staff to determine if an action or additional information is needed.

b. In-Home Providers
All In-home providers utilize the same VCN of 06HSSMSC. An automatic report is run monthly to identify In-home providers in Active/Open status who do not have a Vendor ID entered. The VCN 06HSSMSC is entered in ICCIS by System Operations based on this report.

5. Alerts

The Alerts function in ICCIS is used to notify assigned workers of actions needed for a provider's case. Alerts for Licensed providers can be seen by both the assigned Licensing Specialist and the CCAP assigned worker. Designees must ensure they do not delete Alerts set by the Licensing Specialist for Licensed providers. Alerts are set for the due date in the notice; however, the adverse action and notice of adverse action are to be sent the day following the due date of the notice/alert.

CCPO Accounting Staff will contact the provider if the *Electronic Payment Agreement for Vendors Doing Business with the State of Alaska* form is not received to explain payments are made via

direct deposit and explain how the provider can receive information regarding payments made to them. If the provider refuses to provide the form or requests to receive payment in the form of a paper warrant the *Electronic Payment Agreement for Vendors Doing Business with the State of Alaska* form is not required or further pursued.

a. CCAP Renewal:
An alert is set for all provider types the first (1st) day of the month prior to the month their CCAP approval period ends to send the provider the applicable notification and requirements for continuing participation.

b. *Child Care Provider Billing Training*
All new providers must complete the billing training to learn the rules and process for requesting and receiving payment from the CCAP on behalf of participating families. An alert is set for thirty (30) calendar days from the later of the date of their CCAP effective date of approval or the date the approval notice was issued, for all provider types who have not previously participated in the CCAP or completed this training.

The Designee will send all providers the *Child Care Assistance Provider - Information Needed* notice the same day or with the applicable approval notice identifying the individual(s) required to complete the *Child Care Provider Billing Training* and provide verification of completion. The due date used in this notice is the thirtieth (30th) day from the later of the effective date of the approval or the date the approval notice was issued. The eligibility end date to use in the *Child Care Assistance Provider -Information Needed* notice is the last day of the month following the month in which completion of the billing training is due. An alert is set in ICCIS for the day after the due date of the *Child Care Assistance Provider - Information Needed* notice to send the provider a *Child Care Assistance Provider - End of Approval Status* notice at least ten (10) days prior to the last day of the month following the month their approval is effective or the date the approval notice was issued, whichever is later, based on the Adverse Action Calendar. The *Child Care Assistance Provider - End of Approval Status* notice advises the provider that their CCAP approval status will be ended for failure to complete the *Child Care Provider Billing Training* within the required thirty (30) day time frame. An alert is set in the provider's case in ICCIS for the day following

the approval status end date to close the provider status in ICCIS if the training is not completed.

c. New Caregiver Health and Safety Training
Approved Relative and In-home providers who are renewing program participation do not need to complete this training again.

All new Approved Relative Providers and In-home caregivers must complete health and safety trainings within three (3) months of their effective start date of approval for program participation or the date the approval notice was issued, whichever is later. An alert is set for the first (1st) day of the month of the third (3rd) month of approval following the effective date of approval or the date the approval notice was issued, whichever is later, to send the provider the *Child Care Assistance Health and Safety Training Requirement – Information Needed* notice.

The Designee will issue a *Child Care Assistance Health and Safety Training Requirement– Information Needed* notice requesting verification of the completion of the required training to be received by the last day of the third (3rd) month. The due date to be used in the notice is the last day of the third (3rd) month from the effective date of their approval or the date the approval notice was issued, whichever is later. The eligibility end date is the last day of the following month.

An alert is set in ICCIS for the 1st day of the 4th month to send the provider a *Child Care Assistance Provider - End of Approval Status* notice with an end date of the last day of the 4th month The *Child Care Assistance Provider - End of Approval Status* notice advises the provider that their CCAP approval status will be ended for failure to complete the required health and safety trainings within the required three (3) month time frame. An alert is set in the provider's case in ICCIS for the day following the end date to close the provider status in ICCIS if the training is not received.

d. Pediatric First Aid and Cardiopulmonary Resuscitation
An alert is set for the first (1st) day of the month prior to the month of expiration of an Approved Relative provider and In-home caregiver's pediatric first aid and cardiopulmonary resuscitation (CPR) certification to send the *Child Care*

Assistance Approved Provider – Pediatric First Aid and CPR notice.

The *Child Care Assistance Approved Provider – Pediatric First Aid and CPR* notice informs providers of the requirement to renew their Pediatric First Aid and CPR certifications and provide verification on or before the expiration of their current certification(s) and the consequence for failing to do so. The eligibility end date is the last day of the month the verification is due or the following month depending on the due date and Adverse Action date for that month. An alert is set in the provider's case in ICCIS for the day after the due date, to send the provider the *Child Care Assistance Provider - End of Approval Status* notice at least ten (10) days prior to the last day of the month their status is ending based on the Adverse Action date.

The *Child Care Assistance Provider - End of Approval Status* notice advises the provider their CCAP approval status will be ended for failure to provide verification of current pediatric first aid and CPR certifications.

e. Background Check Needed
An alert is set for the first (1st) of the month prior to the month of the individual's background check expiration date based on the Alaska Background Check Program (BCP) eligibility notification to send the *Child Care Assistance Provider – Information Needed* notice.

The *Child Care Assistance Provider – Information Needed* notice advises the provider of the requirement to obtain a new background check on or before the expiration of their current clearance. The due date in this notice is the same date as their current background check clearance expiration or valid through date. The eligibility end date to use in the notice is the last day of the month their new background check is due or the last day of the following month depending on the due date and Adverse Action date for that month.

An alert is set in the provider's case in ICCIS for the day after the due date, to send the provider the *Child Care Assistance Provider - End of Approval Status* notice at least ten (10) days prior to the last day of the month their status is ending based on the Adverse Action date. The *Child Care Assistance Provider - End of Approval Status* notice advises the provider their CCAP

approval status will be ended for failure to obtain a new background check clearance within the timeframe.

When a household member of an Approved Relative provider will be turning sixteen (16) years of age during the provider's approval period, an alert is set for the first (1st) day of the member's birthday month. A *Child Care Assistance Provider – Information Needed* notice is issued advising the provider a background check is required within thirty (30) calendar days following their sixteenth (16th) birthday. The due date in the *Child Care Assistance Provider – Information Needed* notice is the thirtieth (30th) calendar day following their sixteenth (16th) birthday and the eligibility end date to use is the last day of the month their new background check is due or the last day of the following month depending on the due date and Adverse Action date for that month.

An alert is set in the provider's case in ICCIS for the day after the due date, to send the provider the *Child Care Assistance Provider - End of Approval Status* notice at least ten (10) days prior to the last day of the month their status is ending based on the Adverse Action date. The *Child Care Assistance Provider - End of Approval Status* notice advises the provider their CCAP approval status will be ended for failure to obtain a new background check clearance for the household member within the timeframe.

f. Annual Training Requirements

Annual training must be completed each year based on the effective start date of CCAP approval. At least one (1) hour of the training must be on one (1) of the required health and safety topics. An alert is set for the first (1st) day of the eleventh (11th) month following their approval effective date. The Designee will send the provider the *Child Care Assistance Annual Training Requirement – Information Needed* notice requesting verification be provided.

The *Child Care Assistance Annual Training Requirement – Information Needed* notice is to request verification of completion of the annual training by the provider or In-home caregiver. The due date in this notice is the last day of the eleventh (11th) month following the provider's approval effective date. The eligibility end date to use in the *Child Care Assistance Annual Training Requirement – Information Needed*

notice is the last day of the twelfth (12th) month following the provider's approval effective date. An alert is set in the provider's case in ICCIS for the day after the due date, to send the provider the *Child Care Assistance Provider - End of Approval Status* notice advising the provider their CCAP approval status will be ended for failure to provide verification of completion of the required annual training within the timeframe.

g. Request for Unannounced Health and Safety Inspection (Approved Relative and In-home Providers only) Unannounced health and safety inspections are to be conducted annually. An alert is set for the first (1st) of the twelfth (12th) month following their program participation approval effective date for all Approved Relative providers. An alert is set for the first (1st) of the ninth (9th) month following their participation approval effective date for all In-home providers. The Designee will complete an *Inspection Request* and submit it to the CCPO or Municipality of Anchorage (MOA) Licensing Supervisor.

h. Current business license (Approved Relative providers only) State of Alaska business licenses expire on December 31st. If an Approved Relative Provider's business license is expiring prior to the last day of their participation end date, an alert is set for the first (1st) day of the month prior to the month in which their business license expires to send the provider a *Child Care Assistance Provider – Information Needed* notice advising the provider they must submit verification of a new business license within thirty (30) calendar days because their business license on file is expiring on (xx/xx/xx). If they do not provide verification of a new current business license, their provider status is to be ended with adverse action.

6. **Forward Other State Agency Forms for In-home Only**
The Designee will mail the originally submitted A*laska New Hire Reporting Form* 04-1050 to the Child Support Services Division and the *Alaska Employer Registration Form for Daycare Services form* TREG (daycare) to the Department of Labor at the addresses on the forms. A copy of each form is maintained the provider's file.

7. **Email Food Program and Local Tribal Entities**
Upon approving an Approved Relative provider for program participation an email is sent to any Tribal entities in the service delivery area who also operate a Child Care and Development Fund (CCDF) child care assistance program and the Child and

Adult Care Food Program. A listing of the CCDF Tribal entities and contact information is provided by the CCPO. The contact information for the Child and Adult Care Food Program is: foodprogram@alaska.net. The body of the email includes the provider's name, business name, if any, physical location of the child care, hours of operation, number of children to be in care, and their approval timeframe.

4270 HEALTH AND SAFETY INSPECTIONS

A participating provider, which includes families choosing In-home care, must be compliant with all health and safety regulations for Child Care Assistance Program (CCAP) participation.

Health and safety inspections for Licensed providers are conducted by the Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Staff based on licensing regulations.

Health and safety inspections for United States (US) Department of Defense or US Coast Guard; Tribally Approved or Tribally Certified; Nationally Accredited or Nationally Certified Day Camps or similar facilities or programs are conducted by the accrediting, certifying, or approving agency. These inspections meet or exceed the CCAP requirements for participation.

4270-1 APPROVED RELATIVE AND IN-HOME PROVIDER HEALTH AND SAFETY INSPECTIONS

Approved Relative and In-home providers must cooperate with the department or Designee for purposes of monitoring reviews and inspections to determine compliance, including allowing access to the premises, relevant records, and children in care.

Announced health and safety inspections are conducted by Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Staff within ninety (90) days of the receipt of a complete application or the effective date of their approval for Child Care Assistance Program (CCAP) participation.

4270-1 A. REQUEST FOR HEALTH AND SAFETY INSPECTION

When an initial acceptable Approved Relative application or In-home child care application has been determined complete and the applicable approval notice issued along with the inspection checklist, the Designee will within five (5) business days, complete and submit an *Inspection Request,* a copy of the signed *Approved Relative Child Care Provider Health and Safety Requirements* CC11 or *Health and Safety Requirements for In-home Child Care* CC27, a copy of the provider's or parent's and in-home caregiver's photo identification, for an **announced** health and safety inspection to be conducted, to the appropriate CCPO Licensing Supervisor. The MOA Licensing Supervisor will be notified of those providers within the MOA. The *Inspection Request* is not a numbered form and is not available on the CCPO website. A listing of the Licensing Offices can be found on the CCPO website at:
http://dhss.alaska.gov/dpa/Pages/ccare/default.aspx

Upon approval for initial or renewed Approved Relative provider participation, the Designee will set an alert for the first (1st) of the twelfth (12th)month following their approval effective date, in the provider's case in the Integrated Child Care Information System (ICCIS), to request an **unannounced** health and safety inspection be conducted during the second (2nd) year of their approval time period. An alert is not necessary for In-home providers because their approval timeframe isn't longer than a year. An unannounced inspection is to be requested with each In-home provider renewal. See section 4320-3 In-home Provider Renewal.

1. Announced Health and Safety Inspections
   Within, five (5) business days of receiving the request, the Licensing Supervisor will review the travel calendar, as needed, to identify a timeframe within ninety (90) days of the provider's approval effective date, for the inspection to be completed and a Licensing Specialist assigned. When a provider's only hours of operation are non-traditional and outside the Licensing Specialist's usual work hours, the initial announced inspection may be scheduled during the Licensing Specialist's hours as coordinated with the provider.

2. Unannounced Health and Safety Inspections
   Unannounced health and safety inspections for participating Approved Relative and In-home providers will be conducted at

least annually. The unannounced inspection for a participating In-home provider does not require both the provider (parent) and their in-home caregiver to be present.

Upon receipt of an acceptable and complete **renewal** application from an Approved Relative or In-home provider on, the Designee will within five (5) business days, complete and submit an *Inspection Request* to the appropriate CCPO or MOA Licensing Supervisor for an **unannounced** inspection to be completed and document sending the request in a ICCIS case note.

Within, five (5) business days of receiving the request, the Licensing Supervisor will review the travel calendar, as needed, to identify a timeframe within ninety (90) days of the provider's approval effective date, for the inspection to be completed and a Licensing Specialist assigned.

Unannounced visits are to be conducted during the provider's hours of operation even if the provider's hours are non-traditional and/or outside of the Licensing Specialist's usual work hours.

If the Licensing Specialist goes on-site for the unannounced inspection, but is unable to make contact with the provider, they will make a second attempt later while still in the area. If after the second attempt the licensing specialist is still unable to make contact with the provider and complete the unannounced inspection, they are to notify the Designee the same day or next day of returning to the office.

The Designee will attempt to call the provider to find out why the provider was not available during the attempted unannounced inspection during their listed child care hours of operation. The Designee will document the conversation and advise them of the requirement for announced and unannounced inspections to be conducted and if the provider has set days or times they are not operating to update the information to their operating hours.
If the Designee attempts contact with the provider, and is unsuccessful, a message is left requesting a return call. If no contact is made with the provider after five (5) business days of leaving a message, the Designee will send the provider a *Child Care Assistance Provider – Information Needed Notice* advising the provider to contact the Designee regarding the unannounced health and safety inspection and the date of the attempted inspection. If the provider does not respond to this notice, their status is to be ended, with adverse action, due to the loss of contact.

Within five (5) business days of contact with the provider, the Designee will complete and submit a new *Inspection Request* to the appropriate CCPO or MOA Licensing Supervisor for an **unannounced** inspection to be completed and document sending the request in an ICCIS case note. The inspection request and case note is to include documentation of anything reported by the provider about any timeframes the provider identified as unavailable such as, transporting children to or from school, for the licensing specialist to be able to better plan the timeframe of the unannounced inspection.

If the provider closes after the *Inspection Request* is sent to the Licensing office, the Designee will advise the Licensing Specialist assigned, or the Licensing Supervisor if the inspection has not yet been assigned, of the provider's closure and to cancel the inspection.

4270-1 B. COMPLETING A HEALTH AND SAFETY INSPECTION

Within ten (10) business days of receiving the *Inspection Request* for a health and safety inspection for an Approved Relative or In-home provider (parent), the assigned CCPO or MOA Licensing Specialist will: contact the provider to schedule the on-site inspection for an announced inspection; or schedule the inspection in their calendar without contacting the provider for an unannounced inspection. The contact including the date of the inspection is documented in an ICCIS case note.

When scheduling an **announced** inspection for an In-home provider, the parent and their caregiver must both participate. The inspection for Approved Relative and In-home providers should be conducted during the provider's hours of operation and when children are in care whenever possible. However; if the provider's only hours of operation are non-traditional and outside the Licensing Specialist's usual work hours, the initial announced inspection may be scheduled and conducted during the Licensing Specialist's work hours. Inspections must be completed within ninety (90) days of the provider's approval effective date listed on the *Inspection Request*.

When conducting an **unannounced** inspection for in-home care, only the In-home caregiver needs to participate.

The findings of the inspection are discussed by the Licensing Specialist with the In-home caregiver, if they are the only one present, while on site. The Designee will discuss the findings with the In-home provider at the time the report is issued. See section 4270-2 B. Report of Inspection/Notice of Violation –Out of Compliance.

Each inspection conducted requires a *Report of Inspection or Report of Inspection/ Notice of Violation* documenting the results of the inspection to be issued and mailed to the provider within ten (10) business days after completion of the inspection, even if the provider notifies the Designee they wish to close their business.

If the provider does not contact the Licensing Specialist to reschedule the inspection and is not available or refuses to participate, the Licensing Specialist will email the Designee. The Designee will issue a *Plan of Correction* to the provider requiring compliance with the inspection.

1. LICENSING STAFF

The Licensing Staff will:

a. Issue, for announced inspections, a *Child Care Assistance Approved Provider Health and Safety Inspection Scheduled* notice with a copy of either the *Approved Relative Provider Health and Safety Inspection Checklist* CC81 or the *In-home Child Care Health and Safety Inspection Checklist* CC88 depending on the provider type, to the provider confirming the date and time of the announced on-site inspection. A copy of the notice and the *Inspection Request* with the LS section completed indicating the scheduled inspection date, is sent to the Designee with CCAP eligibility responsibilities for the provider;

b. Return the *Inspection Request* with the LS section completed indicating the date calendared to complete the inspection, to the Designee;

c. Conduct the on-site inspection to ensure the provider is in compliance will the applicable health and safety regulations in 7 AAC 10, 7 AAC 41, and 7 AAC 57;

d. Draft the applicable *Report of Inspection or Report of Inspection/Notice of Violation* by completing the name of the provider in the header; date of the inspection and actions taken in the Summary of Inspection section: list the violations and add; the summary of the inspection in the Findings section, as

applicable. See section 4270-2 Health and Safety Inspection Results;

e. Discuss the summary of the inspection and findings, either in person or by telephone, for any changes needed regarding the provider's compliance or non-compliance and provide a copy of the applicable inspection report to the Designee;

f. Document in an ICCIS case note the report sent to the Designee for issuance; and

g. Upon confirmation the inspection report has been received by the Designee, shred the original documents.

2. DESIGNEE STAFF

The Designee will coordinate and collaborate with Licensing Staff for the on-site inspection and report issuance. The Designee will set an alert in ICCIS for ten (10) business days after the scheduled on-site announced or unannounced inspection to follow up with Licensing Staff regarding the *Report of Inspection or Report of Inspection/Notice of Violation*, as applicable, if not already received within the ten (10) day timeframe. The notification and/or action required by the provider will depend on their actual program participation status at the time the inspection report is issued.

The Designee will:

a. Discuss the summary of the inspection and findings, if applicable with the Licensing Staff and if no changes need to be made issue the finalized *Report of Inspection* if no non-compliances are found during the on-site inspection by completing the provider's approval dates in the Provider History section; or

b. If the *Report of Inspection/Notice of Violation* is used, the Designee will also enter the date the Plan of Correction is due using the fifteen (15) day date from the Adverse Action Calendar in the Plan of Correction section; and if applicable select the appropriate enforcement action in the Enforcement Action section based on non-compliances found during the on-site inspection; and

c. Issue the finalized *Report of Inspection/Notice of Violation and Plan of Correction* and document the action in an ICCIS case note. See section 4270-2 Health and Safety Inspection Results.

If during an on-site inspection it is determined the provider's continued participation will result in an imminent threat to the health, safety, or welfare of a child in care, the Licensing Staff will coordinate with the CCPO Program Coordinator (PC) II with CCAP oversight responsibility, Public Assistance Analyst (PAA) II, or Public Assistance Analyst (PAA) I depending on availability, to determine if an emergency suspension is appropriate and the necessary action to take. See section 4340-3 C. Emergency Suspension.

If a provider notifies the Designee of their wish to close prior to the issuance of a *Report of Inspection/Notice of Violation* the report and *Plan of Correction* is still issued and mailed to the provider. Violations included in the *Report of Inspection/Notice of Violation* and *Plan of Correct* must be addressed and/or corrected by the provider prior to CCAP approval should they apply in the future as a provider at the same physical location.

4270-2 HEALTH AND SAFETY INSPECTION RESULTS

At the conclusion of the Approved Relative or In-home care provider's on-site inspection, see section 4270 Health and Safety Inspections, the Licensing Specialist will inform the provider of any areas of non-compliance identified, answer any questions they may have, and advise them they will receive a *Report of Inspection* documenting compliance or a *Report of Inspection/Notice of Violation* requiring corrective action from the provider.

4270-2 A. REPORT OF INSPECTION - IN COMPLIANCE

When it is determined an Approved Relative or In-home provider is in compliance with the health and safety requirements it is documented in a case note in the provider's case in the Integrated Child Care Information System (ICCIS).

A *Report of Inspection* is to be issued within ten (10) business days following a health and safety inspection documenting the provider is in compliance with the Child Care Assistance Program (CCAP) regulations.

1. **Licensing Staff will within two (2) business days of completing the on-site:**
   a. Enter a case note in ICCIS documenting the completion of the inspection using subject heading: H&S Inspection Completed MM/DD/YY;

   b. Complete the *Report of Inspection* documenting the on-site inspection, by entering:
      - Provider's name in the header; and
      - Date of the inspection and mark the applicable boxes for action taken during the inspection in the Summary of Inspection section;

   c. Forward the draft *Report of Inspection* to the Designee and discuss the actions taken during the on-site inspection to ensure both workers understand what was observed, agree there are no areas of non-compliance, and make any changes needed based on the discussion;

   d. Forward the draft *Report of Inspection* to their supervisor for review and approval;

   e. Within one (1) business day of receiving the draft *Report of Inspection* the Licensing Supervisor will approve the report and returns it to the Licensing Specialist; and

   f. Upon receiving supervisory approval of the draft *Report of Inspection,* the Licensing Specialist will within one (1) business day forward the report to the Designee for finalizing and issuing.

2. **Designee will within two (2) business days of receiving the draft *Report of Inspection*:**
   a. Complete the Provider History portion and forward the report to their supervisor for review and approval. When the Designee's Local Administrator is the individual completing the Provider History portion their "supervisor" in the following steps will be the Child Care Program Office (CCPO) Eligibility and Benefits Team's Public Assistance Analyst (PAA) II. If the PAA II is unavailable the CCPO Eligibility and Benefits Team's Program Coordinator (PC) II will serve as the Designee's supervisor;

   b. Within two (2) business days of receiving the draft *Report of Inspection* the supervisor either approves the report as written

or returns it to the author for corrections. The author will make any necessary corrections needed within one (1) business day and return it to the supervisor for final review. The supervisor will enter a case note when approving the draft report and return it to the author;

c. Upon receiving supervisory approval of the draft Report of Inspection, the document is finalized and mailed to the provider, maintaining a copy in the provider's hard copy file;

d. Document the action in an ICCIS case note using subject heading Report of Inspection Issued; and

e. Update the Compliance screen in the provider's ICCIS case documenting compliance with the inspection. The date to use is the date the inspection was completed.

4270-2 B. REPORT OF INSPECTION / NOTICE OF VIOLATION – OUT OF COMPLIANCE

When a non-compliance is identified during a health and safety inspection, the Licensing Specialist will discuss the non-compliance with the provider while on-site, answer any questions the provider may have, and advise them they will be receiving a *Report of Inspection/Notice of Violation (ROInspection/NOV).* If the inspection is unannounced for In-home care, the non-compliance(s) is discussed with the caregiver while on-site. The provider must submit a *Plan of Correction (POC)* describing how they will correct the non-compliance and ensure it doesn't recur.

1. Licensing Staff will:

a. Within five (5) business days of completing the on-site inspection, the Licensing Specialist will complete the header, Summary of Inspection, and Findings portions of the *ROInspection/NOV* list the violations and document the actions taken during the on-site inspection and areas of non-compliance in the summary, and forward it to the Designee;

b. Contact the Designee either in person or by telephone and discuss the summary and findings to obtain agreement on the violations and regulation citations;

c. Forward the *ROInspection/NOV* to their supervisor for review and approval;

d. Within two (2) business days of receiving the draft *ROInspection/NOV* the supervisor either approves the report as written or returns it to the Licensing Specialist for additional corrections. The Licensing Specialist will make any necessary corrections needed within one (1) business day and return it to the supervisor for final review; and

e. Upon receiving supervisory approval of the draft *ROInspection/NOV,* the Licensing Specialist will within one (1) business day forward the report to the Designee.

2. Designee will:

a. Within two (2) business days of receiving the draft *ROInspection/NOV*, review the report and if it is identified corrections are needed, return the report to the author for corrections. If no corrections are needed, complete the Provider History, Enforcement Action(s) and Certification of Service portions and forward the report to their supervisor for review and approval. When the Designee's Local Administrator is the individual completing the Provider History, their "supervisor" in the following steps will be the CCPO Eligibility and Benefits Team's PAA II. If the PAA II is unavailable the CCPO Eligibility and Benefits Team's PC II will serve as the Designee's supervisor. The supervisor will enter a case note when approving the draft report and return it to the author;

b. Within two (2) business days of receiving the draft *ROInspection/NOV* the supervisor either approves the report as written or returns it to the author for corrections. The author will make any necessary corrections needed within one (1) business day and return it to the supervisor for final review;

c. Upon receiving supervisory approval, the *ROInspection/NOV* is finalized by entering the due date in the Plan of Correction/Allegation of Compliance section using the fifteen (15) day timeframe from the Adverse Action Calendar, and the date the document was sent to the provider in the Certification of Service portion;

d. Complete the *ROInspection/NOV* cover letter and applicable portions of the *POC.* See section 4280-2 Plan of Correction*;*

e. Contact the provider and notify them of the findings of the inspection and report being issued. If the provider is still in the application process no determination will be made on the provider's application until the provider achieves compliance;

f. Mail the *ROInspection/NOV, POC, Request for Hearing* CC46 and cover letter to the provider, maintaining a copy in the provider's hard copy file;

g. Set an alert in the provider's case in ICCIS to follow-up on the *POC* and document the actions in an ICCIS case note using subject heading ROInspect/NOV/POC Issued; and

h. Follow-up with provider regarding their *POC*, as needed.

4280 PROVIDER COMPLIANCE MONITORING

Participating providers are responsible to follow all program rules, report changes, and cooperate with the Designee or Child Care Program Office (CCPO) for the purpose of monitoring reviews, inspections, or investigations to determine compliance with program rules. This cooperation includes allowing access to all areas of the child care premises, relevant records, and children in care.

When it has been determined a provider is not in compliance with program requirements, they are notified of the area(s) of non-compliance, remedy required, and consequence for not remaining in-compliance.

If a provider fails to cooperate with a compliance review or investigation it may result in ending program participation and/or a determination of an intentional program violation having occurred.

4280-1 MONITORING FILE REVIEWS

On-site monitoring of Licensed providers will be completed by the Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Specialists as part of their announced and unannounced on-site inspections annually. The Designee will conduct a random review of at least five percent (5%) of all Child Care

Assistance Program (CCAP) participating provider's CCAP hard copy files and the Integrated Child Care Information System (ICCIS) on a monthly basis within the Designee's caseload for providers.

A targeted review will occur if a concern is received regarding a potential violation not involving a health and safety issue, such as notice not given to end care for a family, and an on-site investigation was not conducted.

Each review will include at a minimum a comparison of the provider's attendance record(s) to the *Request for Payment* form(s) for the most recent service month for which payment was processed. Review for Approved Relative and In-home providers will also include documentation verifying emergency evacuation drills have been conducted. These records for review are to be requested from the provider to ensure they are appropriately maintaining records.

Documentation will be requested for review based on the provider type. Additional information is requested if reviewing for a potential violation of a non-health and safety concern.

1. Licensed
   The facility's Licensing daily attendance record for the month in review. The Designee will randomly select five (5) children from the attendance record to complete the monitor review for that entire month.

2. United States (US) Department of Defense or US Coast Guard Certified; Tribally Approved or Tribally Certified; Nationally Accredited or Nationally Certified Day Camp or similar facility or program
   a. The facility's children's daily attendance record for the month in review;
   b. The facility's most recent inspection conducted by the accrediting, certifying, or approving agency will be requested and reviewed to ensure compliance with health and safety requirements; and
   c. The facility's documentation for the past six (6) months verifying emergency evacuation drills are conducted monthly.

3. Approved Relative and In-home Providers
   a. The provider's children's daily attendance record for the month in review; and
   b. The provider's documentation for the past six (6) months verifying emergency evacuation drills are conducted monthly.

The Designee will issue a *Child Care Assistance Documentation Review – Information Needed* notice to the provider requesting their attendance records, *Request for Payment* forms, and for Approved Relative and In-home providers, documentation verifying emergency evacuation drills to be reviewed. The provider will be given at least ten (10) days based on the Adverse Action Calendar to provide the requested information.

If the provider does not provide the requested information within the time identified in the notice, the provider is determined to not be in compliance with cooperating with a monitoring review. See section 4280-1 C. Monitoring File Review Non-Compliance.

4280-1 A. FINDINGS RELATED TO DOCUMENTATION

This section describes some examples of the most common CCAP non-compliances related to documentation. Monitor file review findings include but are not limited to:

1. **Attendance Records are Incomplete or Not Maintained**
   A provider will be required to submit a *Plan of Correction* (*POC*) if it is determined they are not documenting daily attendance of children in care or the dates and times children are in care are missing or incomplete. If a provider uses a ditto mark (“ “) symbol indicating the information above is to be repeated, the Designee will contact the provider to confirm the information. The Designee will advise the provider, ditto marks are not to be used, and they are to document actual date and times in and times out for every child, every day the child is in care. The provider is advised it is recommended to include am and pm on their attendance records to be able to clearly document the times children are in care. The contact with the provider is documented in an ICCIS case note.

   If the Designee is unable to speak with the provider, a message is left requesting a return call. If the provider does not call back by the end of the second (2nd) business day following the Designee leaving a message, the provider will be required to submit a *POC*.

   If the provider is a licensed provider, the Designee will notify the assigned Licensing Specialist of the CCAP non-compliance, by providing a copy of the notification sent to the provider requiring the *POC*. The Licensing Specialist will determine if the CCAP non-compliance is also a licensing non-compliance.

If it is determined that a provider was paid incorrectly based on the monitor review the incorrect payment process is to be followed. The Incorrect Payment is to include information regarding any non-compliance identified and the provider's *POC* to correct the error. See section 4410 Incorrect Child Care Assistance Program Payment.

If it is determined a provider has falsified their attendance records to reflect a higher amount of time than the child actually was in care, or documents a child as being in care who was not, the intentional program violation process is to be followed. See section 4420-1 Intentional Program Violations.

2. **Provider's Request for Payment Form with Different Care Provided than Attendance Records**
   For all provider types, the Designee is to complete and submit the *Incorrect Payment Preliminary Review* CC17 to the CCPO, if an incorrect payment occurred. The provider will be notified in the *Report of Documentation Review* form that there was a discrepancy in their *Request for Payment* CC78 and/or *Amended Request for Payment* CC79 forms based on their attendance records.
   If the provider was paid correctly, follow the *POC* process for all provider types.

   If an incorrect payment occurred, the provider is not considered to also be out of compliance and a *POC* is not needed as the incorrect payment process will be followed.

3. **Children in an Approved Relative Provider's Care**
   If an Approved Relative provider is issued a *Child Care Assistance Authorization* document for a child or children not listed on the provider's application or reported as a change, yet the child or children were in care an incorrect payment may have occurred.

   The Designee is to review and if an incorrect payment is determined, complete and submit the *Incorrect Payment Preliminary Review* CC17 to the CCPO for tracking purposes and indicate in the summary that this is being submitted for tracking purposes, but is not to be pursued and reference 4280-1 A. 3 Findings Related to Documentation or Reporting Changes, Children in an Approved Relative Provider's Care.

   This is considered a non-compliance and the provider will be required to submit a *POC*, which includes updating the child(ren)

who are in care and providing documentation supporting the qualifying relationship. If repeated, and the provider received payment for children they were not approved to care for, this is to be considered an incorrect payment and the incorrect payment process is to be followed. See section 4410 Incorrect Child Care Assistance Program Payment.

If it is identified an Approved Relative Provider submitted false or altered documentation as verification of the degree of kinship between themselves and the child(ren) to be in care, intentional program violation procedures are to be followed. See section 4420-1 Intentional Program Violations.

4. **In-home Caregiver Change**
   If it is determined an In-home provider (family) using an In-home caregiver failed to report a change of caregiver, the family will be required to submit a *POC*. This will be considered an incorrect payment if payment was made to the provider. See section 4410 Incorrect Child Care Assistance Program Payment.

   If repeated, intentional program violation procedures are to be followed. See section 4420-1 Intentional Program Violations.

5. **Over Capacity**
   If during a monitoring file review or other review it is determined a provider has been authorized over their capacity, or children are reported on the provider's attendance showing them over their capacity it is treated as a non-compliance and not a complaint. The assigned Licensing Specialist will be notified when the review is for a licensed provider.

   a. Licensed Providers
      Licensed providers may be authorized for more children than the capacity listed on the *Child Care License* based on the child's schedule of time to be in care. A licensed provider must ensure they do not exceed the license capacity at any one (1) time during their operating hours. If during a documentation review it is determined a licensed provider has more children in care at the same time than their licensed capacity and received an incorrect payment, an Incorrect Payment will be pursued. The Designee will notify the Licensing Specialist assigned to the provider's case of their overcapacity findings. The Licensing Specialist will determine any licensing action to be taken.

b. Approved Relative Provider
If an Approved Relative provider is issued *Child Care Authorization* documents and requests payment for more than five (5) children during a month it is considered an agency caused error. The provider will be required to submit a *POC* to address how they will achieve and maintain compliance with the capacity limits.

If the provider repeats the non-compliance by accepting *Child Care Assistance Authorization* documents, children into care, requests payment for more than five (5) children during a month, and payment is made to the provider, the incorrect payment procedures are to be followed. See section 4410 Incorrect Child Care Assistance Program Payment.

c. In-home Child Care
If an In-home caregiver brings their own child(ren) to the In-home provider's (family's) home causing the number of children to be more than five (5), or more than two (2) under thirty (30) months of age, the provider will be required to submit a POC to address how they will achieve and maintain compliance with the capacity limits.

If repeated, incorrect payment procedures are to be followed. See section 4410 Incorrect Child Care Assistance Program Payment.

6. Payments

The incorrect payment process will be followed if it is determined a mistake was made by the provider on their *Request for Payment* CC78 or *Amended Request for Payment* CC79 form and the provider was paid incorrectly.

If it is determined the provider intentionally falsified the *Request for Payment* CC78 or *Amended Request for Payment* CC79 form or supporting attendance records the intentional program violation process will be followed. See section 4420-1 Intentional Program Violations.

4280-1 B. MONITORING FILE REVIEW COMPLIANCE

When the review of the provider's hard copy file, attendance record(s), *Request for Payment* forms, and any other requested information support the provider's compliance with program requirements, the Designee will issue a *Report of Documentation Review* to the provider. The report advises the provider of the completion of the review and the determination of compliance based on the record(s) and/or documentation reviewed.

Within two (2) business days of completing the monitoring file review, the Designee will complete a draft *Report of Documentation Review* and submit it to their supervisor for review, approval, and signature. When the Designee's Local Administrator is the author of the *Report of Documentation Review* their "supervisor" in the following steps will be the CCPO Eligibility and Benefits Team's Public Assistance Analyst (PAA) II. If the PAA II is unavailable, the CCPO Eligibility and Benefits Team's Program Coordinator (PC) II will serve as the Designee's supervisor.

Within two (2) business days of receiving the draft *Report of Documentation Review* the supervisor either approves the report as written or returns it to the author for additional corrections. The author will make any necessary corrections needed within one (1) business day and return it to the supervisor for final review. The supervisor will enter a case note approving the draft report and return it to the author for issuance to the provider.

The action is documented in a case note in the provider's case in ICCIS and a copy of the *Report of Documentation Review* is maintained in the provider's hard copy case file.

4280-1 C. MONITORING FILE REVIEW NON-COMPLIANCE

When a Licensed, Approved Relative, or In-home child care provider does not provide information requested to conduct a monitoring file review; or when a non-compliance related to documentation is identified through the course of a monitoring file review; or when a change is reported outside the required timeframe, the provider will be given the opportunity to correct the non-compliance through a *POC.* The non-compliance may also result in an incorrect payment or

intentional program violation finding which will require additional actions.

Within two (2) business days of completing the monitoring file review in which violations were identified, the Designee will complete a draft *Report of Documentation Review* and submit it to their supervisor for review, approval, and signature. When the Designee's Local Administrator is the author of the *Report of Documentation Review* their "supervisor" in the following steps will be the CCPO Eligibility and Benefits Team's PAA II. If the PAA II is unavailable, the CCPO Eligibility and Benefits Team's PC II will serve as the Designee's supervisor.

Within two (2) business days of receiving the draft *Report of Documentation Review* the supervisor either approves the report as written or returns it to the author for additional corrections. The author will make any necessary corrections needed within one (1) business day and return it to the supervisor for final review. The supervisor will enter a case note approving the draft report and return it to the author.

Upon receiving supervisory approval of the draft *Report of Documentation Review* the document is finalized, and the *POC* is prepared. See section 4280-2 Plan of Correction.

The finalized *Report of Documentation Review, POC, Request for Hearing* CC46*,* and cover letter is mailed to the provider with a copy maintained in the provider's hard copy case file. If the provider is a licensed provider, a copy of the *Report of Documentation Review* is emailed to the assigned Licensing Specialist. The action is documented in an ICCIS case note using subject heading: Rpt of Doc Rev/POC and an alert is set to follow-up on the *POC*.

The Designee will monitor for the provider's submitted *POC*. See section 4280-2 Plan of Correction.

4280-2 PLAN OF CORRECTION

When a provider is determined to be non-compliant with a Child Care Assistance Program (CCAP) regulation the action taken is a *Plan of Correction (POC),* unless there is an emergent situation with an Approved Relative or In-home provider supporting emergency suspension. The *POC* is the provider's written plan describing how

they have corrected or will correct the area(s) of non-compliance and how they will ensure they do not recur.

Monitoring File Reviews, section 4280-1 provides guidance for issuing a POC; however, there are other instances in which a *POC* may be issued, to include, but not limited to, when a child care provider reports changes or discrepancies are found.

1. **Health and Safety Requirements**

   If it is determined an Approved Relative provider failed to report the occurrence of a barring charge or conviction for themselves or a household member, they will be required to submit a *POC*. This will be considered an incorrect payment. See section 4410 Incorrect Child Care Assistance Program Payment.

   If repeated, intentional program violation procedures are to be followed. See section 4420-1 Intentional Program Violations.

2. **Inadequate Notice Ending Care**

   If it is determined a participating provider failed to give a family at least the required ten (10) day notice and there was not a mutual agreement signed by both the provider and parent, and they did not mutually waive the required notice, they will be required to submit a POC. This will be considered an incorrect payment, if the provider includes the ten (10) day notice timeframe on their *Request for Payment* CC78 and the payment is made to the provider.

3. **Records Maintenance**

   An Approved Relative or In-home provider will be required to submit a *POC* if it is determined they have not maintained the required records for at least three (3) years.

4280-2 A. ISSUING A PLAN OF CORRECTION

Upon finalizing a *Report of Documentation Review* with non-compliances, *Report of Inspection/ Notice of Violation (ROInspection/NOV), or Report of Investigation/Notice of Violation (ROInvestigation/NOV)* the Designee will issue a *POC* to be sent with the report.

The Designee will complete the following portions of the *POC*:

1. **Top/header section**

The Designee will enter:

a. The provider's name;
b. The date the *POC* is being issued;
c. The due date for the *POC* as listed in the report being issued with the *POC*;
d. The name of the report, *Report of Documentation Review*, *Report of Inspection/Notice of Violation* or *Report of Investigation/Notice of Violation*, being issued with the *POC*; and
e. The date the report in "d" above was issued.

2. Section I

The Designee will enter:

a. The report type, *Report of Documentation Review, Report of Inspection/NOV or Report of Investigation/NOV* being issued with the *POC*;
b. The date the report in "a" above was issued; and
c. The specific regulations listed in the report from "a" above found to have been violated.

The Designee will maintain a copy of the *POC* in the investigation Red file if issued as the result of an investigation.

The Designee will enter a case note in the provider's case in the Integrated Child Care Information System (ICCIS) using subject heading: POC Issued. The body of the case note includes the report being issued, actions taken, including reviewing the findings with the provider's administrator, if applicable and the date the applicable report and *POC* was sent out or delivered; and set an alert in ICCIS and/or Outlook Calendar with the date the provider is required to submit the *POC.*

If the *POC* is issued to a Licensed provider, a copy of the POC is forwarded to the assigned Licensing Specialist. The Licensing Specialist will determine if action is needed regarding licensing regulations.

4280-2 B. FOLLOW-UP ON A PLAN OF CORRECTION

When a *POC* was required for a provider after a health and safety inspection or monitor review, it must be submitted within the timeframe identified in the *POC* unless the Designee approved additional time. If additional time was granted, it must be documented in a case note in the provider's case in ICCIS.

The provider completes the *POC* Sections II through V describing how they have corrected or will correct the areas of non-compliance and how they will ensure they remain compliant.

Upon receipt of the provider's *POC* the Designee will meet with their supervisor to review and discuss the provider's plan to ensure all areas are completed and acceptable.

1. No *POC* Submitted

If the provider fails to submit a *POC* by the due date identified and additional time has not been requested, the Designee will document in an ICCIS case note using subject heading: No POC Submitted. The Designee will attempt to make contact with the provider. If contact is made and the provider indicates they need additional time to complete the *POC,* it should be granted. If the Designee feels the amount of time requested is unreasonable, they are to forward the information to the PAA II for guidance.

If the Designee is unable to make contact, a message is to be left requesting a return call. If after two (2) business days the provider has not returned the call or they indicate they no longer want to participate in the CCAP, the Designee will take action to end the provider's CCAP participation for failing to achieve or maintain compliance with program regulations.

The Designee will:

a. Issue the *Child Care Assistance Provider - End of Approval Status* notice citing failing to maintain program compliance. The end date included in the notice is the last day of the following month;

b. Enter an Alert, due the following day, in each family's ICCIS case notifying the family's worker to cancel existing *Child Care Assistance Authorization* documents and send families a *Child Care Assistance – Information Needed* notice requiring an eligible provider;

c. Update the Compliance screen in the provider's ICCIS case documenting the CCAP non-compliances for all provider types, using the date the inspection was completed and close program participation in the Application screen due to non-compliance;

d. Document the actions in a case note in the provider's ICCIS case;

e. Notify the assigned Licensing Specialist, if a licensed provider is licensed, by sending a copy of the incomplete POC identifying the CCAP regulation violations; and

f. Submit the *NABCS: CCPO Provider/Facility Account Form* to the Background Check Program for Approved Relative or In-home providers only, requesting the provider's case to be disabled in the New Alaska Background Check System (NABCS).

If the provider's participation is ended without submitting a *Plan of Correction* addressing how they will correct the violations and the provider applies for program participation at a later date, the outstanding violations must be addressed with the provider during the interview.

2. Incomplete POC

The Designee will meet with their supervisor to review and discuss the provider's *POC*. When the provider's plan needs more information, is unclear, or the action described does not meet the requirement, Designee will answer the questions, sign and date in Section VII of the *POC,* and forward to their supervisor for signature and date.

The receipt of the *POC* is documented in an ICCIS case note using subject heading: Incomplete POC Rcvd. The body of the case note identifies the item(s) addressed satisfactorily and those needing more information or clarification. Designee must attempt to contact the provider and explain what is needed.

For example, if the POC cites seven (7) regulation violations, the provider must address each violation in the applicable sections, even if the way they will address some of the violations is the same.

When contact is made with the provider, the Designee will issue the *Plan of Correction – Incomplete* notice and send with the original signed *POC* submitted by the provider and a new *POC* with the applicable portions completed. See section 4280-2 A. Issuing a Plan of Correction . A copy of the notice and each *POC* is maintained in the provider's file.

If the Designee is unable to make contact, a message is to be left requesting a return call. If after two (2) business days the provider has not returned the call, the Designee will issue a *Plan of Correction - Incomplete* notice requesting the additional information or clarification. The provider must be given ten (10)

days based on the Adverse Action Calendar to submit an acceptable *POC* to the Designee. The notice is mailed to the provider with a copy of the *POC* they submitted with Section VII completed and signed along with a new *POC* with the applicable portions completed. See section 4280-2 A. Issuing a Plan of Correction. A copy of the *POC* submitted by the provider, the newly issued POC, and *Plan of Correction - Incomplete* notice are maintained in the provider's hard copy file. The action is documented in an ICCIS case note using subject heading: POC Returned Incomplete. The *Child Care Assistance Provider – End of Approval Status* notice will often be mailed the same day to allow adequate notice, based on the Adverse Action Calendar, that the adverse action will occur.

If the provider contacts the Designee within two (2) business days of the message being left, and they indicate they no longer want to participate in the CCAP, the Designee will take action to end the provider's CCAP participation per their request.

If the *POC* received by the Designee the second (2nd) time is determined to be incomplete, the Designee will attempt to contact the provider and explain they will be developing a *POC* and the corrective action to be taken by the provider. If unable to reach the provider, a message is left explaining that the *POC* is still incomplete and the Designee will be issuing the *POC* advising the provider of the corrective actions to be taken and the timeframe to complete them. Within two (2) business days, the Designee will develop the *POC* and mail it to the provider along with a *Plan of Correction Incomplete* notice allowing the provider ten (10) days, based on the Adverse Action Calendar, to review the *POC*, sign and date it agreeing to adhere to the *POC*, and to submit to the Designee.

If the provider does not respond and does not submit an acceptable *POC* to the Designee by the identified due date, see section 4280-2 B. 1. No POC Submitted.

If the *POC* resulted from an investigation the copy of the *POC* submitted and the *POC Returned Incomplete* notice are maintained in the Investigation Red File.

Depending on the non-compliances identified, the Designee may request a follow-up on-site visit by the Licensing Staff. When a follow-up inspection is requested the Licensing Specialist will

inspect for compliance with the *POC* and any other health and safety items identified by the Designee.

3. **Acceptable *POC***

When it is determined the provider's *POC* is complete and acceptable, it is documented in an ICCIS case note using subject heading: Acceptable POC Rcvd. The Designee will:

a. Complete and sign Section VII. If the provider re-submitted the original *POC* that was mailed back to them, with the new *POC* for completion, the Designee will write "acceptable" in section VII, sign, and date it. If the provider submits a new *POC*, but only completes the sections and provides the information missing from their original submission, instead of completing the entire form, the new submission and the previous submission will be counted together if all information needed is included;

b. Forward to their supervisor for signature in Section VII;

c. Issue a *Plan of Correction Accepted as Complete* notice to the provider with a copy of the provider's *Plan of Correction* with the Designee's signatures;

d. Enter a case note in ICCIS using subject heading: POC rcvd MMDDYY, and document in the body of the case note the actions the provider has or will take to correct the violation(s) with the determination it is acceptable;

e. Forward a copy of the accepted as complete *POC* from a licensed provider to the assigned Licensing Specialist;
For Approved Relative and In-home providers, enter each violation separately in the Compliance screen of the provider's case in ICCIS by:

- Select new;
- Compliance type: Announced or Unannounced Inspection. For documentation or other reviews, select announced inspection and identify in the comments section the type of review completed;
- Compliance Date: the date as identified in the provider's *POC* the violations were corrected, if no date is in the provider's *POC* use the date the *POC* was received;
- Action Taken: Plan of Correction;
- Priority: 3-Low;
- Findings: Non-compliance
- Statute/Regulation: Child Care Assistance
- Section: Select the application citation for the violation;

- Comments: describe the provider's plan to correct the violation; and
- Save.

4290 VARIANCE REQUEST APPLICATIONS

Providers must meet all of the requirements in regulation in order to participate in the Child Care Assistance Program (CCAP). When a provider does not meet some or all of the regulation requirements, there are two (2) different kinds of variances a provider can apply for:

1. Background Variance

When a provider, household members', or In-home caregiver's background check has been denied due to a barring crime and/or condition is identified during a provider's approval timeframe. The provider or individual with the barring crime or condition may apply for a background check variance unless the barring crime or condition is included in 45 Code of Federal Regulation 98.43. See section 4210-3 A. Barring Crime or Condition Found.

The background variance process may take up to ninety (90) days to receive a determination.

2. General Variance

If the provider is unable to meet a regulation requirement pertaining to any other regulation they may apply for a general variance.

The Child Care Program Office (CCPO) approves or denies requests for a general variance and makes a recommendation of approve or deny regarding a background check variance.

Each variance application packet is reviewed at face value so it is important to have a complete application. If a worker has additional information to be considered it is to be included in the applicable worksheet and recommendation form.

Variance applications for a Licensed provider are processed by the Licensing Staff. Variance applications for all other provider types are processed by the Designee.

The Child Care Program Office Variance Review Committee will approve or deny variance applications.

4290-1 BACKGROUND CHECK VARIANCE REQUEST APPLICATIONS

The identification of a barring crime and/or condition for a provider, household member, or in-home caregiver may occur at the time of application or after the applicant has been approved for Child Care Assistance Program (CCAP) participation.

When a barring crime and/or condition is identified the provider or the individual with the barrier may request a variance. If the barrier is identified during the application process, the application is denied, however, the application will be reopened if a variance is requested by the applicant timely and granted. A new provider application is not needed.

The individual identified as having the barring crime and/or condition may request a variance or the provider may request a variance on behalf of the individual when it is a household member or in-home caregiver.

Participating providers must within twenty-four (24) hours, stop providing child care services or remove the individual from direct contact with children in care. When the individual is the provider, their CCAP participation status will be ended until a variance is received and determined approved.

To request a variance the provider must submit a *Background Check Variance Request Application* to the Designee within ninety (90) calendar days of the date of the Alaska Background Check Program (BCP)'s notification letter of a barrier crime and/or condition.

The Designee will document in an Integrated Child Care Information System (ICCIS) case note the receipt of a *Background Check Variance Request Application* using subject heading: Background Variance Req App Rcvd. The body of the case note will include:

1. The date the *Background Check Variance Request Application* was due;

2. The date the *Background Check Variance Request Application* was received;

3. Results of the review of the documentation received; and

4. A determination of complete or incomplete.

If the *Background Check Variance Request Application* is received outside of the ninety (90) day timeframe the Designee will deny the application.

4290-1 A. BACKGROUND CHECK VARIANCE REQUEST APPLICATION REVIEW

The Designee will review the *Background Check Variance Request Application* and all supporting documents to determine if the application received is complete.

When the barrier condition is a substantiation of Child In Need of Assistance (CINA), the Designee will notify the Child Care Program Office (CCPO) Program Coordinator (PC) II responsible for CCAP oversight, of the receipt of a *Background Check Variance Request Application* for CINA and the individual's name. The PC II will contact the Office of Children's Services (OCS) to obtain the CINA record to be included with the *Background Check Variance Request Application* when reviewed by the Department's Variance Committee.

Information needed to complete a *Background Check Variance Request Application* depends on the barring crime and/or condition and will include the following items as applicable:

1. *Background Check Variance Request Application;*

2. Copies of all known and available information relevant to determining whether the health, safety, and welfare of recipients of services will be adequately protected or an explanation why information is not available and the steps taken to obtain the records. Records include, as applicable, copies of:

    a. All protective orders the individual has been a party;
    b. All charging documents including any charges where the individual was not convicted. This information should cover the individual's entire history, not limited to the barrier crime or condition;
    c. All conviction or judgment documents, to include all convictions regarding the applicant's criminal history;
    d. All copies of releases from incarceration, dates of release from incarceration, and any terms and conditions of parole, if the individual was incarcerated;

e. If the individual was sentenced and, as part of that sentence, the individual was placed on supervised or unsupervised probation, a copy of the terms and conditions of probation, including, as applicable, any Release of Probation documentation;

3. Information regarding the extent, nature and seriousness of a behavioral health problem. A behavior health problem is defined as a mental disorder, substance use disorder or co-occurring disorder;

4. Information regarding the extent, nature, and seriousness of a domestic violence problem. A domestic violence problem means the individual has been charged and/or convicted of a crime involving domestic violence or is or has been subject to a protective order;

5. The individual's detailed statement of any and all mitigating circumstances that were involved at the time of the offense. This should include information regarding what happened prior to, during and after the barrier crime or condition;

6. The individual's statement describing all actions the individual has taken to reduce the risk of reoffending. Include copies of any rehabilitation, prevention, or treatment efforts, if applicable;

7. At least two (2) letters of recommendation from credible persons who are aware of the individual's criminal and/or civil history, behavioral health problem, or domestic violence problem, and who would, despite that knowledge, recommend a variance be granted. Letters must be:

a. From persons who are unrelated to the individual for whom the variance is requested; and
b. Who are not associated with any provider who may associate/hire the individual;

8. Information relating to the current or potential job duties and responsibilities, including hours and days of service, whether the individual would be in direct contact with recipients of services and plans for supervision, including whether the individual would be subject to direct supervision;

9. A description of the individual's education and employment history;

10. A copy of professional licenses and/or certification such as a Registered Nurse license, Physician's license, Certified Nurse Aid certification, etc;

11. A copy of the Barrier determination or Revocation notice issued to the individual by the BCP or department identifying the barring crime and/or condition;

12. An explanation of how the individual and/or provider intend to ensure the health, safety, and welfare of recipients of services will be adequately protected. This may include plans for supervision, prohibition of certain duties within the entity, etc; and

13. A comprehensive rationale for why the department should grant the variance. This may include an additional applicant's statement, explanation why the provider believes the applicant should be placed in or continue in their position, etc.

4290-1 B. ACTIONS ON A BACKGROUND CHECK VARIANCE REQUEST APPLICATION

All complete *Background Check Variance Request Application*s are reviewed by the CCPO Eligibility and Benefits Unit Public Assistance Analyst (PAA) II or PC II and the Department of Health and Social Services (DHSS) Variance Review Committee. A determination of complete or incomplete must be made within thirty (30) calendar days of the date the *Background Check Variance Request Application* is date stamped received.

1. **Incomplete *Background Check Variance Request Application***
   Within two (2) business days of receipt, the Designee will review the *Background Check Variance Application* for completeness. When information is missing, an *Incomplete Background Check Variance Application* letter, identifying all missing information, is issued to the person initiating the request, either the individual or provider, and sent by regular mail. The individual must be given at least thirty (30) calendar days to provide the needed information. The Designee must assist the individual and/or provider with understanding the process, timeframes, or required documentation needed.

   The Designee will contact the applicant by telephone if no contact has been received from the individual/provider or documentation is not received ten (10) days prior to the due date in the notice.

If the barring condition is a CINA substantiation, the applicant is advised the CCPO is requesting the CINA records for their application. If the CINA documentation is the last needed information, the *Background Check Variance Request Application* is submitted to the CCPO PAA II. See 2. Complete *Background Check Variance Request Application* below.

If the individual/provider states they do not wish to complete the process, the Designee documents the contact in an ICCIS case note and issues the provider a *Withdraw Variance Request* notice. The incomplete *Background Check Variance Request Application* is denied and filed with the provider's CCAP provider application documentation. The Designee will issue the *Background Check Variance Request Application – Denied Notice*.

If the Designee was unsuccessful in reaching the individual/provider, a case note is entered in ICCIS documenting the attempted contact and the incomplete *Background Check Variance Request Application* is denied. The Designee will issue the *Background Check Variance Request Application – Denied Notice*.

2. **Complete *Background Check Variance Request Application***
Within two (2) business days of determining a *Background Check Variance Application* to be complete the Designee completes the *CCPO Background Variance Request Worksheet and Recommendation.*

The Designee will submit the completed *CCPO Background Check Variance Worksheet and Recommendation* and the *Background Check Variance Request Application* to the CCPO policy mailbox at: dpaccp@alaska.gov to the attention of the PAA II and enter a case note in the provider's case ICCIS. The email is forwarded to the PAA II or the PC II if the PAA II is not in the office.

The PAA II will save the completed *Background Check Variance Request Application* packet and the *CCPO Background Variance Request Worksheet and Recommendation* in the CCPO's shared drive by the meeting date and enter the variance information in the Variance Tracking Spreadsheet.

When the *Background Check Variance Request Application* involves a CINA finding, the CCPO will not receive the CINA documents as part of the application packet.

When the *Background Check Variance Request Application* involves a CINA finding, the PC II will scan and save the information received from OCS to the applicant's variance folder to be forwarded to the Department's Variance Committee only.

Application packets will be reviewed by the PAA II or PC II and a recommendation made within five (5) business days of receipt.

4290-2 GENERAL VARIANCE APPLICATIONS

A provider must meet the regulations governing the Child Care Assistance Program (CCAP). The identification of a statute or regulation the provider is unable to meet may occur at the time of application or after the application has been approved for CCAP participation. The provider may request a general variance describing their alternative proposed method of meeting the intent of the statute or regulation. A separate *General Variance Application* CC25 must be submitted for each regulation requirement that cannot be met.

The *General Variance Application* CC25 must contain information describing:

1. Why they are unable to comply with the requirement;
2. How they are not in compliance;
3. The extent to which compliance with the requirement will impose any substantial economic, technological, programmatic, legal, or medical hardship on the provider or children in care;
4. The period of time the variance is requested;
5. Their alternative proposed method of meeting the intent of the statute or regulation;
6. A statement of how the health, safety, and welfare of children in care will be protected during the period of the variance;
7. Their plan for achieving compliance before the variance expires;
8. Assurance the conditions at the provider's home do not present an imminent danger to the health, safety, or welfare of children in care;

9. If the request for a variance involves fire safety or another state or municipal requirement, evidence that the request has been reviewed by the appropriate authority; and

10. Any additional information requested by the department to determine the effect of a variance on the health, safety, and welfare of children in care.

However, not all situations will require a provider to apply for a general variance when it is identified a regulation requirement cannot be met. The need for the provider to apply for a general variance is dependent on the regulation they cannot meet and the timing in which it is identified.

4290-2 A. IDENTIFICATION OF REGULATION NOT MET

When it is identified by the provider or during an inspection a regulation is not met, a general variance may be required. When the provider can easily correct the condition to meet the regulation a general variance is not needed. If the condition is on-going, more time and or additional resources are needed in order for the provider to meet the regulation, a general variance is needed. An example of a more common item a provider may be requesting a general variance for would be to allow a prohibited animal, such as a lizard, to remain in the provider's home.

When it is identified during the application process the provider does not meet a regulation requirement and it will take more than sixty (60) days to meet the requirement, the CCAP provider application is denied. The provider may request a general variance by submitting a *General Variance Application* CC25 to the Designee. If requested within sixty (60) days of receipt of their CCAP provider application, their application will be reopened. A new provider application is not needed.

When it is determined after CCAP participation approval has been issued, the provider is unable to meet a requirement for which a variance is necessary, they will be issued a *Plan of Correction* requiring the submission of a *General Variance Application* CC25 within fifteen (15) calendar days of receiving notification of the regulation with which they are not meeting, or their CCAP participation will be ended.

4290-2 B. ACTIONS ON A GENERAL VARIANCE APPLICATION

Within two (2) business days of receiving the *General Variance Application* CC25 the Designee will communicate with the provider as to the completeness of the application.

The Designee will review the *General Variance Application* CC25 and supporting documents to determine if the application is complete. The provider must include a clear explanation of why they cannot meet compliance with a regulation as written and how the plan submitted within their *General Variance Application* CC25 is attainable and meets the intent of the regulation. The supporting documentation needed will vary depending on the regulation for which the provider is requesting the variance.

The Designee will document in an Integrated Child Care Information System (ICCIS) case note the receipt of a *General Variance Application* CC25 using subject heading: General Variance App Rcvd. The body of the case note will include the date the *General Variance Application* CC25 was received; the regulation not met; results of the review of the documentation received; and a determination of complete or incomplete.

1. Incomplete *General Variance Application*

The *Incomplete General Variance Application* letter is issued to the provider and sent by regular mail identifying all information missing from the application. The provider must be given at least ten (10) days, based on the Adverse Action Calendar, to provide the needed information. The Designee must assist the provider with understanding the process, timeframes, and/or required documentation needed. Additional time for the provider to submit the needed information is allowable when the provider makes contact with the Designee within the timeframe indicated in the notice and identifies the need for more time. The Designee will allow for reasonable additional time based on the circumstances and documentation needed. An *Incomplete General Variance Application* letter is issued with the new due date. The contact and additional time allowed must be documented in a case note in the provider's ICCIS case.

The Designee will contact the provider by telephone if no contact or documentation has been received by the due date in the *Incomplete General Variance Application* letter. If the provider states they do not wish to complete the process, the Designee

documents the contact in an ICCIS case note and issues the provider a *Withdraw Variance Request* notice. The incomplete *General Variance Application* CC25 is filed with the provider's CCAP provider application documentation or in the provider's hard copy file.

If the applicant requests additional time an *Incomplete General Variance Application* letter with the new due date is issued. The contact and additional time allowed must be documented in a case note in the provider's ICCIS case.

If the Designee was unsuccessful in reaching the provider a case note is entered in ICCIS documenting the attempted contact.

Within two (2) business days following the due date to submit any needed information and there is no contact from the provider, the *General Variance Application* CC25 is denied as incomplete.

2. **Complete *General Variance Application***

Within two (2) business days of determining a *General Variance Application* to be complete the Designee completes the *General Variance Worksheet and Recommendation.*

The Designee will submit the completed *General Variance Worksheet and Recommendation* along with the *General Variance Application* to the Child Care Program Office (CCPO) at dpaccp@alaska.gov to the attention of the Eligibility and Benefits Unit Public Assistance Analyst (PAA) II and document the action in an ICCIS case note. The email received is forwarded to the PAA II or Program Coordinator (PC) II if the PAA II is out of the office.

The PAA II will save the completed *General Variance Worksheet and Recommendation* along with the *General Variance Application* received from the Designee in the CCPO's shared drive by the meeting date and enter the variance information in the Variance Tracking Spreadsheet.

Application packets will be reviewed by the PAA II or PC II and a recommendation made within five (5) business days of receipt.

4290-3 CHILD CARE PROGRAM OFFICE VARIANCE DECISIONS OR RECOMMENDATIONS

Variances can only be granted when they do not compromise the supervision or the health, safety, and welfare of children in care. A provider's poor compliance history relevant to the request or variances specifically for the provider's convenience should not be granted.

Each variance application packet is reviewed with consideration to the identified need.

For variances regarding background barriers and/or conditions, the Child Care Program Office (CCPO) Eligibility and Benefits Unit Public Assistance Analyst (PAA) II or Program Coordinator (PC) II provides the rationale for their recommendation, completes the *Oversight Agency Recommendation* form, and submits the complete packet to the CCPO's Department of Health and Social Services (DHSS) Background Variance Review Committee representative for submitting to the Background Variance Review Committee Chair.

The CCPO's recommendation may be different than the Designee's recommendation.

When recommending variance approval, the PAA II or PC II may add additional conditions for the provider. The approval timeframe will begin upon approval of the variance and end with the date: identified by the provider the regulation can be met without a variance; the barring timeframe for the barrier crime or condition; of five (5) years from the date of the individual's background eligibility determination date, whichever is first.

Within five (5) business days of receiving the completed variance application packet the CCPO PAA II or PC II will complete the *Child Care Program Office Variance Decision* for general variance or the *Oversight Agency Recommendation* form for background check variances with their decision or recommendation.

1. *Child Care Program Office Variance Decision*
   The form is completed based on the decision to approve or deny the application for a general variance. The PAA II or PC II will check the approved, approved with conditions or denied box and remove the others. Conditions, if any, are added to the form based on the decision as are the reason(s) for denial and the Variance

Tracking Spreadsheet is updated.

The completed *Child Care Program Office Variance Decision* form and cover letter is mailed to the provider and a copy forwarded to the assigned Child Care Assistance Program (CCAP) Designee and the action documented in an Integrated Child Care Information System (ICCIS) case note.

2. *Oversight Agency Recommendation* form
   The form is completed by the PAA II or PC II.

   The PAA II or PC II scans and emails the completed *Oversight Agency Recommendation* form along with the *Background Variance Request Application* packet to the CCPO's DHSS Background Variance Committee's representative to submit to the Background Variance Committee Chair and enters a case note in the provider's case in ICCIS.

4290-4 DEPARTMENT OF HEALTH AND SOCIAL SERVICES BACKGROUND VARIANCE REVIEW COMMITTEE

The Department of Health and Social Services (DHSS) Background Variance Review Committee approves or denies all complete background check variance requests from providers subject to the background check process for all divisions within the DHSS.

The DHSS Background Variance Review Committee consists of representatives from all of the DHSS divisions covered under Alaska Administrative Code (AAC) for Licensing, Certification, and Approvals (Barrier Crimes and Conditions: Background Checks) 7 AAC 10.

The DHSS Background Variance Review Committee meets on a weekly basis, as needed, to review applications and make a recommendation to the DHSS Commissioner. The DHSS Background Variance Review Committee's recommendation and special conditions can be different than the Designee or Child Care Program Office (CCPO)'s recommendation.

When a barring crime and/or condition is a permanent barrier, the CCPO's representative will forward the DHSS Background Committee's recommendation to the Division Director for their recommendation and signature. Upon receiving the Director's recommendation and signature, the variance is forwarded to the

DHSS Background Committee Chair for submission to the DHSS Commissioner or Designee for the final determination and signature.

When the timeframe for the barrier is less than permanent and the CCPO's recommendation is to approve or approve with conditions, the DHSS Background Variance Review Committee Chair submits their recommendation directly to the DHSS Commissioner or Designee for signature without review by the Background Variance Review Committee.

The DHSS Commissioner or Designee makes the final determination which may be different than the DHSS Background Variance Review Committee's or Public Assistant Analyst II's or Program Coordinator II's recommendation and conditions. A variance becomes approved once the DHSS Commissioner or their Designee signs the variance determination.

The DHSS Background Variance Review Committee Chair sends the provider the *Variance Decision* signed by the DHSS Commissioner or Designee and copies the CCPO's DHSS Background Variance Committee's representative.

The CCPO's DHSS Background Variance Review Committee representative will enter a case note in the provider's case in the Integrated Child Care Information System (ICCIS) of the decision once received, forward a copy to the assigned Child Care Assistance Program (CCAP) Designee, retain an electronic copy in the CCPO shared drive, and update the information in the Variance Tracking Spreadsheet.

When the variance is granted, within one (1) business day of receiving the determination from the CCPO's DHSS Background Variance Committee's representative, the Designee will update the individual's background result information in the Staff/HH screen of the ICCIS to reflect PASS W/VARIANCE.

4290-5 VARIANCE DECISION NOTIFICATION AND POSTING

The Department of Health and Social Services (DHSS) Background Variance Review Committee Chair sends the provider the official notification for all variances pertaining to background barriers.

No later than the business day following receipt of the DHSS official

notification, the Child Care Program Office (CCPO) Public Assistance Analyst (PAA) II or Program Coordinator (PC) II mails the signed *Child Care Program Office Variance Decision* form and cover letter to the provider regarding all general variances, forwards a copy to the assigned Child Care Assistance Program (CCAP) Designee, and retains an electronic copy in the CCPO shared drive.

The Designee staff, within one (1) business day of receiving the determination from the PAA II or PC II, will update the Integrated Child Care Information System (ICCIS), if necessary and will document the Variance determination in a case note, and place a copy of the signed *Child Care Program Office Variance Decision* form and cover letter in the provider's hard copy file.

Upon receipt of an approved general or background variance the provider must post the *Child Care Program Office Variance Decision* or *Variance Decision* in a conspicuous place, notify parents of children in care, and make it available to any person who wishes to review it. Providers must maintain the document in their records when it is no longer required to be posted.

4290-6 VARIANCE RENEWAL

Variances are issued for a specified period of time not to exceed the license or approval date of the provider for general variances. For background check variances will note

exceed five (5) years from the date of the individual's background check eligibility determination.

When the need for a variance exists in order for the provider to continue participation in the Child Care Assistance Program (CCAP), they must renew the variance.

1. Background Check Variances
   When the barring timeframe continues more than five (5) years from the date of the individual's background check eligibility determination a new application to the Alaska Background Check Program (BCP) must be submitted for an eligibility determination. The first (1st) of the month prior to the month of the variance expiration date, the Designee issues the *Child Care Assistance Provider – Information Needed* notice with a new *Background Check Variance Request Application*.

   As long as the individual with the variance remains with the same

provider or in a similar job class, there are no conditions placed on the variance making it non-transferable, and nothing has changed in their criminal and/or civil history, the individual will not need to apply for a new variance. The BCP will issue a new variance approval based on their new background check eligibility determination.

2. General Variances
   The first (1st) of the month prior to the month of the provider's CCAP approval expiration date, the Designee will issue the applicable *Child Care Assistance In-home Child Care - Renewal* or *Child Care Assistance Approved Relative Provider - Renewal* notice with a new *General Variance Application* CC25.

   The process outlined in section 4250-2 General Variance Applications is followed.

4300 PROVIDER REPORTS OF CHANGE

Providers must ensure they maintain compliance with all program rules in order to continue participation in the Child Care Assistance Program (CCAP).

Providers have specific reporting requirements and timeframes based on their provider type.

4300-1 CHANGES REPORTED FOR ANY PARTICIPATING PROVIDER

When there are changes to the information submitted with the provider's application it may impact the provider's Child Care Assistance Program (CCAP) eligibility and/or cause some period of ineligibility. Changes in the information provided on an application for program participation must be reported by all provider types to the Designee or Child Care Program Office (CCPO) within ten (10) business days after the change. The change is effective the date it occurred if reported timely. If reported untimely, the change is effective the date it was reported.

Changes reported verbally or by written notification must be documented the day received or the following day in a case note in the provider's case in the Integrated Child Care Information System

(ICCIS). The body of the case note is to include the reported change and date the change was received. Any change reported or submitted to the Designee by a provider must be accepted; date stamped received, if in writing; and as necessary, forwarded the same day or next day to the applicable entity.

All changes reported must be reviewed and acted upon within ten (10) days of receipt based on the Adverse Action Calendar, even when the only action required is to enter a case note in the provider's case in ICCIS. All changes received require a *Child Care Assistance Provider - Notice of Change* to be sent to the provider acknowledging their information was received and acted upon. Some changes reported will require the submission of a new application and/or additional paperwork.

All attempts to contact and contact made with providers regarding changes are to be documented in an ICCIS case note within one (1) business day. The body of the case note includes, as applicable: subject discussed/clarified; whether or not contact was made; the phone number called; and if a message was left.

4300-1 A. TERMINATING SERVICES

When a provider chooses to terminate child care services for a child a written notice must be given to the family at least ten (10) business days before services are ended. A family using an In-home caregiver must give the Designee a ten (10) business day notice when discontinuing employment of their caregiver.

A ten (10) business day notice is not required when:

1. The family is no longer eligible for CCAP participation;

2. Licensing or the CCAP has suspended or terminated the provider's ability to operate due to an investigation alleging abuse, harm, or serious risk of harm to a child in the provider's care;

3. A written mutual agreement is signed by the provider and the family waiving the ten (10) day notification and indicating the last day of care; and/or

4. A facility owner has multiple sites and consolidates care to a different location during specific times of the year, for example the holiday break.

If the provider fails to give the family at least ten (10) business days written notice, the family's *Child Care Assistance Authorization* document will be canceled and reissued to end on the last day the child attended care regardless if the authorization extends beyond that date.

4300-1 B. RATES

All rates are effective on the first (1st) day of the month. Providers must give all CCAP families and the Designee at least thirty (30) calendar days written notice prior to imposing a rate increase.

Additionally, providers are required to submit an updated *Child Care Provider Rates and Responsibilities* CC12 to the Designee at least thirty (30) calendar days prior to changing their rates and/or registration fee.

Changes to the *Child Care Assistance Program Rate Schedule* do not automatically change a provider's rate if they have indicated on the *Child Care Provider Rates and Responsibilities* CC12 that they charge the same as the State rate.

If a provider does not submit both the written notice and a new *Child Care Provider Rates and Responsibilities* CC12 to the Designee a *Child Care Assistance Provider – Information Needed* notice is sent to the provider requesting the missing document. If the provider submits the requested information by the due date in the notice the rate increase will be effective the date the provider identified in the notice to families as long the families were given at least thirty (30) calendar days' notice. If the families were given less than thirty (30) calendar days' notice, the provider is to be notified by phone that the effective date of rate increase will be the first (1st) of the month following the thirty (30) days' notice. This contact is documented in an ICCIS case note.

If the provider does not submit the requested information by the due date in the *Child Care Assistance Provider – Information Needed Notice* the provider is to be mailed a *Child Care Assistance Provider - Notice of Change* explaining their rates will not be increased as requested because they did not submit the required information as requested. The provider would need to submit a new written notice to families giving them at least thirty (30) calendar days before increasing their rates and a new *Child Care Provider Rates and Responsibilities* CC12 to the Designee.

Rate increases become effective the first (1st) of the month following the report of change in the rates to the Designee and the required thirty (30) calendar days notice to the families.

> ***Example:*** *A provider submits a Child Care Provider Rates and Responsibilities CC12 form by fax on April 1, which falls on a Saturday, with a copy of the notice given to families. The provider's rates become effective June 1.*

If a participating Licensed Home provider changes to a Licensed Group Home or Center and are changing their rates, they must submit a copy of the written notice provided to the participating families giving them at least thirty (30) calendar days' notice and a *Child Care Provider Rates and Responsibilities* CC12 reflecting their new rates.

Participating Approved Relative providers who are in the process of becoming licensed and are changing their rates must submit a copy of the written notice provided to the participating families giving them at least thirty (30) calendar days' notice and a *Child Care Provider Rates and Responsibilities* CC12, reflecting their new licensed rates.

If a participating Licensed Group Home or Center changes to a Licensed Home, and they are changing their rates, they must submit a *Child Care Provider Rates and Responsibilities* CC12 reflecting their Licensed Home rate.

If a provider decreases their rates they must report the change to the Designee, however they are not required to provide a thirty (30) calendar day notice. The lower rate becomes effective the first (1st) of the month following the reported change.

When changing a provider's rates, *Child Care Assistance Authorization* documents for the month the rate change is effective and all following months must be canceled and reissued to reflect the changed rate.

To change a provider's rates, the office with the responsibility for the provider's CCAP file maintenance, Designee, must take the following actions in ICCIS:

1. Print the Payment Options screen for the month the rate change will be effective;

2. Print all existing *Child Care Assistance Authorization* documents issued to the provider for the month the rate change becomes effective and all future months;

3. Check the new *Child Care Provider Rates and Responsibilities* CC12 form submitted and the current child care license for licensed child care providers, to confirm that the provider is still accepting the age group of the children authorized. If any of the children authorized are in an age group that the provider is no longer accepting, notify the family eligibility technician as the family will need to choose a new provider;

4. Cancel all existing *Child Care Assistance Authorization* documents issued to the provider for the month the rate change is effective and future months, mark them "cancelled" or "void" and file them in the family's file;

5. Enter and save the provider's new rate(s) and effective date;

6. Reissue all canceled *Child Care Assistance Authorization* documents, for children in age groups the provider is licensed for, at the same units of care previously authorized and variable language **Replaces document ID #XXXXXXXXXX effective mm/dd/yyyy.**;

7. Mail canceled and reissued *Child Care Assistance Authorization* documents to each family with a *Child Care Assistance - Notice of Change* and to the child care provider with a *Child Care Assistance Provider - Notice of Change*, and

8. Enter a case note in the provider's case in ICCIS documenting the old rates, new rates, effective date of the change, the authorizations have been canceled, reissued and mailed to families and providers.

The Designee will enter a case note in the family's case is ICCIS, and file the cancelled and reissued *Child Care Assistance Authorization* and the *Child Care Assistance - Notice of Change* in the family's hard case file.

The *Child Care Assistance Provider - Notice of Change* acknowledges receipt of the provider's new rates, the effective date of the new rate, and based on that information existing *Child Care Assistance Authorization* document(s) issued to the family(ies) in their care have been canceled and reissued. See section 4110-6 Changes to an Authorization Document Not Due to a Mistake.

4300-1 C. HOURS OR SCHEDULE OF OPERATION

When a provider is changing their hours of operation or scheduled closures the information must be reported within ten (10) business days before or after the change. The change is effective the date it occurred if reported timely. If reported untimely, the change is effective the date it was reported. A change in a provider's hours of operation may impact the families in their care as they cannot be authorized for care outside of the provider's hours. Coordination and communication between Designees and Licensing is required to ensure families are notified if the change affects their care.

1. **Licensed Providers**
   Licensed providers must report this change of information to their CCPO or Municipality of Anchorage (MOA) Licensing Specialist. The Licensing Specialist must document the receipt of the change in an ICCIS case note and update the Schedule screen with the provider's new information.

   Within one (1) business day the Licensing Specialist is to notify the CCAP Designee responsible for family eligibility in the provider's CCAP service delivery area of the changes to the provider's hours of operation.
2. **Certified / Accredited Providers**
   United States (US) Department of Defense or US Coast Guard certified; Tribally Approved or Tribally Certified; Nationally Accredited or Nationally Certified Day Camps or similar facilities or programs must report a change of their hours of operation and/or scheduled closures to the Designee. Providers may submit the change in writing by using the *Child Care Assistance Program Provider Report of Change* CC43 or other written format. The Designee must document receipt and completion of the change in an ICCIS case note, update the Schedule screen with the provider's new information, and issue and send the *Child Care Assistance Provider – Notice of Change* to the provider.

   Designees must coordinate among their family and provider staff to ensure the information is reviewed and acted upon as applicable.

3. **Approved Relative and In-home Providers**
   Approved Relative and In-home providers must report a change of their hours of operation and/or scheduled closures to the Designee. Providers may submit the change in writing by using the

Child Care Assistance Program Provider Report of Change CC43 or other written format. The Designee must document receipt and completion of the change in an ICCIS case note, update the Schedule screen with the provider's new information, and issue and send the *Child Care Assistance Provider – Notice of Change* to the provider.

Designees must coordinate among their family and provider staff to ensure the information is reviewed and acted upon as applicable.

4300-1 D. HOUSEHOLD MEMBERS

All individuals residing in a Licensed facility or in the home of an Approved Relative provider are to be entered into the Staff/HH screen of the provider's case in ICCIS.

The age(s) of the household member(s) being added or removed from the child care home may affect the number of children who may be in care. Providers and CCAP children in their care may not live together, so if a change is reported that a CCAP participating family resides in a Licensed or Approved child care home, child care assistance benefits will not be authorized to that provider for those children.

1. **Licensed Providers**
   CCPO or MOA Licensing Specialists are responsible for ensuring individuals residing in a Licensed facility are included and correct in ICCIS. Licensing Specialists must also ensure the Licensed provider understands they may not request payment from the CCAP for any children residing in their facility.

   When a Licensed provider reports a child has moved into their facility the Licensing Specialist will review ICCIS to determine if the child is currently participating in the CCAP.

   If the child living with the provider is currently participating in the CCAP, the Licensing Specialist will:
   a. Advise the Licensed provider they may not request payment from the CCAP for the child now living in their facility; and
   b. Notify the CCAP Designee.

The CCAP Designee will:

c. Contact the family advising them of the requirement to use a different provider in order to continue to participate;

d. Issue a *Child Care Assistance – Information Needed* notice allowing ten (10) days based on the Adverse Action Calendar, for the family to select and report a new eligible provider.

e. End the family's eligibility, with adverse action, if they do not provide a new eligible provider's information by the due date. The *Child Care Assistance – Information Needed Notice* and the *Child Care Assistance Closure Notice* will often need to be sent on the same day to allow for adequate notice of the adverse action.

2. Approved Relative Providers

The Designee is responsible for ensuring all household members listed on the provider's application are entered into the Staff/HH screen of the provider's case in ICCIS and the required background check is completed, as applicable.

Changes in this information must be reported within ten (10) calendar days of the change occurring.

a. Household Members - Leaving

Approved Relative providers may report changes verbally or in writing to the Designee, within ten (10) calendar days of the individual leaving, when a household member of any age is no longer living in the provider's home. The Designee will enter an end date for the individual in the Staff/HH screen of ICCIS and enter a case note documenting the change.

If the change is for an individual who is sixteen (16) years of age or older, the Designee will issue a *Child Care Assistance - Notice of Change* advising the provider of their responsibility to terminate the individual from the provider's New Alaska Background Check System (NABCS) case.

b. Household Members - Adding

Approved Relative providers may report changes verbally or in writing within ten (10) calendar days of the change occurring, the addition of any individual who is residing in the provider's home. When the report is not taken verbally from the provider, the Designee must attempt to contact the provider via telephone to ask the expected length of time the new individual will reside in the home.

When the individual is sixteen (16) years of age or older and the provider states they expect or anticipate the individual to remain in their home for forty-five (45) days or more, in a twelve (12) month period, a background check is needed for the individual.

Within two (2) business days, if unable to reach the provider via telephone and having left a message requesting a return call, the Designee will issue a *Child Care Assistance Provider – Information Needed* notice to the provider. The notice will request the age of the individual, expected length of time the individual will be in the home and advise the provider of the required background check, if needed. The provider must be given ten (10) days, based on the Adverse Action Calendar, to provide the requested information or their program participation status will be ended the last day of the month with applicable adverse action. The *Child Care Assistance Provider – End of Approval Status* notice is to be sent, often the same day as the *Child Care Assistance Provider - Information Needed notice* because the provider must be given ten (10) days notice, based on the Adverse Action Calendar, notifying them that the adverse action will occur. See section 4210 Child Care Assistance Provider Background Check Requirements.

If the provider does not complete the actions needed to obtain the required background check(s) by the due date identified in the notices, their status is ended in ICCIS effective the date included in the notices. The Designee must communicate the same day or next business day following the approval status end date with Designee Staff who authorized care for participating families to ensure existing future *Child Care Assistance Authorization* documents are canceled to this provider. A written ten (10) business day notice to end services is not required from the family or provider prior to authorizing care for the family to a different provider.

3. **In-home Providers**
   Changes within the In-home provider's household do not need to be reported to meet the provider's responsibilities, however, may need to be reported to meet the family's reporting responsibilities. The parent of the family and their selected caregiver are the only individuals who are entered into the Staff/HH screen of the provider case in ICCIS.

4300-1 E. MAILING ADDRESS

When a provider is changing their mailing address, a *State of Alaska Substitute Form W-9* is required for all provider types except for In-home providers.

1. Licensed Provider

a. Licensing Specialist will:

- Make necessary changes in the demographic tab in the facility module of ICCIS.
- Notify partner agencies of the changed address.

If the provider submits the *State of Alaska Substitute Form W-9* to their Licensing Specialist, an MOA Licensing Specialist must fax; CCPO Staff will scan and email the *State of Alaska Substitute Form W-9* to the CCPO Accounting Staff at: ccpo@alaska.gov; using subject line "ICCIS Facility Mailing Address Change."

b. Designee will:
Upon notification from the Licensing Specialist, if the provider is participating in the CCAP, the Designee will contact the provider requesting the *State of Alaska Substitute Form W-9* and upon receipt forward to the CCPO Accounting Staff.

c. The CCPO Accounting Staff will within two (2) business days of receiving the *State of Alaska Substitute Form W-9*:

- Compare the *State of Alaska Substitute Form W-9* to the mailing address in ICCIS to ensure they are the same. If they are not the same, the form is returned to the Licensing Specialist to update ICCIS. After confirming the address and updating ICCIS, the Licensing Specialist must resend the *State of Alaska Substitute Form W-9*;
  - Access the provider's information in the Integrated Resource Information System (IRIS);
  - If the address in IRIS matches the *State of Alaska Substitute Form W-9* it is filed in the provider's billing file and no further action is needed; or
  - If the address in IRIS does not match the *State of Alaska Substitute Form W-9*, the form is emailed to Division of Finance (DOF) to update IRIS; and
- Email the Licensing Specialist the changes have been made to the provider's mailing address in IRIS. The DOF process usually takes three (3) to five (5) business days.

2. **Approved Relative Provider**
   a. The Designee will:
      - Make necessary changes in the Demographic screen in the facility module of ICCIS. If the provider is in the application process to become licensed the Designee will forward the information to the assigned Licensing Specialist to make the change.
      - Designees must fax the *State of Alaska Substitute Form W-9* to the CCPO Accounting Staff at: ccpo@alaska.gov using subject line "ICCIS Facility Mailing Address Change."

   b. The CCPO Accounting Staff will within two (2) business days of receiving the *State of Alaska Substitute Form W-9*:
      - Compare the *State of Alaska Substitute Form W-9* to the mailing address in ICCIS to ensure they are the same. If they are not the same, the form is returned to the Designee to update ICCIS. After confirming the address and updating ICCIS, the Designee must resend the *State of Alaska Substitute Form W-9*;
      - Access the provider's information in IRIS;
        - If the address in IRIS matches the *State of Alaska Substitute Form W-9* it is filed in the provider's billing file and no further action is needed; or
        - If the address in IRIS does not match the *State of Alaska Substitute Form W-9*, the form is emailed to DOF to update IRIS; and
      - Email the Designee the changes have been made to the provider's mailing address in IRIS. The DOF process usually takes three (3) to five (5) business days.

3. **In-home Provider**
   In-home providers do not submit a *State of Alaska Substitute Form W-9*. A mailing address change may be reported verbally or in writing.

   The Designee will make necessary changes in ICCIS to the Demographic screen in both the family and provider modules in ICCIS.

4300-1 F. PHYSICAL LOCATION

Providers are approved or licensed at a specific physical location. When a provider relocates a new case is not created in ICCIS. Changes may be reported verbally or in writing and are documented in an ICCIS case note.

1. **Licensed Provider**
   Licensed providers must report their intent to relocate their child care business to their assigned Licensing Specialist thirty (30) calendar days prior to the facility's planned closure at its current location. The Licensing Specialist will work with the provider to complete any necessary paperwork for a license to be issued at the new location and update ICCIS with the new information.

   Within two (2) business days of receiving the reported change, the Licensing Specialist will notify the Designee of relocation actions regarding Licensed providers who are participating in the CCAP. The Licensing Specialist will identify the anticipated end date at the current location and work with the provider to ensure they submit a completed Licensing application to meet their anticipated start date at the new location. When there is no lapse in end and start dates, the provider does not need to re-apply for CCAP participation.

   If there is an anticipated lapse in start and end dates, other than the provider's regular closed days, the provider must re-apply for CCAP participation. The Designee must attempt to contact the provider via telephone to discuss the need to re-apply and issue a *Child Care Assistance Provider – Information Needed* notice.

   Within two (2) business days, if unable to reach the provider via telephone and having left a message requesting a return call, the Designee will issue a *Child Care Assistance Provider – Information Needed* notice to the provider. The notice will request the completion and submission of a *Licensed Provider Child Care Assistance Application* CC41 packet. The provider must be given ten (10) days, based on the Adverse Action Calendar, to provide the requested information or their eligibility will be ended as of the last day at the current location. When the *Licensed Provider Child Care Assistance Application* CC41 packet is received by the due date noted in the *Child Care Assistance Provider – Information*

Needed notice, the Designee will issue the *Child Care Assistance Provider – Notice of Change* accepting the reported change and advising the provider their approval period does not change or does change based on the expiration date of their child care license.

If eligibility is ended for a licensed provider the Designee must notify the CCPO policy mailbox at: dpaccp@alaska.gov for action needed by the Child Care Grant (CCG) and/or Alaska Inclusive Child Care (Alaska IN!) programs.

A written ten (10) day notice is not required by the family or provider to end services in this situation. The Designee will notify the families using this provider of the need to find a new eligible child care provider.

2. Certified / Accredited Provider

United States (US) Department of Defense or US Coast Guard Certified; Tribally Approved or Tribally Certified; Nationally Accredited or Nationally Certified Day Camp or similar facilities must report to the Designee or CCPO within ten (10) business days their intent to change physical locations. The change is effective the date the change occurs if it is reported timely. If reported untimely, the change is effective the date it was reported.

The provider will identify the anticipated end date at the current location, the new location, and the anticipated start date at the new location. When there is no lapse in end and start dates, the provider does not need to re-apply for CCAP participation.

If there is an anticipated lapse in start and end dates, other than the provider's regular closed days, the provider must re-apply for CCAP participation. The Designee must attempt to contact the provider via telephone to discuss the need to re-apply.

The CCPO will issue a *Child Care Assistance Provider – Information Needed* notice to the provider. The notice will request the completion and submission of a *Certified/Accredited Provider Child Care Assistance Application* CC84 packet. The provider must be given ten (10) days, based on the Adverse Action Calendar, to provide the requested information or their eligibility will be ended as of the last day of the current month if the adverse action can be taken prior to the adverse action date on the Adverse Action Calendar, or the following month with adverse action.

When the *Certified/Accredited Provider Child Care Assistance Application* CC84 packet is received by the due date noted in the *Child Care Assistance Provider – Information Needed* notice, the Designee will issue the *Child Care Assistance Provider – Notice of Change* accepting the reported change and advising the provider their approval period does not change or does change based on the expiration date of their certification/accreditation.

If eligibility is ended, the Designee will notify the families using this provider of the need to find a new eligible child care provider.

The Designee will work with the provider to complete any necessary paperwork for approval at the new location and update ICCIS with the new information.

When the Designee did not speak with the provider when the change was reported they must attempt to contact the provider via telephone to discuss the needed documentation to be submitted before care is approved at the new location.

3. **Approved Relative Provider**

Approved Relative providers must report within ten (10) business days their intent to change physical locations. The Designee will work with the provider to complete any necessary paperwork for approval at the new location and update ICCIS with the new information.

Providers must submit:

a. Written acknowledgment and approval from the property owner if they are renting at the new location;
b. *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10 reflecting the new location information; and
c. Changes in household members, to include date(s) of birth, social security number(s) and the relationship to the provider.

The Designee will issue a *Child Care Assistance Provider – Information Needed* notice to the provider. The provider must be given ten (10) days, based on the Adverse Action Calendar, to provide the requested information or their eligibility will be ended the last day of the current month, if the adverse action is taken prior to the adverse action date on the Adverse Action Calendar, or the following month, with adverse action.

When the required *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10 and written

acknowledgement and approval from the rental property owner, if applicable, are determined acceptable and received by the due date, the Designee will issue the *Child Care Assistance Provider – Notice of Change* accepting the reported change and advising the provider their approval period does not change.

When there is no lapse in end and start dates, the provider does not need to re-apply for CCAP participation.

If the *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10 and *Permission to Operate a Child Care Business* CC72, if applicable, are determined unacceptable, the Designee or CCPO must contact the provider and discuss corrections or additions needed. This discussion is documented in an ICCIS case note using subject heading: Unacceptable Evacuation Plan Received. The Designee will advise the provider if the information is not received their eligibility will be ended as of the date in the *Child Care Assistance Provider – Information Needed* notice.

If eligibility is ended for a provider, the Designee will notify the families using this provider of the need to find a new eligible child care provider.

4. In-home Provider

When a family using In-home child care reports to the Designee they have moved, the Designee will update the address in the family's case in ICCIS. The Designee will also update the address in the provider's case in ICCIS.

The Designee will work with the provider to complete any necessary paperwork for approval at the new location and update ICCIS with the new information.

When the Designee did not speak with the family when the change was reported they must attempt to contact the family via telephone to discuss the need for a new *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10 to be submitted before care is approved at the new location.

The Designee will issue a *Child Care Assistance Provider – Information Needed* notice to the provider. The family/provider must be given ten (10) days, based on the Adverse Action Calendar, to provide the requested information or their eligibility will be ended the last day of the current month if the adverse action can be taken prior to the Adverse Action date on the

Adverse Action Calendar, or the following month, with adverse action.

When the required *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10 is determined acceptable and received by the due date, the Designee will issue the *Child Care Assistance Provider – Notice of Change*. When there is no lapse in end and start dates, the family/provider does not need to re-apply for CCAP participation.

If the *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10 is determined unacceptable, the Designee or CCPO must contact the family/provider and discuss corrections or additions needed. This discussion is documented in an ICCIS case note using subject heading: Unacceptable Evacuation Plan Received. The Designee will advise the family/provider if the information is not received their eligibility will be ended as of the date in the *Child Care Assistance Provider – Information Needed* notice.

If eligibility is ended, the Designee will notify the families using this provider of the need to find a new eligible child care provider.

4300-1 G. NAME CHANGE

If a provider reports their legal name has changed, not their facility name, the Designee, MOA, or CCPO shall proceed as outlined below depending upon the type of provider. Providers must also make the name change in the NABCS.

1. Licensed Provider

1. The Licensing Specialist will:
   - Obtain a copy of a government issued photo identification issued in the providers new name;
   - Update the name in the provider's case in ICCIS through the Staff/HH screen;
   - Change the provider (applicant) name through the ICCIS Application screen by selecting the newly entered information;
   - Email the CCAP and CCG at: dpaccp@alaska.gov advising of the provider's name change; and
   - Notify partner agencies of the name change.

If the provider submits the *State of Alaska Substitute Form W-9* to their Licensing Specialist, an MOA Licensing Specialist must fax the *State of Alaska Substitute Form W-9* to the CCPO Accounting Staff at: CCPO@alaska.gov; using subject line "ICCIS Provider Legal Name Change"

2. Designee will:
   Upon notification from the Licensing Specialist, if the provider is participating in the CCAP, the Designee will contact the provider requesting the *State of Alaska Substitute Form W-9* and upon receipt forward to the CCPO Accounting Staff.

3. The CCPO Accounting Staff will within two (2) business days of receiving the *State of Alaska Substitute Form W-9*:
   - Compare the *State of Alaska Substitute Form W-9* to the provider (applicant) name entered in ICCIS to ensure they are the same. If they are not the same, the form is returned to the Licensing Specialist to update ICCIS. After confirming the name and updating ICCIS, the Licensing Specialist must resend the *State of Alaska Substitute Form W-9*;
   - Access the provider's information in IRIS;
     - If the name in IRIS matches the *State of Alaska Substitute Form W-9* it is filed in the provider's billing file and no further action is needed; or
     - If the name in IRIS does not match the *State of Alaska Substitute Form W-9*, the form is emailed to DOF to update IRIS; and
   - Email the Licensing Specialist the changes have been made to the provider's name in IRIS. The DOF process usually takes three (3) to five (5) business days.

The Licensing Specialist will set an alert in the provider's case in ICCIS to follow up with the CCPO Accounting Staff if they have not been notified of the name change within ten (10) business days of the request being sent.

2. Approved Relative Providers

Designees receiving provider name changes for Approved Relative providers will obtain a completed *State of Alaska Substitute Form W-9,* and a copy of the government issued photo identification supporting the name change.

If the provider has applied for licensure the Designee will forward the information to the assigned Licensing Specialist to make the change.

The Designee will send a *Child Care Assistance Provider - Information Needed* notice to the provider listing the required documentation, allowing ten (10) days based on the Adverse Action Calendar. Providers are also advised to make this change to their facility case in NABCS. The *Child Care Assistance Provider – End of Approval Status* notice will often be mailed the same day as the *Child Care Assistance Provider – Information Needed* notice to allow adequate notice, based on the Adverse Action Calendar, that the adverse action will occur.

Once the required documentation is received the Designee will:

1. Add the provider to the provider's case in ICCIS through the Staff/HH screen;
2. Change the provider (applicant) name through the ICCIS Application screen by selecting the newly entered information;
3. Designees must fax the *State of Alaska Substitute Form W-9* to the CCPO Accounting Staff at: CCPO@alaska.gov; using subject line " ICCIS Provider Legal Name Change"

The CCPO Accounting Staff will within two (2) business days of receiving the *State of Alaska Substitute Form W-9*:

4. Compare the *State of Alaska Substitute Form W-9* to the provider (applicant) name entered in ICCIS to ensure they are the same. If they are not the same, the form is returned to the Designee to update ICCIS. After confirming the name and updating ICCIS, the Designee must resend the *State of Alaska Substitute Form W-9*;
5. Access the provider's information in IRIS;
   - If the name in IRIS matches the *State of Alaska Substitute Form W-9* it is filed in the provider's billing file and no further action is needed; or
   - If the name in IRIS does not match the *State of Alaska Substitute Form W-9*, the form is emailed to DOF to update IRIS; and
6. Email the Designee the changes have been made to the provider's name in IRIS. The DOF process usually takes three (3) to five (5) business days.

The Designee will set an alert in the provider's case in ICCIS to follow up with the CCPO Accounting Staff if they have not been notified of the name change within ten (10) business days of the request being sent.

3. **In-home Provider**
   When the parent (provider) using an In-home caregiver reports their legal name has changed the Designee will enter a case note in the family's case in ICCIS documenting the change received and forward a copy of the parent's government issued photo identification supporting the change to the

   The Designee will send an email directly to System Operations the name change in the family's case in ICCIS at eishelp@alaska.gov When the In-home caregiver's legal name has changed, the provider must submit new application paperwork and a copy of the government issued photo identification for the caregiver supporting the change. The provider must also update the caregiver's name in NABCS, although a new background check is not required.

4300-1 H. TAX IDENTIFICATION NUMBER

All vendors paid by the State of Alaska must have a Tax Identification Number (TIN). All providers, except In-home providers, are established in IRIS based on the information reported on their *State of Alaska Substitute Form W-9*.

An individual and Sole Proprietorship have the option of using their Social Security Number (SSN) as their TIN or requesting an Employer Identification Number (EIN) from the Internal Revenue Service (IRS). Businesses established as a Partnership, Limited Liability Company (LLC) or Corporation must have an EIN.

If an individual or business wishes to change their TIN from their SSN to an EIN or vice versa, or they have a new EIN, they must submit either an IRS statement of the new EIN or a *State of Alaska Substitute Form W-9* to the Designee. A new Vendor Customer Number (VCN) is required in IRIS.

When submitted to the Designee, the reported change is entered in an ICCIS case note. The Designee will forward a copy of the received document to the CCPO Accounting Staff via fax using subject line "ICCIS TIN Change." The Designee will set an alert in the provider's case in ICCIS to follow up with the CCPO Accounting Staff if they have not been notified of the completion of the change within ten (10) business days of the request being sent.

The CCPO Accounting Staff will within two (2) business days of receiving the IRS statement of the new EIN or the *State of Alaska Substitute Form W-9*:

1. Compare the document received to the provider's information entered in ICCIS;

2. Forward the document received to DOF for the change to be made in IRIS. DOF will assign a new VCN in IRIS due to the EIN change;

3. Email Systems Operations (SysOps) at EIShelp@alaska.gov requesting the provider's Vendor Identification (ID) be updated in ICCIS upon receiving the updated information from DOF; and

4. Notify the Designee upon completion of the change in ICCIS.

4300-1 I. BUSINESS NAME

If a provider reports their child care business name has changed, the Designee, MOA Child Care Licensing, or CCPO shall proceed as outlined below depending upon the type of provider. All provider types must also make the name change in NABCS.

1. Licensed Provider

a. The Licensing Specialist will:
   - Obtain a copy of the provider's new State of Alaska business license and confirm the business name change;
   - Change the Facility Name in the Application screen of ICCIS;
   - Email the CCAP and CCG at dpaccp@alaska.gov advising of the facility name change;
   - Notify partner agencies; and
   - Set an alert in the provider's case in ICCIS to follow up with the CCPO Accounting Staff if they have not been notified of the name change within ten (10) business days of the request being sent.

If the provider submits the *State of Alaska Substitute Form W-9* to their Licensing Specialist, an MOA Licensing Specialist must fax, CCPO Staff will scan and email the *State of Alaska Substitute Form W-9* to the CCPO Accounting Staff at: CCPO@alaska.gov; using subject line "ICCIS Facility Name Change".

b. Designee will:
Upon notification from the Licensing Specialist, if the provider is participating in the CCAP, the Designee will contact the provider requesting the *State of Alaska Substitute Form W-9* and upon receipt forward to the CCPO Accounting Staff.

c. The CCPO Accounting Staff will within two (2) business days of receiving the *State of Alaska Substitute Form W-9*:
   - Compare the *State of Alaska Substitute Form W-9* to the facility name entered in ICCIS to ensure they are the same. If they are not the same, the form is returned to the Licensing Specialist to update ICCIS. After confirming the name and updating ICCIS, the Licensing Specialist must resend the *State of Alaska Substitute Form W-9*;
   - Access the provider's information in IRIS;
     - If the name in IRIS matches the *State of Alaska Substitute Form W-9* it is filed in the provider's billing file and no further action is needed; or
     - If the name in IRIS does not match the *State of Alaska Substitute Form W-9*, the form is emailed to DOF to update IRIS; and
   - Email the Designee the changes have been made to the provider's business name in IRIS. The DOF process usually takes three (3) to five (5) business days.

2. Approved Relative Providers

Designees receiving provider business name changes for Approved Relative providers will obtain a copy of the provider's new State of Alaska business license reflecting the new business name, and a *State of Alaska Substitute Form W-9*.

If the provider has applied for licensure the Designee will forward the information to the assigned Licensing Specialist to make the change.

a. The Designee will:
   - Send a *Child Care Assistance Provider - Information Needed* notice to the provider listing the required documentation, allowing ten (10) days based on the Adverse Action Calendar. Providers are also advised of the requirement to make this change to their facility case in NABCS.
   - Change the facility name in the Application screen of ICCIS once the required documentation is received;

- Fax the *State of Alaska Substitute Form W-9* to the CCPO Accounting Staff at: CCPO@alaska.gov; using subject line "ICCIS Facility Name Change"; and
- Set an alert in the provider's case in ICCIS to follow up with the CCPO Accounting Staff if they have not been notified of the name change within ten (10) business days of the request being sent.

b. The CCPO Accounting Staff will within two (2) business days of receiving the *State of Alaska Substitute Form W-9*:
   - Compare the *State of Alaska Substitute Form W-9* to the provider (applicant) name entered in ICCIS to ensure they are the same. If they are not the same, the form is returned to the Designee or CCPO to update ICCIS. After confirming the name and updating ICCIS, the Designee must resend the *State of Alaska Substitute Form W-9*;
   - Access the provider's information in IRIS;
     - If the name in IRIS matches the *State of Alaska Substitute Form W-9* it is filed in the provider's billing file and no further action is needed; or
     - If the name in IRIS does not match the *State of Alaska Substitute Form W-9*, the form is emailed to DOF to update IRIS; and
   - Email the Designee the changes have been made to the provider's name in IRIS. The DOF process usually takes three (3) to five (5) business days.

4300-1 J. BUSINESS TYPE

The Child Care Assistance Program has no responsibility for ensuring the *State of Alaska Substitute Form W-9* matches information reported to the IRS.

When a provider reports a change in their business type it may also involve in a change of their TIN issued by the IRS and/or State of Alaska business license.

Changes from one to another business type including: Sole Proprietorship, Partnership, LLC and/or Corporation, require a new VCN assignment in IRIS if their TIN is changed but do not require a new ICCIS facility be created unless the change in business type also involves a change of ownership of the child care. See section 4300-1 K. Licensed Provider Ownership Change.

When the change is for a Licensed provider, the CCPO or MOA Licensing Specialist will request the required licensing documentation.

When the change is for a CCAP participating Licensed provider or an Approved Relative provider, the Designee responsible for the provider's CCAP approval will send the provider a *Child Care Assistance Provider - Information Needed* notice requesting an updated *State of Alaska Substitute Form W-9* and a copy of their State of Alaska business license, if applicable.

The Designee will forward the *State of Alaska Substitute Form W-9* via fax to the CCPO Accounting at ccpo@alaska.gov using the subject line "Business Type Change for (provider name/ICCIS number)".

The CCPO Accounting Staff will within two (2) business days of receiving the *State of Alaska Substitute Form W-9*:

1. Compare the *State of Alaska Substitute Form W-9* to the facility name and EIN entered in ICCIS;

2. Access the provider's information in IRIS;
   a. If the name and EIN in IRIS matches the *State of Alaska Substitute Form W-9* it is filed in the provider's billing file and no further action is needed; or
   b. If the name and or EIN in IRIS does not match the *State of Alaska Substitute Form W-9*, the form is emailed to DOF to update IRIS;

3. Email Systems Operations at EIShelp@alaska.gov requesting the provider's Vendor ID be updated in ICCIS if DOF has assigned a new VCN; and

4. Notify the Designee upon completion of the change in ICCIS.

4300-1 K. LICENSED PROVIDER OWNERSHIP CHANGE

Changes reported in the ownership of a Licensed child care require a new facility to be created in ICCIS, even if the facility name does not change. In addition to the application and documentation required by licensing, a *Licensed Provider Child Care Assistance Application* CC41is required if the new owner wishes to participate in the CCAP. If the

provider was also participating in the CCG, a new *Child Care Grant Application* CC30 would need to be submitted.

When a Licensed provider is participating in the CCAP their Licensing Specialist must notify the assigned CCAP Staff of the change by sending an email to: dpaccp@alaska.gov using subject line "ICCIS Facility Ownership Change." The CCPO Eligibility and Benefits Staff will forward the notification to the assigned Designee and CCPO CCG Staff.

The Designee will issue *a Child Care Assistance Provider – Information Needed* notice advising the new owner of the requirement to submit a new *Licensed Provider Child Care Assistance Application* CC41, *State of Alaska Substitute Form W-9*, and *Child Care Provider Rates and Responsibilities* CC12 form to participate in the CCAP.

A new *Child Care License* must be issued and approval for CCAP participation granted prior to *Child Care Assistance Authorization* documents being issued to the new facility.

The facility may continue to participate during the transition process as long as the current licensed ownership is maintained until the new owner receives their *Child Care License* and CCAP approval.

Upon issuance of the license to the new facility and CCAP approval, *Child Care Assistance Authorization* documents issued beginning with the effective date of the new facility's CCAP approval are canceled with the former facility and reissued to the new facility.

The Designee based on the office with the CCAP approval responsibility for the provider must take the following actions in ICCIS:

1. Print the Payment Options screen for the month the ownership change will be effective;

2. Print all existing *Child Care Assistance Authorization* documents issued to the provider for the month the ownership change becomes effective and all future months;

3. Cancel all existing *Child Care Assistance Authorization* documents issued to the provider for the month the ownership change is effective and future months, mark them cancelled or void and file them in the family's file;

4. Reissue all canceled *Child Care Assistance Authorization* documents at the same units of care previously authorized and variable language including the document number the new authorization replaces;

5. Mail canceled and reissued *Child Care Assistance Authorization* documents to each family with a *Child Care Assistance - Notice of Change* and to the child care provider with a *Child Care Assistance Provider - Notice of Change*, and

6. Enter a case note in the provider's case in ICCIS documenting the change processed, effective date of the change, the authorizations have been canceled, reissued and mailed to families and providers.

4300-1 L. SIGNATORY AUTHORITY CHANGE

Licensed, US Department of Defense or US Coast Guard Certified; Tribally Approved or Tribally Certified; and Nationally Accredited or Nationally Certified Day Camp or similar facilities must report changes in signatory authority to the Designee. Only the owner, or for corporations the President or Registered Agent of the business as listed on the corporation's State of Alaska business license, or facility Administrator may change CCAP signatory authority and may sign the change form for these changes.

Signatory authority for additional individuals allows those individuals to sign and submit CCAP *Request For Payment* CC78 and *Amended Request for Payment* CC79 forms. Signatory authority for individuals other than the Administrator is limited to these forms.

Each individual identified on the application as having CCAP signatory authority must complete the *Child Care Provider Billing Training* within thirty (30) days of the change.

Upon notification of a change of signatory authority, the provider must be sent a *Child Care Assistance Provider - Information Needed* notice identifying the new individual(s) with signatory authority and the requirement for the individual(s) to complete the *Child Care Provider Billing Training* and submit verification. The due date to use in this notice is the business day following the thirtieth (30th) calendar day. When verification of an individual's completion of the *Child Care Provider Billing Training* is received the Designee will issue a *Child*

Care Assistance - Notice of Change advising the provider of the completion of the requirements and approval of the signatory authority. A case note is entered in the provider's case in ICCIS documenting the change using the subject heading: CCA Signatory Authority Designation. The body of the case note is to include the individual's name who has been granted signatory authority and the effective date. An email is sent to the attention of the CCPO Accounting Staff at ccpo@alaska.gov, advising of the change of signatory authority for updating the tracking spreadsheet.

If verification of completion of the *Child Care Provider Billing Training* is not received by the due date in the *Child Care Assistance Provider - Information Needed* notice for any identified individual whom the Administrator is wishing to grant signatory authority, the change of signatory authority is not accepted. The Designee will issue a *Child Care Assistance - Notice of Change* advising the provider the change was not accepted or completed due to the named individual not completing the required *Child Care Provider Billing Training.*

4300-1 L. LICENSED FACILITY ADMINISTRATOR CHANGE

When the administrator of a licensed child care facility changes, the Designee and CCPO need must be notified. The administrator will need to complete the Child Care Assistance Program (CCAP) Provider Billing training and be approved to have signatory authority for the CCAP and/or Child Care Grant (CCG) Programs before billing forms can be signed and submitted.

1. **The Licensing Specialist will:**
   - Work with the facility to get the administrator change completed for licensing;
   - Update the name in the administrators name in ICCIS through the Staff/HH screen;
   - Change the provider (applicant) name through the ICCIS Application screen by selecting the newly entered information;
   - Email the CCAP and CCG at: dpaccp@alaska.gov advising of the administrators name has change; and

4300-2 ADDITIONAL CHANGES REPORTED FOR LICENSED PROVIDERS

Licensed providers report changes to the Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Specialist with the exception of ending care for a family which are reported to the Designee.

CCPO Licensing Specialist and MOA Licensing Specialist must notify the Designee when a Licensed provider reports a change in the facility's rates, license status, or closures of more than seven (7) consecutive days in a month.

When there is a change within a Licensed facility which requires a new *Child Care License* to be issued but does not require a new facility to be created in the Integrated Child Care Information System (ICCIS), a new *Licensed Provider Child Care Assistance Application* CC41 is not needed for continued participation as long as there is no break in the facility's licensed dates.

The Licensing Specialist will document in an ICCIS case note, why the new license is being issued and whether or not there is a break in licensure. The Licensing Specialist will notify the Designee via email a new license has been issued.

The Designee will take any needed action based on the reason for the new license and/or dates of licensure. A license ending on a Friday and a new license beginning on the following Monday does not indicate a break in Child Care Assistance Program (CCAP) participation as long as the facility's published schedule reflects they are closed Saturday and Sunday, and no action is needed.

4300-3 CHILDREN CARED FOR BY AN APPROVED RELATIVE PROVIDER

Approved Relative providers receive participation approval for specific children who meet the relationship requirement. When an Approved Relative provider ends or begins care for children they must notify the Designee within ten (10) business days of the change. The change is effective the date the change occurs as long as the

provider reported timely. If reported untimely, the change is effective the date the change was reported.

The change may be reported verbally or on a *Child Care Assistance Program Provider Report of Change* CC43, to the Designee when adding or ending care for a child. The provider must give the family at least a ten (10) business day written notice before ending care, unless the notice requirement is mutually waived. A copy of the written notice is submitted to the Designee. If the notice requirement is waived, a copy of the written agreement waiving the requirement, signed by both the family and the provider must be submitted to the Designee.

When the change is to add a child, the provider must submit verification of the relationship between the provider and child to be in care before approval can be granted. The Designee will document the change in an Integrated Child Care Information System (ICCIS) case note and issue *a Child Care Assistance Provider – Information Needed* notice requesting documentation supporting the qualifying relationship. The provider must be given ten (10) days, based on the Adverse Action Calendar, to provide the requested verification.

Upon receipt of the verification supporting a qualifying relationship the change becomes effective the date the change occurred or when the change was reported depending on the timeliness of the reported change, unless the provider identifies a specific future date. If verification is not received the provider is not approved to care for the child(ren) and *Child Care Assistance Authorization* documents are not to be issued.

The Designee must enter an ICCIS case note identifying the children approved to be in the Approved Relative Provider's care. A *Child Care Assistance Provider – Notice of Change* notice is issued to the provider listing all the children approved to be in the provider's care.

4300-4 IN-HOME CAREGIVER

When an In-home provider (parent) using an In-home caregiver hires a different caregiver, they must report the change to the Designee verbally or in writing.

When the Designee did not speak with the family when the change was reported they must attempt to contact them via telephone to

discuss the needed documentation before care is authorized for the new In-home caregiver.

The Designee will issue a *Child Care Assistance Provider – Information Needed* notice advising the provider a new *In-home Child Care Application* CC40 and packet is needed and there may be a lapse in authorized care as current authorizations will be ended the last day care is provided by the current caregiver and care will not be reissued until the new caregiver is determined eligible. The provider must submit a new *In-home Child Care Application* CC40. See section 4200 Child Care Assistance Program Provider Application.

If a new *In-home Child Care Application* CC40 is not submitted by the due date in the *Child Care Assistance Provider – Information Needed* notice, the provider's status is ended with the last day care was provided by the former caregiver. A *Child Care Assistance Provider – End of Approval Status* notice is sent to the provider.

If after the provider's status is ended, a new *In-home Child Care Application* CC40 is required to utilize an in-home caregiver, even if the provider decides to use the previous caregiver.

4300-4 A. IN-HOME CAREGIVER ENDING

The Designee will enter the end date for the In-home caregiver in the Staff/HH screen of the Integrated Child Care Information System (ICCIS) as identified by the In-home provider (parent). The Designee will monitor the provider's case in New Alaska Background Check System (NABCS) to ensure the caregiver has been terminated.

An alert is set in the family's case in ICCIS to advise the Designee Staff working with the family the change has occurred and they will need to take action to cancel exiting *Child Care Assistance Authorization* documents.

A *Child Care Assistance Provider – Notice of Change* is issued to the provider and sent with the reissued *Child Care Assistance Authorization* documents.

4300-4 B. IN-HOME CAREGIVER BEGINNING

When an In-Home provider (parent) hires a new in-home caregiver, the parent must submit a new and complete *In-home Child Care Application* CC40 and complete the application process. See section 4200 Child Care Assistance Program Provider Application.
When an existing In-home caregiver is hired by a new family, the new family must apply to the Alaska Background Check Program (BCP) and complete the application process to associate the caregiver with that family's facility in NABCS. When the selected In-home caregiver has not had a break in service of more than one hundred (100) days, they do not need to submit a new fingerprint card. When the caregiver has had a break of one hundred (100) days or more, new fingerprints are needed.

4310 CHANGING PROVIDER TYPE

Providers can apply to participate in the Child Care Assistance Program (CCAP) as only one provider type at a time. Individuals who are approved for participation and want to be a different provider type must re-apply with the appropriate application. The appropriate background clearance(s) may also be needed.

Approved Relative providers and In-home caregivers may apply to be a licensed provider at any time.

4310-1 APPROVED RELATIVE PROVIDER TO LICENSED PROVIDER

Providers transitioning from Approved Relative to Licensed must submit the required licensing application and documentation as identified by the Child Care Program Office (CCPO) Licensing Specialist and obtain valid background checks, through the Alaska Background Check Program (BCP), for all household members sixteen (16) years of age and older, if not already done.

The provider will retain the same case in the Integrated Child Care Information System (ICCIS) unless they are also changing their business type and the change results in a tax status change. See 4260-1 J. Business Type.

Additionally, to continue participation in the Child Care Assistance Program (CCAP), the Approved Relative provider applying to become Licensed, must submit a completed *Licensed Provider Child Care Assistance Application* CC41to the Designee. It may take up to ninety (90) days for a determination to be made on the licensing application. If the Approved Relative provider submits a completed *Licensed Provider Child Care Assistance Application* CC41 to the Designee prior to licensure, the provider's rates will be effective the first (1st) day of the full month their license is effective.

> *For example: An applicant has submitted a complete Licensed Provider Child Care Assistance Application CC41, completed the orientation and participated in an interview. The applicant's Child Care License is issued effective is 2/1/17. The provider's rates become effective 2/1/17.*
>
> *However, if the applicant has submitted a complete Licensed Provider Child Care Assistance Application CC41, completed the orientation and participated in an interview and their Child Care License is issued effective is 2/7/17. The provider's rates become effective 3/1/17.*

When a *Child Care Licensing Application* packet is received by the CCPO or Municipality of Anchorage (MOA), the Licensing Specialist will set an alert "Licensing App Rcvd" to notify the Designee who will send the provider the *Licensed Provider Child Care Assistance Application* CC41 for continued participation in the CCAP.

Providers changing their provider type from Approved Relative provider to Licensed provider are required to submit a new application and information for CCAP participation as a Licensed provider and notify the Designee and their participating families and the Designee or CCPO, in writing, thirty (30) days prior to a new rate being charged or paid.

Upon issuance of a *Child Care License*, the Designee will make an eligibility determination regarding CCAP participation and issue the applicable notice.

4310-2 APPROVED RELATIVE PROVIDER TO IN-HOME CAREGIVER

When a family wishes to hire an In-home caregiver who is currently participating as an Approved Relative provider, the family must apply by submitting a completed *In-Home Child Care Application* CC40 to the Designee or Child Care Program Office (CCPO) with all of the appropriate documents. See section 4200, Child Care Assistance Program Provider Application, for application documents.

When an *In-Home Child Care Application* CC40 is received, a new case must be established in the Integrated Child Care Information System (ICCIS) listing the family as the provider and the individual as their selected caregiver.

The Designee or CCPO Eligibility Staff will enter an alert, "In-Home App Rcvd," in the Approved Relative provider's case in ICCIS. The Designee or CCPO Eligibility Staff will issue a *Child Care Assistance Provider – Notice of Change* to the Approved Relative Provider acknowledging receipt of the *In-Home Child Care Application* CC40 identifying them as the family's caregiver. The notice advises their status as an Approved Relative provider will end upon approval for in-home care.

The Approved Relative provider may continue to provide care in their own home until they are approved for in-home care by the Designee or CCPO.

The In-home family must be established as the facility in the New Alaska Background Check System (NABCS) and obtain valid background check for the Approved Relative provider who is becoming their In-home caregiver. See sections 4210 Approved Relative and In-home Provider Case in the New Alaska Background Check System and 4210-2 Approved Relative and In-Home Provider Background Check.

Upon approval of the *In-Home Child Care Application* CC40, the Designee or CCPO will set an alert in the Approved Relative provider's case "Approved as In-Home Caregiver." The Designee or CCPO Eligibility Staff will issue a *Child Care Assistance Provider - End of Approval Status* notice identifying their last day of eligibility as the last day of the month prior to the effective date of the approval for in-home care.

The Designee or CCPO Eligibility Staff will request the Approved Relative provider's case in NABCS be disabled. See section 4210 Approved Relative and In-home Provider Case in the New Alaska Background Check System.

4310-3 LICENSED PROVIDER TO APPROVED RELATIVE PROVIDER

If a provider requests to change their provider type from a Licensed provider to an Approved Relative provider an *Approved Relative Child Care Provider Application* CC42 must be submitted to the Designee with all of the appropriate documents. See section 4200, Child Care Assistance Program Provider Application, for application documents.

The provider will retain the same case in the Integrated Child Care Information System (ICCIS) unless they are also changing their business type and the change results in a tax status change. See section 4300-1 J. Business Type.

Within one (1) business day of receipt of an *Approved Relative Child Care Provider Application* CC42 from a provider licensed by the Child Care Program Office (CCPO), the Designee must review the provider's New Alaska Background Check System (NABCS) case status to ensure it is still enabled and determine if the individual household members on the *Approved Relative Child Care Provider Application* CC42 are associated with the NABCS facility case.

When the applicant's NABCS facility case is enabled they will retain that facility case. They will need to obtain valid background checks for any household members not currently associated with their NABCS case. The provider will be notified of any household members needing to obtain a background check through NABCS.

If the provider's NABCS case is disabled or if there is no NABCS case for a provider licensed by the Municipality of Anchorage (MOA), the applicant must complete the background check requirements for an Approved Relative Provider. See sections 4210 Approved Relative and In-home Provider Case in the New Alaska Background Check System and 4210 Approved Relative and In-home Provider Background Check.

4310-4 LICENSED PROVIDER TO IN-HOME CAREGIVER

When a family wishes to hire an In-home caregiver, and the caregiver is currently participating as a Licensed provider, the family must apply by submitting a completed *In-Home Child Care Application* CC40 to the Designee with all of the appropriate documents. See section 4200, Child Care Assistance Program Provider Application, for application documents.

When an *In-Home Child Care Application* CC40 is received by the Designee, a new case must be established in the Integrated Child Care Information System (ICCIS) listing the family as the provider and the individual as their selected caregiver.

The Designee will enter an alert, "In-Home App Rcvd", in the Licensed provider's case in ICCIS. The Designee will issue a *Child Care Assistance Provider – Notice of Change* to the licensed provider acknowledging receipt of the *In-Home Child Care Application* CC40 identifying them as the family's In-home caregiver. The notice advises their Child Care Assistance Program (CCAP) participation as a Licensed provider will end upon approval for In-home care.
The Licensed provider may continue to provide care in their facility until the family is approved for in-home care by the Designee.

The family must be established as the facility in the New Alaska Background Check System (NABCS) and associate the Licensed provider who is becoming their In-home caregiver to their NABCS case. See sections 4210-1 Approved Relative and In-home Provider Case in the New Alaska Background Check System and 4210 Approved Relative and In-Home Provider Background Check.

Licensed providers with a valid background check through NABCS are not required to resubmit an application and fingerprint cards. Those providers who are not currently in NABCS must complete the process to obtain a valid background check.

Upon approval for In-home care, the Designee will set an alert in the Licensed provider's case "Approved as In-Home Caregiver". The Designee will issue a *Child Care Assistance Provider End of Approval Status* notice identifying their last day of eligibility as the last day of the month prior to the effective date of the approval for In-home care.

The Licensing Specialist will monitor the Licensed provider's case in NABCS to ensure it is disabled.

4310-5 IN-HOME CAREGIVER TO APPROVED RELATIVE PROVIDER

If a family's In-home caregiver requests to become an Approved Relative provider, an *Approved Relative Child Care Provider Application* CC42 is required to be submitted to the Designee with all of the appropriate documents. See section 4200 Child Care Assistance Program Provider Application, for application documents.

When an *Approved Relative Child Care Provider Application* CC42 is received by the Designee, a new case must be established in the Integrated Child Care Information System (ICCIS) and in the New Alaska Background Check System (NABCS). See section 4210-1 Approved Relative and In-home Provider case in the New Alaska Background Check System.

The In-home caregiver must complete the background check requirements for an Approved Relative provider. See section 4210 Approved Relative and In-home Provider Background Check. Upon approval as an Approved Relative provider, the Designee will set an alert in the In-home provider's case "Approved as AR". The Designee will issue a *Child Care Assistance Provider - End of Approval Status* notice identifying their last day of eligibility as the last day of the month prior to the effective date of the approval for Approved Relative care.

The Designee will request the In-home provider's case in NABCS be disabled. See section 4210-1 Approved Relative and In-home Provider Case in the New Alaska Background Check System.

4310-6 IN-HOME CAREGIVER TO LICENSED PROVIDER

If a family's In-home caregiver requests to become a Licensed provider they must submit a licensing application packet to either the Child Care Program Office (CCPO) or the Municipality of Anchorage (MOA) Child Care Licensing office. To participate in the Child Care Assistance Program (CCAP) they must also submit a *Licensed Provider Child Care Assistance Application* CC41 to the Designee and all application documents. See section 4200 Child Care Assistance Program Provider Application, for application documents.

A new case must be established in the Integrated Child Care Information System (ICCIS).

Providers transitioning from an In-home caregiver to Licensed must establish a new facility case in the New Alaska Background Check System (NABCS) however they will not need to submit new fingerprint cards for themselves. They will need to obtain valid background checks for any staff or household members residing in their home where care will be conducted.

When a *Child Care Licensing Application* packet is received, the CCPO or MOA Licensing Specialist will set an alert "Licensing App Rcvd" to notify the Designee who will send the provider the *Licensed Provider Child Care Assistance Application* CC41 for continued participation in the CCAP.

Upon issuance of a *Child Care License*, the Designee will make an eligibility determination regarding CCAP participation and issue the applicable notice.

The Designee will issue a *Child Care Assistance Provider - End of Approval Status* notice to the In-home Provider.

4320 CHILD CARE ASSISTANCE PROGRAM PROVIDER PARTICIPATION RENEWAL

The requirements for a provider to renew their Child Care Assistance Program (CCAP) participation beyond their initial approval period are specific to each provider type.

4320-1 LICENSED OR CERTIFIED/ACCREDITED PROVIDERS PROGRAM CONTINUATION

State of Alaska or Municipality of Anchorage (MOA) Licensed, United States (US) Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camps or similar facilities or programs, are not required to renew their participation in the Child Care Assistance Program (CCAP); however, if the provider closes or if there is a lapse in their license, certification, accreditation, or approval by their approving authority, they must re-apply for CCAP participation. The provider's renewed license, certification, accreditation, or approval must be provided.

The first (1st) of the month prior to the month of the provider's CCAP approval expiration date which matches the license, certification, accreditation, or approval expiration date, the Designee will send a *Child Care Assistance Licensed, Certified, or Accredited Provider Continuation* notice advising the provider a new license, certification, accreditation or approval is needed to continue. This notice requests updating the name of the facility's Administrator, if applicable, and a copy of their renewed license, certification, accreditation, or approval unless the information is verifiable through the Integrated Child Care Information System (ICCIS), to be submitted to the Designee. If the facility's Administrator has changed, the Child Care Provider Report of Change CC43 form is sent with the *Child Care Assistance Licensed, Certified, or Accredited Provider Continuation* notice.

1. **Licensed Providers Continuation**
   Participating licensed providers do not have to renew their CCAP participation as long as their Child Care License does not lapse. Continuing licensed providers do not need to participate in an interview or orientation.

   The Designee will monitor ICCIS for the issuance of a new Child Care License. Thirty (30) days prior to the expiration date of their current license the Designee with review the ICCIS License and Case Note modules for the status of the provider's license renewal.

   If a new license has not yet been issued, an alert is set for fifteen (15) days prior to their approval expiration date. At the time the alert comes due, fifteen (15) days prior to the approval expiration date, the Designee is to review ICCIS a second time to determine if a new license has been issued. If the license has not been issued and there is no information documented in ICCIS case notes indicating a delay by the provider or Licensing Specialist, an email is sent to the assigned Licensing Specialist to inquire about the status and potential effective date of a new license. The Designee will set an alert for the day following the license expiration date to conduct a final check for license issuance.

   If the provider's license has not be issued prior to the expiration date of their current license and CCAP approval, and the Licensing Specialist has not indicated in an email or documented in an ICCIS case note that the provider has completed all the required documentation and there will be no lapse in licensure the provider's status for CCAP participation is ended. The *Child Care Assistance Provider – End of Approval Status* notice is issued and

sent to the provider stating the reason for closure as not having a current *Child Care License*.

If the Licensing Specialist indicated in an email or documented in an ICCIS case note the provider has completed all requirements for their license to be issued without a lapse; however the Licensing Specialist is delayed in processing, the Designee will continue to monitor the provider case in ICCIS for an additional thirty (30) days by setting an alert in ICCIS for the thirtieth (30th) day to review a last time for a new license to have been issued If the license has not been issued at that time the providers CCAP participation is ended.

When the provider's license is reissued without a lapse, the Designee issues a *Child Care Assistance Licensed, Certified, or Accredited Provider Approval for Continued Participation Notice* and enters a case note documenting the continuation of their CCAP participation using subject heading: CCAP Continuation thru MM/DD/YY. The body of the case note includes the CCAP participation dates matching the provider's newly issued license, notice that was mailed, alerts that were set.

2. **Certified/Accredited Provider Continuation**
   Participating certified and accredited providers do not have to renew their CCAP participation as long as their certification or accreditation from their approving authority does not lapse. Continuing certified and accredited providers do not need to participate in an interview or orientation.

   If a Certified/Accredited provider's renewed certification, accreditation, or approval from the approving authority is not received prior to the expiration date, a copy of the facility's letter issued by the approving authority, identifying they are in compliance and the certificate, accreditation, or approval will follow is acceptable for their continued CCAP participation.

   If the provider's official certification or letter is not received prior to their current expiration, the provider's status for CCAP participation is ended. The *Child Care Assistance Provider – End of Approval Status* notice is issued and sent to the provider stating the reason for closure as not having a current certification or letter from the certifying authority.

When a letter is used and dates are not included, the allowable approval period is eighteen (18) months. The new expiration date is entered in the Application screen in ICCIS. When the official certification is received and it indicates a different expiration date, the date is to be updated in the Application screen of ICCIS.

When the provider's certification or accreditation is reissued without a lapse, the Designee issues a *Child Care Assistance Licensed, Certified, or Accredited Provider Approval for Continued Participation Notice* and enters a case note documenting the continuation of their CCAP participation using subject heading: CCAP Continuation thru MM/DD/YY. The body of the case note includes the CCAP participation dates matching the provider's newly issued certification or accreditation, notice that was mailed, alerts that were set.

When a licensed or certified/accredited provider is continuing CCAP participation, the Rate Screen must be updated in ICCIS even if their rates are not changing. If the provider is not changing their rates, a new effective date corresponding to the new license, certification, accreditation, or approval from the approving authority, effective date is entered and saved on the Rate Screen.

If the provider submits new rates to the Designee, those are entered in the Rate screen, with the new effective date of the first (1st) of the month following the thirty (30) day notice.

4320-2 APPROVED RELATIVE PROVIDER RENEWAL

Approved Relative providers must renew Child Care Assistance Program (CCAP) participation every two (2) years.

The first (1st) of the month prior to the month of the Approved Relative provider's CCAP participation expiration date, the Designee will send the following documents to the provider:

1. *Child Care Assistance Approved Relative Provider – Renewal notice;*
2. *Approved Relative Provider Renewal Application Coversheet;*
3. *Approved Relative Provider Renewal Application* CC82; and
4. *Permission to Operate a Child Care Business* CC72.

To ensure continuity of eligibility, the due date to include in the *Child Care Assistance Approved Relative Provider - Renewal* notice is the last day of the month prior to the provider's CCAP participation expiration date.

Approved Relative Providers must complete and submit the *Approved Relative Provider Renewal Application* CC82 and, if applicable, the *Permission to Operate a Child Care Business* CC72 to the Designee to be received by the close of business on the provider's CCAP participation expiration date.

Upon receipt of an *Approved Relative Provider Renewal Application* CC82, the Designee will determine if the application was received prior to the *Child Care Assistance Approved Relative Provider – Renewal* notice being issued. If the *Child Care Assistance Approved Relative Provider - Renewal* notice has not yet been issued, the *Approved Relative Provider Renewal Application* CC82 is processed as a change and the Designee will issue a *Child Care Assistance Provider – Notice of Change.* The *Child Care Assistance Approved Relative Provider – Renewal* notice must still be issued.

When an *Approved Relative Provider Renewal Application* CC82 is received after the *Child Care Assistance Approved Relative Provider – Renewal* notice is issued, the Designee must determine if the application is acceptable. See section 4200-1 Provider Application Criteria. Acceptable applications will be documented in the Integrated Child Care Information System (ICCIS). See section 4200-42C. Documenting Receipt of an Acceptable Certified/Accredited or Approved Relative Child Care Provider Application. The ICCIS Application screen is updated with the date the acceptable application was date stamped received. Unacceptable applications will be returned following section 4170-3 Unacceptable Provider Application.

The Designee will schedule and conduct an interview. See section 4250-1 Scheduling the Interview.

Whenever possible prior to the interview the Designee will review and compare the renewal application to the most current documents on file and access the provider's case in the New Alaska Background Check System (NABCS) to determine if additional information or verification is needed based on identified changes. Identified changes and additional information or verification are discussed and documented in the interview case note.

If the Designee has received conflicting or contradicting information causing the Designee to believe the provider has reported information incorrectly or not reported information pertinent to their eligibility, has falsified or withheld information, it is to be followed up on prior to an eligibility determination being made. If the Designee has discussed the need for and issued a notice requesting information and the provider responds saying they are not able to provide the information requested and the Designee is not able to access information needed including through collateral contacts, a *Request for Information* form is submitted to the Child Care Program Office (CCPO) via the policy mail box at dpaccp@alaska.gov. The request includes a description of the information needed and the reason the Designee believes it was not reported or not reported accurately. The CCPO Eligibility and Benefits Staff will research the request using all databases and tools available and provide findings to the requestor within ten (10) days of the receipt of the request. When this is the last piece of information needed to complete the provider's application, it will not impact the effective start date if there are no findings that contradict the provider's statement or application or require additional information from the applicant.

The completion of the interview is documented in an ICCIS case note using subject heading: CCA Interview Completed and the body of the case note includes the details as described above.

When a renewal application received is incomplete or needed information is not received, the application is pended. See section 4260-1 A. Pending a Provider Application.

When needed information to complete an applicant's renewal application is not received by the Designee by the date identified in the *Child Care Assistance Provider Application – Pended* notice or prior to the expiration of their current approval, the application is denied and the provider is sent the *Child Care Assistance Provider Application – Denied* notice. The action is documented in an ICCIS case note to include the specific reason for the denial. The Designee will complete the *Background Check Program NABCS: CCPO Provider/ Facility Account* form and submit it to the BCP requesting the provider facility be closed in NABCS.

If the application is denied or withdrawn and a new application is submitted to, and received by the Designee, a new interview is not required as long as the new application is received within sixty (60) days of the denial or request to withdraw the application.

Providers may experience a period of ineligibility if all required documentation is not received prior to their CCAP participation expiration date.

When all required application documents and valid background checks, if needed, are received and the applicant has completed an interview, the Designee will issue the *Child Care Assistance Approved Relative Provider Application – Approved* notice and document the approval in an ICCIS case note.

The Rate Screen in the provider's case in ICCIS must be updated even if their rates are not changing. If the provider submits new rates, those rates are entered with the new effective date. If the provider is not changing their rates, a new effective date corresponding to the new approval effective date is entered and saved on the Rate Screen.

If the application is approved, update the application screen with the application completed date, the effective date and expiration date.

4320-3 IN HOME PROVIDER RENEWAL

In-home providers (families) using an In-home caregiver must renew their Child Care Assistance Program (CCAP) participation as a provider in conjunction with renewing their participation as a family.

The first (1st) of the month prior to the month of the In-home provider's CCAP participation expiration date, the Designee will send the following documents to the provider:

1. *Child Care Assistance In-home Child Care - Renewal* notice;

2. *In-home Child Care Renewal Application Coversheet*; and

3. *In-home Child Care Renewal Application* CC86.

To ensure continuity of eligibility, the due date to include in the notice is the last day of the month prior to the end of their participation expiration date.

In-home providers must complete and submit the *In-home Child Care Renewal Application* CC86 to the Designee to be received by the close of business on the provider's CCAP participation expiration date.

If an *In-home Child Care Renewal Application* CC86 is received prior to the *Child Care Assistance In-home Child Care – Renewal* notice being issued it is processed as a change and the Designee will issue a *Child Care Assistance Provider – Notice of Change.* The *Child Care Assistance In-home Child Care – Renewal* notice must still be issued.

The Designee may have different staff working the family and provider applications, therefore coordination and communication is needed during this process. The provider case must be determined first so the family has an eligible provider, if approved. If the family's case is denied the provider case will close due to no eligible family.

Before approving an In-home provider, the Designee is to verify the family has submitted a *Child Care Assistance Application* CC08 to the Designee and it has been received. If the family application is denied, the individual completing the denial action is to notify the individual assigned to the In-home provider for necessary denial or closure actions.

Upon receipt of an *In-home Child Care Renewal Application* CC86, the Designee will determine if the application is acceptable. See section 4200-1 Provider Application Criteria. Acceptable applications will be documented in the Integrated Child Care Information System (ICCIS). See section 4200-4 3. Documenting Receipt of an Acceptable In-home Child Care Application. The ICCIS Application screen is updated with the date the acceptable application was date stamped received.

Unacceptable applications will be returned following section 4170-3 Unacceptable Provider Application.

The Designee will schedule and conduct an interview. See section 4250-1 Scheduling the Interview.

Whenever possible prior to the interview the Designee will review and compare the renewal application to the most current documents on file, access the provider's case in the New Alaska Background Check System (NABCS) to determine if additional information or verification is needed based on changes. Identified changes and additional information or verification are discussed and documented in the interview case note.

If the Designee has received conflicting or contradicting information causing the Designee to believe the provider has reported information incorrectly or not reported information pertinent to their

eligibility, has falsified or withheld information, it is to be followed up on prior to an eligibility determination being made. If the Designee has discussed the need for and issued a notice requesting information and the provider responds saying they are not able to provide the information requested and the Designee is not able to access information needed including through collateral contacts, a *Request for Information* form is submitted to the Child Care Program Office (CCPO) via the policy mail box at dpaccp@alaska.gov. The request includes a description of the information needed and the reason the Designee believes it was not reported or not reported accurately. The CCPO Eligibility and Benefits Staff will research the request using all databases and tools available and provide findings to the requestor within ten (10) days of the receipt of the request. When this is the last piece of information needed to complete the provider's application, it will not impact the effective start date if there are no findings that contradict the provider's statement or application or require additional information from the applicant.

The completion of the interview is documented in an ICCIS case note using subject heading: CCA Interview Completed and the body of the case note includes the details as described above.

When a renewal application received is incomplete or needed information is not submitted to the Designee, the application is pended. See section 4260-1 Pending a Provider Application.

When the needed information to complete their provider renewal application is not received by the Designee by the date identified in the *Child Care Assistance Provider Application – Pended* notice or by the close of business on the expiration date of their current approval, the application is denied and the provider is sent the *Child Care Assistance Provider Application – Denied* notice. The action is documented in an ICCIS case note to include the specific reason for the denial. The Designee will complete the *Background Check Program NABCS: CCPO Provider/ Facility Account* form and submit it to the Alaska Background Check Program (BCP) requesting the provider facility be closed in NABCS.

If the application is denied or withdrawn and a new application is submitted to and received by the Designee, a new interview is not required as long as the new application is received within sixty (60) days of the denial or request to withdraw the application.

Providers may experience a period of ineligibility if all required documentation is not received prior to the end of the CCAP

participation expiration date. See section 4260 Child Care Assistance Program Provider Eligibility.

When all required application documents and valid background checks, if needed, are received and the applicant has completed an interview, the Designee will issue the *Child Care Assistance In-home Child Care Application – Approved* notice and document the approval in an ICCIS case note. The Designee will within five (5) business days, complete and submit an *Inspection Request* to the appropriate CCPO or Municipality of Anchorage (MOA) Licensing Supervisor for an **unannounced** inspection to be completed and document sending the request in a ICCIS case note. See section 4270-1 A. Request for Health and Safety Inspection.

The Rate Screen in the provider's case in ICCIS is updated. If the provider submits new rates those are entered with the new effective date. If the provider is not changing their rates, a new effective date corresponding to the new approval is entered and saved on the Rate Screen.

If the application is approved, update the application screen with the application completed date, the effective date and expiration date.

4330 PROVIDER CLOSURES

When a provider closes their business action must be taken to ensure *Child Care Assistance Authorization* documents for care after the provider's closure date are canceled. Additional actions may be needed depending on the length of the closure and if the closure is initiated by the provider.

4330-1 PROVIDER INITIATED CLOSURES

A participating provider must report within ten (10) business days, a change in the hours of operation, to the Designee.

When a provider will be closing for more than seven (7) consecutive days in a month, and the closure is not noted on their *Child Care Provider Rates and Responsibilities* CC12, the provider must communicate their closure dates with the families in their care.

When a licensed provider notifies their Licensing Specialist of a closure of more than seven (7) consecutive days in a month, the

Licensing Specialist will notify the Designee responsible for the family authorizations, and the Child Care Assistance Program (CCAP) policy mailbox at dpaccp@alaska.gov of the closure timeframe, so any applicable action can be taken regarding their CCAP, Child Care Grant Program (CCG) and Alaska Inclusive Child Care Program (Alaska IN!) participation. If a licensed provider is closing for an undetermined amount of time the Licensing Specialist will also notify the Designee and the CCAP policy mailbox when the provider has re-opened. When a licensed provider notifies the Designee of a closure of more than seven (7) consecutive days in a month, the Designee will notify the Licensing Specialist, and if applicable the Designee responsible for the family authorizations.

If a provider closes their facility for more than seven (7) consecutive days, in a month, the *Child Care Assistance Authorization* document(s) issued as full month, for the month in which the closure occurred, will be canceled and reissued as part month, even if it is during the current month. The provider's closure dates are to be added to the variable section of the revised authorization when the document is re-created.

When a licensed provider is closing for specific or undetermined amount of time and their case in the Integrated Child Care Information System (ICCIS) is changed to Temp Inactive they remain CCAP eligible as long as their child care license or CCAP approval has not expired during the time they are inactive. The Designee will send any applicable notices as alerts in ICCIS come due during this timeframe, however, the provider's CCAP participation will not be renewed or continued if the provider is in Temp Inactive status during their CCAP renewal month.

If the parent chooses a secondary provider to cover the primary provider's closure dates, the Designee will issue care, as applicable, to cover this timeframe. See section 4100-3 Monthly Maximum Units of Care That Can Be Authorized.

4330-2 AGENCY INITIATED CLOSURES

When the Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Child Care Licensing Staff determines a provider's continued operation would result in imminent threat to the health, safety, or welfare of a child in care, the Licensing office issues a suspension or revocation to the provider either orally and/or in writing. The action is effective immediately and extends for a period

of time necessary to allow the Licensing office to investigate the concern and reach a final decision.

When a licensed provider's license is suspended or revoked the Licensing Staff will provide a copy of the *Notice of Suspension/Revocation* to the Designee and notify the CCPO policy mailbox at dpaccp@alaska.gov for notification to the Child Care Grant Program (CCG) and Alaska Inclusive Child Care Program (Alaska IN!).

When an Approved Relative or In-home provider's Child Care Assistance (CCAP) participation is ending due to an emergency suspension:

1. The Licensing Specialist will:
   a. Contact the CCPO Program Coordinator (PC) II, Public Assistance Analyst (PAA) II or PAA I, depending on availability, while on site at the provider's location, to discuss the situation and need to suspend the provider's participation and if in agreement, issue a verbal suspension effective immediately to the provider;

   b. Remain on-site and require the provider to contact the parents of the children in care, to pick up their children, and notify them of the emergency suspension and that care for CCAP children will not be paid by the program until the suspension is removed;

   c. Deliver the *Notice of Emergency Suspension,* provided by the Designee, to the provider via one of the methods included on the notice; and

   d. Complete the investigation and issue a report of the findings no later than fourteen (14) business days of the verbal suspension. The report will result in the provider's approval for CCAP participation and payment being revoked or the issuance of an *Approved Provider Report of Investigation / Notice of Violation* requiring a *Plan of Correction* (*POC)*.

2. The CCPO PC II, PAA II or PAA I will:
   a. Assist the Licensing Staff in determining if the situation warrants an emergency suspension; and
   b. Notify the Designee of the concern and for coordination of actions to be taken.

3. The Designee will:
   a. Complete the **Notice of** *Emergency Suspension* ;

b. Coordinate with the Licensing Specialist to deliver the N*otice of Emergency Suspension* in person, whenever possible but no later than the following business day;

c. Print the payment options screens for the month of suspension and future months

d. Using the Payment Options Screens, notify the family workers and PASS I worker of the suspension so authorizations can be cancelled and families be notified.

Complete the applicable portions of the *Approved Provider Report of Investigation (ROI/NOV)* provided by the Licensing Staff with all applicable dates;

e. Mail a *Child Care Assistance Provider – End of Approval Status* notice and a copy of the Report of Investigation to the provider;

f. Complete the *License Revocation or Suspension Form* and scan and email the completed form to the Alaska Background Check Program (BCP) at BCUnit@alaska.gov. The provider's facility case in the New Alaska Background Check System (NABCS) is disabled to prevent receiving any additional information regarding a non-participating provider;

g. Send an email request to ccpo@alaska.gov using the subject line "VCN deactivation request" requesting the provider's Vendor Customer Number (VCN) be deactivated, if the provider's participation is ended based on the results of the Approved Provider Report of Investigation (ROI/NOV), or

3. The CCPO Administrative Staff will forward the VCN deactivation request to the CCPO Accounting Staff and if pertaining to a Licensed provider, to the CCPO Eligibility Staff working with the CCG Program at dpaccp@alaska.gov.

4. Accounting Staff must ensure the outstanding month's billing has been paid prior to deactivating the provider's VCN. Upon notification of the VCN deactivation from the Accounting Staff, the Designee will uncheck the CCA box in the provider's case in ICCIS.

Once all of the applicable appeal and *Request for Payment* forms submission timeframes are passed, and it is determined the facility will not reopen, their VCN is deactivated.

If a licensed provider's *Child Care License* is reinstated as a result of the appeal process, the CCPO or MOA Licensing Specialist will coordinate via email with the applicable Designee and CCPO policy mailbox for the CCPO CCG Eligibility Staff who will update all

applicable ICCIS screens and document in case notes the provider's eligibility. The provider does not need to reapply to participate in the CCAP or CCG Programs.

If an Approved Relative or In-home provider's CCAP participation is reinstated as a result of the appeal process, the provider's case in ICCIS will be updated. The provider does not need to reapply. The Designee will complete the *License Revocation or Suspension Form* checking the box "Reinstated in good standing" and scan and email the completed form to the BCP at BCUnit@alaska.gov.

If the Licensing office's final determination is to revoke the facility's license, the provider is closed in ICCIS and not eligible for CCAP and CCG participation. The Licensing office notifies the Designee and CCPO CCG Eligibility Staff, via email, of the final determination to revoke.

4330-3. PERMANENT CLOSURES

When a provider's license or approval is revoked or they notify the Designee of their intent to stop providing care prior to their Child Care Assistance Program (CCAP) expiration date, the *Child Care Assistance Provider - End of Approval Status* notice must be issued.

When a provider does not renew their license, certification, accreditation, or approval; closes their facility voluntarily; or advises the Designee they no longer wish to participate in CCAP, the Designee will:

1. Print the payment options screens for the month of suspension and future months

2. Using the Payment Options Screens, notify the family workers and PASS I worker of the suspension so authorizations can be cancelled and families be notified.

3. Issue a *Child Care Assistance Provider - End of Approval Status* notice to the provider and document actions in an Integrated Child Care Information System (ICCIS) case note;

4. Complete the *Background Check Program NABCS: CCPO Provider/Facility Account Form* and email it to the Background Check Program at BCPUnit@alaska.gov for disabling the provider's case in the New Alaska Background Check System (NABCS); and

5. Send an email request to the ccpo@alaska.gov using the subject line "VCN deactivation request" requesting the provider's VCN be deactivated.

4330-4 NEW ALASKA BACKGROUND CHECK SYSTEM CLOSURE NOTIFICATION

The Child Care Program Office (CCPO) Licensing Specialist is responsible for ensuring licensed providers maintain their facility case in the New Alaska Background Check System (NABCS). When a closure is needed the Licensing Specialist will coordinate actions with the Alaska Background Check Program (BCP).

The Designee will complete and forward the *Background Check Program NABCS: CCPO Provider/Facility Account Form* for all Approved Relative and In-home providers to the BCP at BCPUnit@alaska.gov requesting the provider's case in the NABCS to be disabled.

A case note is entered the same day in the provider's case in the Integrated Child Care Information System (ICCIS) using subject heading: NABCS Closure Sent and the body of the case note includes the date the form was sent to the BCP requesting closure.

The Designee will use monthly reports showing status changes provided by the Division of Public Assistance, Program Integrity and Analysis, Research and Analysis unit to identify those providers whose application has been denied or ICCIS case has closed to ensure the provider's case in NABCS is disabled.

The Designee will review ICCIS to ensure the provider has not reapplied for participation. If the provider has reapplied no action is needed. If the provider has not reapplied, the Designee will complete the *Background Check Program NABCS: CCPO Provider/Facility Account Form,* as applicable, and email it to the BCP requesting the provider's NABCS case to be disabled.

4330-5 VENDOR CUSTOMER NUMBER DEACTIVATION

Requests for a provider's Vendor Customer Number (VCN) to be deactivated are emailed by the Designee to the Child Care Program Office (CCPO) general mailbox at: ccpo@alaska.gov using the subject

line "VCN deactivation request". These requests are forwarded to the CCPO Accounting Staff.

The CCPO Accounting Staff will ensure the VCN is inactivated in the Integrated Resource Information System (IRIS) after:

1. Care authorized has been verified for payment;

2. The allowable timeframe to submit a *Request for Payment* has passed; and

3. When the allowable timeframe to request an appeal on an enforcement action has passed.

4340 COMPLAINTS REGARDING A CHILD CARE PROVIDER

Child Care Assistance Program (CCAP) participating providers, which include families choosing in-home care, must cooperate with the department for purposes of investigations into reports of health and safety concerns, by allowing access to the premises, to relevant records, and to children in care for purposes of conducting interviews. If a concern reported is not related to the health and safety of the premises or children in care, such as a provider not giving a family the required notice prior to ending care for the family, or billing the CCAP incorrectly or inappropriately, it is not taken as a complaint to be assigned and investigated by Licensing Staff. If a non-compliance is identified during a monitor file review, such as overcapacity, the non-compliance is not treated as a complaint. When a licensed provider is determined to be over capacity the assigned Licensing Specialist is notified for any appropriate licensing actions to be taken. The Designee will look into these types of reports and follow the Incorrect Payment or other applicable process.

Complaints received regarding a licensed provider are to be transferred to the Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Specialist depending on the location of the provider, or to a Licensing Supervisor if the Licensing Specialist is not available.

Complaints regarding Approved Relative and In-home providers are to be transferred to the Designee responsible for provider actions, or their supervisor if the Designee's Eligibility Staff is not available.

Complaints regarding a provider who is not found in the Integrated Child Care Information System (ICCIS) are to be referred to the CCPO or MOA Licensing Specialist.

The Designees, Work Services Providers (WSP), and CCPO, or MOA licensing Staff receiving the complaint is to connect the complainant to the individual responsible for taking the call and not to voicemail. If a complaint is received on a day the CCPO or MOA is closed, the Staff receiving the complaint is to complete an intake and immediately forward it to the appropriate individual.

4340-1 RECEIVING A COMPLAINT REGARDING A PROVIDER

When a health and safety complaint is received regarding a provider, the complaint is to be treated as the top priority. Whenever possible complaints are to be received and documented by the individual responsible for completing the *Complaint Intake Form*.

4340-1 A. RECEIVING A COMPLAINT REGARDING A LICENSED PROVIDER

When the Designee, Child Care Program Office (CCPO), or the Municipality of Anchorage (MOA) licensing office is contacted by phone regarding a complaint involving a Licensed provider or unlicensed (illegally or legally operating) facility, the Designee, CCPO, or MOA licensing office is to immediately connect the complainant to a CCPO or MOA Licensing Specialist or Licensing Supervisor, as applicable based on the physical location of the provider. If the Licensing Specialist assigned to the provider's case in the Integrated Child Care Information System (ICCIS) is not available, the Designee or CCPO Administrative Staff is to contact the CCPO or MOA main number, as applicable, for a Licensing Specialist, Licensing Supervisor, or member of the CCPO or MOA Management Team to be made available to receive the call.

When a complaint is received in person regarding a Licensed, provider or unlicensed (illegally or legally operating) facility, the Designee, CCPO, or MOA licensing office is to assist the complainant in contacting the appropriate Licensing Office for the complainant to make the complaint directly to the Licensing Specialist or Licensing

Supervisor. If the Licensing Specialist assigned to the provider's case in ICCIS is not available, the Designee, CCPO Administrative Staff, or MOA licensing office is to contact the CCPO or MOA main number, as applicable, for a Licensing Specialist, Licensing Supervisor, or member of the CCPO or MOA Management Team to be made available to receive the call.

When a complaint is received in writing regarding a Licensed provider or unlicensed (illegally or legally operating) facility, the Designee, CCPO, or MOA licensing office is to forward the complaint the same day by fax to the CCPO or MOA. A fax cover page with the subject line: "Complaint Received regarding a Licensed provider" is to be sent including the contact name and number of the sender in case there are additional questions. A case note is to be entered documenting a complaint was received and the action taken, but the details of the complaint are not to be included. The Designee, CCPO, or MOA licensing office will contact the CCPO or MOA main telephone number to confirm the faxed complaint was received and islegible. Upon confirmation all documents were received and are legible, the Designee, CCPO, or MOA licensing office will shred their copy of the documents.

When a complaint has been received via voicemail regarding a Licensed provider or unlicensed (illegally or legally operating) facility, the Designee will complete the *Complaint Intake* form with the information received via voicemail and forward the information by fax to the CCPO or MOA, based on where the facility is located. A fax cover page with the subject line: "Complaint Received regarding a Licensed provider" is to be sent including the contact name and number of the sender in case there are additional questions. A case note is to be entered documenting a complaint was received and the action taken; however, the details of the complaint are not to be included. The Designee, CCPO, or MOA licensing office will contact the CCPO or MOA main telephone number to confirm the faxed complaint was received and is legible. Upon confirmation all documents were received and are legible, the Designee, CCPO, or MOA licensing office will shred their copy of the documents.

The following steps are to be followed only if the Designee was unable to connect the complainant with a Licensing Staff or CCPO Management Team member and the Designee completed the *Complaint Intake Form.* The Designee will:

1. **Immediately Notify Supervisor**
   Staff receiving the complaint will identify the Priority Level according to section 4310-2 Assigning a Complaint Priority Level

and immediately notify their supervisor via email using subject line: Complaint received (name of provider).The body of the email will include the name of the provider, nature of the complaint, the name of the complainant, if known, or agency who initiated the complaint, the concerns reported, priority level, and that the written intake form will follow.

If the complaint is a Priority Level 1 Staff are to notify their supervisor in person. If their supervisor is not available they will notify the CCPO or MOA Licensing Supervisor based on the physical location of the provider, via telephone. If the regional Licensing Supervisor is not available, the Designee Staff will contact the CCPO or MOA Licensing Program Manager as applicable, CCPO Eligibility and Benefits Team Public Assistance Analyst (PAA) II, Eligibility and Benefits Unit Program Coordinator (PC) II, Quality and Capacity Building Team, Program Coordinator (PC) II, or CCPO Program Manager via telephone when their supervisor is not available.

2. **Immediately Notify the CCPO**
   The Designee supervisor will notify the applicable CCPO Regional or MOA Licensing Supervisor based on the physical location of the provider; Eligibility and Benefits Team PAA II or other CCPO Management Staff contacted in step 1 above, by email, using subject line: Complaint received (name of provider).The body of the email will include the name of the provider, nature of the complaint, the name of the complainant, if known, or agency who initiated the complaint, the concerns reported, and priority level.

   If the complaint is a Priority Level 1 the CCPO or MOA Licensing Supervisor will immediately identify the Licensing Specialist who will be assigned to the investigation.

3. **Document the Complaint Received**
   The same or next day from receipt of the complaint, the *Complaint Intake Form* is to be completed by the Designee staff that took the complaint and forwarded to their supervisor with **all** original notes for review, feedback, and guidance. If the complaint is alleging abuse, neglect, or mental injury the Designee Staff will also forward the *Complaint Intake Form* to the Office of Children's Services (OCS) and local police.

1. **Review and Approve Complaint Intake Form**
   The same or next day of the supervisor receiving the completed *Complaint Intake Form*, the Designee Staff and their supervisor meet to discuss any concerns or questions the supervisor may

have regarding the *Complaint Intake Form* and confirm the priority level of the complaint. The supervisor will thoroughly review the intake for content, formatting, and grammar.

The *Complaint Intake Form* is returned to the Designee Staff for any corrections or revisions as applicable until it is deemed ready by the supervisor. The Designee will forward the *Complaint Intake Form* to the MOA or CCPO Licensing Supervisor. Upon confirmation all documents were received and legible the documents are shredded.

2. **Enter a Case Note**
   The same day the *Complaint Intake Form* is deemed complete a case note is entered by the individual who completed the complaint intake form in the provider's ICCIS case using subject heading: Complaint Received (Date MM-DD-YYYY) and the body of the case note is to include: Complaint Received – forwarded to CCPO or MOA Licensing. No other information regarding the complaint is documented in ICCIS at this time.

4340-1 B. RECEIVING A COMPLAINT REGARDING A CERTIFIED/ACCREDITED PROVIDER

When a health and safety complaint is received by a Designee, CCPO, or the MOA Child Care Licensing office regarding a United States (US) Department of Defense or US Coast Guard Certified; Tribally Approved or Tribally Certified; or Nationally Accredited or Nationally Certified Day Camp or similar facility or program, the Designee, CCPO or MOA licensing office will attempt to connect the reporter with the provider's certifying or approving authority. If unable to connect the reporter with an individual, the Designee, CCPO or MOA licensing office will complete the *Complaint Intake Form*, using the questions on the left side of the form as a guide in obtaining the most information possible. All original notes taken and received, during the intake process including information handwritten or received via email and then transferred on the *Complaint Intake Form* must be retained.

The complainant is to be advised the information will be documented and immediately forwarded to provider's certifying or approving authority and the complainant may receive a follow up contact from that entity.

When a complaint is received in writing by the Designee, CCPO, or MOA licensing office a *Complaint Intake Form* is completed based on the information in the written report.

The following steps are to be followed by the Designee, CCPO or MOA licensing office:

1. **Immediately Notify Supervisor**
   Designee, CCPO, or MOA licensing office receiving the complaint will identify the Priority Level according to section 4310-2 Assigning a Complaint Priority Level and immediately notify their supervisor by email using subject heading: Complaint Received (name of provider). The body of the email will include the name of the provider, nature of the complaint, name of the complainant, if known, concerns reported and priority level and that the written intake form will follow.

   If the complaint is a Priority Level 1 Staff are to notify their supervisor in person. If their supervisor is not available they will notify a member of the CCPO management team. Designee Staff will notify the CCPO Eligibility and Benefits Team PAA II or PC II when their supervisor is not available.

2. **Document the Complaint Received**
   The same or next day from receipt of the complaint, the *Complaint Intake Form* is to be completed by the staff who took the complaint and forwarded to their supervisor with all original notes for review, feedback, and guidance. If the complaint is alleging abuse, neglect, or mental injury the Designee, CCPO, or MOA licensing office will also forward the *Complaint Intake Form* to OCS and local police.

3. **Review and Approve Complaint Intake Form**
   The same or next day of the supervisor receiving the completed *Complaint Intake Form*, the Designee, CCPO, or MOA licensing staff and their supervisor meet to discuss any concerns or questions the supervisor may have regarding the *Complaint Intake Form* and confirm the priority level of the complaint. The supervisor will thoroughly review the intake for content, formatting, and grammar.

   The *Complaint Intake Form* is returned to the Designee, CCPO, or MOA licensing Staff if corrections are needed or otherwise revised as applicable until it is deemed ready by the supervisor.

4. **Forward Complaint Intake Form to Certifying/Approving Authority**
   Once the *Complaint Intake Form* is deemed ready, the Designee, CCPO, or MOA licensing will forward the *Complaint Intake Form* by fax to the US Department of Defense or US Coast Guard Certified; Tribally Approved or Tribally Certified; or Nationally Accredited or Nationally Certified Day Camp or similar facility or program's certifying, accrediting, or approving agency. A fax cover page with the subject line: "Complaint Received regarding a (Provider type) provider" is to be sent including the contact name and number of the sender in case there are additional questions and a request for a report back after an investigation or review has been completed.

   Upon confirmation all documents were received and legible the documents are shredded.

5. **Enter a Case Note**
   The same day the *Complaint Intake Form* is forwarded a case note is entered, by the individual who completed the complaint intake form, in the provider's ICCIS case using subject heading: Complaint Received (Date MM-DD-YYYY) and the body of the case note is to include: Complaint Received – forwarded to (Name of Certifying/Accrediting/Approving agency). No other information regarding the complaint is documented in ICCIS at this time.

4340-1 C. RECEIVING A COMPLAINT REGARDING AN APPROVED RELATIVE OR IN-HOME PROVIDER

The staff person receiving the health and safety complaint via telephone is to connect the complainant to the applicable Designee. If one of these individuals is not readily available, the call is to be transferred to the CCPO PAA II or CCPO main telephone number for an available CCPO Management Team member to take the call.

When a complaint is being made in person, the Designee will document the information pertaining to the health and/or safety issue in the *Complaint Intake Form*, using the questions on the left side of the form as a guide in obtaining the most information possible. All original notes taken and received, during the intake process including information handwritten or received via email and then transferred on the *Complaint Intake Form* must be retained.

The complainant is to be advised the information will be documented and immediately forwarded to the CCPO for review and investigation if deemed necessary, the complainant may receive a follow up contact from a Licensing Staff, and all findings and reports regarding In-home child care are confidential and are not released.

When a complaint is received in writing by the Designee regarding an Approved Relative or In-Home Provider, a *Complaint Intake Form* is completed based on the information in the written report.

The following steps are to be followed by the Designee:

1. **Immediately Notify Supervisor**
   Staff who received the complaint will identify the Priority Level according to section 4310-2 Assigning a Complaint Priority Level and immediately notify their supervisor. If the complaint is a Priority Level 1 Staff are to notify their supervisor in person. If their supervisor is not available they will notify a member of the CCPO management team. Designee Staff will notify the CCPO Eligibility and Benefits Team PAA II or PC II when their supervisor is not available.

   The Designee Supervisor or CCPO PAA II will determine if the concern reported is a health and safety issue or if it should be addressed through a different process. If an on-site investigation is not warranted, the Supervisor will work with the staff person for handling the concern and will not complete the following steps.

   If an on-site investigation is warranted, the Supervisor or PAA II will continue through the following steps.

2. **Immediately Notify the CCPO**
   The Designee supervisor will notify the CCPO Eligibility and Benefits Team PAA II by email to the CCPO policy mailbox at: dpaccp@alaska.gov, using subject line: Complaint received (name of provider). The body of the email will include the name of the provider, nature of the complaint, the name of the complainant, if known, or agency who initiated the complaint, the concerns reported, priority level, and staff person who will be responsible for working with the Licensing Staff for report completion.

   The CCPO PAA II will review the provider's case in ICCIS to determine if the complaint involves a child authorized through the Child Care Assistance Program (CCAP) and if there are other CCAP authorized children in the providers care. If there are no CCAP

children in the provider's care the PAA II will contact the Office of Children's Services and the tribal entities who may also authorize children to the provider to determine if there are any children authorized through the Child Care and Development Fund (CCDF) in the provider's care. If there are no children authorized through CCAP or CCDF in the provider's care, the complaint will not be assigned for investigation and the Designee notified.

If the complaint involves a CCAP or CCDF authorized child, or if there are CCAP or CCDF authorized children in the provider's care during the time of the incident reported, the PAA II will send an email notification of complaint received by the Designee or CCPO Eligibility Staff to the regional CCPO or MOA Licensing Supervisor using the subject heading: Complaint received (name of provider). The body of the email will include the name of the provider, nature of the complaint, the name of the complainant, if known, or agency who initiated the complaint, the concerns reported, priority level and Designee staff responsible for working with the Licensing Specialist for report completion.

If the complaint is a Priority Level 1, the CCPO PAA II will notify the CCPO Licensing Supervisor in person or MOA Licensing Supervisor via telephone.

3. **Document the Complaint Received**
   The same or next day from receipt of the complaint, the *Complaint Intake Form* is to be completed and forwarded to the applicable supervisor with all original notes for review, feedback, and guidance. If the complaint is alleging abuse, neglect, or mental injury the Designee will also forward the *Complaint Intake Form* to OCS and local police.

4. **Review and Approve Complaint Intake Form**
   The same or next day of the supervisor receiving the completed *Complaint Intake Form*, the Designee Staff and their supervisor meet to discuss any concerns or questions the supervisor may have regarding the *Complaint Intake Form* and confirm the priority level of the complaint. The supervisor will thoroughly review the intake for content, formatting, and grammar.

   The *Complaint Intake Form* is revised as applicable until it is deemed ready by the supervisor.

5. **Forward *Complaint Intake Form***

The approved *Complaint Intake Form* is forwarded to the CCPO PAA II at dpaccp@alaska.gov. The Designee will enter a case note in the provider's case in ICCIS using subject heading: Complaint Received (Date MM-DD-YYYY) and the body of the case note is to include: Complaint Received – forwarded to CCPO.

The CCPO PAA II will forward the *Complaint Intake Form* to the MOA or CCPO Licensing Supervisor. Upon confirmation all documents were received and legible the documents are shredded.

CCPO PAA II will enter a case note in the provider's ICCIS case using subject heading: Complaint Received (Date MM-DD-YYYY) and the body of the case note is to include: Complaint Received – see Red File.

4340-1 D. CHILD CARE PROGRAM OFFICE PROCESS FOR RECEIVING A COMPLAINT REGARDING AN APPROVED RELATIVE OR IN-HOME PROVIDER

The CCPO PAA II creates a folder within the CCPO shared drive and moves it to the Approved Provider folder. Once the *Complaint Intake Form* is moved to the folder it is not to be revised or otherwise altered in any way.

The PAA II enters the complaint information into the appropriate fiscal year Complaint Tracking Spreadsheet and replies all to the email sent in 4310-1 C.2. Immediately Notify the CCPO notifying the CCPO supervisor the *Complaint Intake Form* is ready for review or forwards the *Complaint Intake Form* to the MOA Licensing Supervisor if the provider is located within the MOA.

4340-2 ASSIGNING A COMPLAINT PRIORITY LEVEL

All complaints are assigned a priority level based on the severity and immediacy of alleged harm to children in care. When multiple allegations are reported, the allegation representing the greatest risk to children determines the priority level assigned.

The timeframes indicated for completion and notification are the maximum time allowed and may only be exceeded with approval of a Child Care Program Office (CCPO) management team member.

Each complaint received requires immediate notification to the CCPO and completion of a *Complaint Intake Form* no later than one (1) business day from receipt of the complaint.

When a Priority Level 1 complaint is received it requires immediate review from the applicable CCPO or Municipality of Anchorage (MOA) Licensing Supervisor.

The priority level can be changed during the review by either the Public Assistance Analyst (PAA) II or applicable Licensing Supervisor if it is determined the severity and immediacy of alleged harm to children in care is different than the originally assigned priority level.

4340-2 A. PRIORITY LEVEL 1

A Priority Level 1 is assigned to any complaint about a licensed, unlicensed (illegally or legally operating), or approved provider alleging:

1. A child's death;

2. Sexual abuse: including molestation, incest, or sexual exploitation;

3. Physical abuse or injury: that harms or threatens a child's life, health, or welfare;

4. Neglect: including not providing the necessary physical (food, clothing, shelter, or medical attention), emotional, mental, and social needs;

5. Mental abuse or injury: an injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child's ability to function in a developmentally appropriate manner;

6. Serious injury, emergency, or incident that could leave permanent damage or mental injury to a child;

7. Immediate danger or threat of 1-6 above;

8. A violation of statue, regulation, condition, or variance, for a provider that poses an immediate risk to children; and/or

9. A violation of a statute or regulation that poses an immediate risk to children, at an unlicensed (legally or illegally operating) facility.

When a complaint is determined to be a Priority Level 1 it will be investigated immediately but no later than one (1) business day from receipt of the complaint.

An investigation on a Priority Level 1 complaint resulting in an immediate suspension or revocation of the provider's license or approval must be the Licensing Staff's first priority and completed within ten (10) business days and an *Approved Provider Report of Investigation/Notice of Violation (ROI/NOV)* issued to the facility within fourteen (14) business days of the date the complaint was received.

An investigation on a Priority Level 1 complaint not resulting in an immediate suspension or revocation must be completed within twenty (20) business days and the *Approved Provider ROInvestigation/NOV* submitted to the supervisor within twenty-five (25) business days of the date the complaint was received.

The *Approved Provider ROInvestigation/NOV* must be submitted to the supervisor within thirty (30) business days of the date the complaint was received.

4340-2 B. REPORT OF ABUSE, HARM, OR SERIOUS RISK OF HARM TO CHILDREN IN CARE

All child care providers, Designee Staff, and CCPO Staff are mandatory reporters for abuse, harm, or serious risk of harm to a child or children in care. Reports of abuse, harm, or serious risk of harm are to be made **immediately** to the local police and Office of Children's Services (OCS).

Licensed providers must also **immediately** report any circumstance involving abuse, harm, or serious risk of harm, to a child or children in their care to their Child Care Licensing Specialist, and to the child's family and Designee if they are also participating in the Child Care Assistance Program (CCAP). In addition to the local police and OCS, Approved Relative and In-home providers must also **immediately** report any circumstance involving abuse, harm, or serious risk of harm, to a child or children in their care to the child's family and the Designee.

Details of the contact with the provider or complainant is not to be documented in an Integrated Child Care Information System (ICCIS) case note at this time and is to be documented in a confidential file until a determination is made regarding any actions needed to be taken by the provider or the Department.

When the contact is from or regarding a Licensed provider, the Designee will forward the caller to a Licensing Specialist or supervisor and not to voicemail. If a Licensing Specialist or supervisor is not available, transfer the call to the CCPO main number for an available Staff to take the call.

When the contact is from or regarding an Approved Relative or In-home provider, the Designee is to take the call.

Reports involving abuse, harm, or serious risk of harm will be treated as a Priority Level 1 complaint following the complaint process outlined in section 4310-2 A. Priority Level 1.

4340-2 C. PRIORITY LEVEL 2

A Priority Level 2 is assigned to any complaint about a licensed, unlicensed (illegally or legally operating), or approved provider that does not indicate an immediate danger to the children in care and alleges:

1. An accident or other injury to a child requiring medical attention;

2. Harmful Treatment: the act or omission of an act that could or does cause or allow harm to a child, that is less serious than abuse or neglect;

3. Inappropriate discipline or behavior guidance including corporal punishment;

4. Concerns involving supervision;

5. Concerns involving child to caregiver ratios not being met;

6. Concerns of health and safety hazards in the facility;

7. Exposure of children to high risk situations including exposure to physical hazards and encounters with individuals or animals posing a possible danger;
8. A violation of a statute, regulation, condition or variance for a facility that poses a significant risk to children; and/or

9. A violation of a statute or regulation that poses a significant risk to children, at an unlicensed (legally or illegally operating) facility.

4340-2 D. PRIORITY LEVEL 3

A Priority Level 3 is assigned to any complaint about a licensed, unlicensed (illegally or legally operating), or approved provider that does not indicate an immediate danger to the children in care and alleges:

1. A less significant violation of statute, regulation, condition, or variance for a licensed or approved facility; or

2. A less significant violation of the statute or regulation at an unlicensed facility.

4340-3 APPROVED PROVIDER COMPLAINT INVESTIGATION FINDINGS

When it has been determined an investigation is warranted, complaints about child care providers will be conducted by either the Child Care Program Office (CCPO) or Municipality of Anchorage (MOA) Licensing Staff depending on the location of the provider.

The Licensing Specialist assigned to conduct the investigation will prepare an *Investigation Plan of Action* and complete the investigation which may include an unannounced on-site visit and interviews with parents of children in the provider's care.

When a complaint is received pertaining to an Approved Relative or In-home provider there are three (3) courses of action depending on the outcome of the investigation:

1. ***Report of Investigation***
   When the complaint is not a violation of regulation, whether substantiated or not, and no other violations are identified, minimal action is taken;
2. ***Plan of Correction***
   When the complaint is substantiated and/or non-compliance with regulation is identified and an emergency suspension is not warranted, a *Plan of Correction* (*POC*) is required; or

3. **Emergency Suspension**
   If it is determined the approved provider's continued participation will result in an imminent threat to the health, safety, or welfare of a child in care an emergency suspension is issued.

A report is issued based on the findings of the investigation. The report issued to an In-home child care provider remains confidential and is only issued to the provider. No information regarding the investigation or findings are to be released to the complainant or any other party.

4340-3 A. REPORT OF INVESTIGATION NO VIOLATIONS

When there are no violations identified, the Licensing Specialist completes an *Approved Provider Report of Investigation*.

1. **Licensing Staff will:**
   a. Complete a draft *Approved Provider Report of Investigation* and forward to the Designee;
   b. Contact the Designee either in person or by telephone to discuss the findings of the investigation and reach agreement regarding the summary and violations;
   c. Forward the draft *Approved Provider Report of Investigation* to their supervisor for review and approval; and
   d. Forward the *Approved Provider Report of Investigation* approved by the Licensing Supervisor, to the Designee, within ten (10) business days of completing the investigation.

2. **Designee will within two (2) business days:**
   a. Contact the provider and notify them of the findings ofthe investigation and report to be issued;
   b. Issue the *Approved Provider Report of Investigation*, cover letter, and *Request for Hearing* CC46, to the provider;

c. Document the actions in an Integrated Child Care Information System (ICCIS)case note;
d. Save a copy of the *Approved Provider Report of Investigation*, cover letter, and *Request for Hearing* CC46 in the Investigation Red File; and
e. Forward a copy of the *Approved Provider Report of Investigation*, cover letter, and *Request for Hearing* CC46 to the CCPO Public Assistance Analyst (PAA) II.

The PAA II will update the Complaint Tracking Spreadsheet. A copy of the signed *Approved Provider Report of Investigation*, cover letter, and *Request for Hearing* CC46 is saved in the folder in the CCPO shared drive.

4340-3 B. REPORT OF INVESTIGATION WITH VIOLATIONS

If violations were identified during the investigation, the Licensing Specialist drafts an *Approved Provider Report of Investigation/Notice of Violation (ROInvestigation/NOV).* Within ten (10) days of completing the investigation the finalized *Approved Provider ROInvestigation/NOV* is to be issued to the provider.

1. Licensing Specialist will:
a. Complete a draft *Approved Provider ROInvestigation/NOV* by completing the header, Investigation Allegations section, the date of the investigation and number of violations; summary of Investigation, and Findings sections and forward to the Designee;
b. Contact the Designee to review their summary of the investigation and identified violations to reach agreement of the violations and regulation citations;
c. Incorporate violations identified by the Designee;
d. Forward the draft *Approved Provider ROInvestigation/NOV* and forward to their supervisor for review and approval; and
e. Forward the report to the Designee for the report to be finalized.

2. Designee will:
a. Complete the provider's history upon receipt of the draft *Approved Provider ROInvestigation/NOV*;
b. Forward the draft report to their supervisor for review and approval. When the Designee's Local Administrator is the staff completing the *Approved Provider ROInvestigation/NOV* their

"supervisor" in the steps below will be the CCPO Eligibility and Benefits Team's PAA II. If the PAA II is unavailable the CCPO Eligibility and Benefits Unit Program Coordinator (PC) II will serve as the Designee's supervisor;

c. Within two (2) business days, the Designee or PAA II will either approve the *Approved Provider ROInvestigation/NOV* or return it to the Designee for additional corrections. When returned for corrections, the Designee will make any necessary corrections within one (1) business day and return the *Approved Provider ROInvestigation/NOV* to their supervisor for final review and approval; and
d. Submit the *Approved Provider ROInvestigation/NOV* approved by the Designee to the CCPO Eligibility and Benefits Team, PAA II.

3. CCPO PAA II will:

a. Review the approved report and accept as final or return to the Designee for needed corrections;
b. Save all approved final reports in the Approved Provider folder #3 ROI's to be Reviewed in the CCPO shared drive;
c. Update the Complaint Tracking Spreadsheet; and
d. Notify the Designee of the finalized report.

4. Designee will:

Upon receipt of the finalized *Approved Provider ROInvestigation/NOV* from the CCPO PAA II the Designee will:

a. Contact the provider and notify them the investigation is complete and of the findings of the investigation;
b. Advise the provider the report will be mailed to them via certified mail. See section 4280-2 Plan of Correction for next steps;
c. Issue the *Approved Provider ROInvestigation/NOV*, *Plan of Correction* and cover letter to the provider;
d. Document the report issuance in a case note in the provider's case in the ICCIS; and
e. Set an Alert in the provider's case in ICCIS for the *POC* submission due date.

4340-3 C. EMERGENCY SUSPENSION

When a Licensing Specialist determines while on-site conducting an investigation an Approved relative or In-home provider's continued participation will result in an imminent threat to the health, safety, or

welfare of a child in care, they will immediately contact the CCPO Eligibility and Benefits Unit PC II, PAA II or PAA I to describe the situation and receive confirmation of the need for immediate suspension. The CCPO Staff will contact the Designee to notify them of the concern and for coordination of actions to be taken.

1. The Licensing Specialist will:
   a. Verbally provide notice of an emergency suspension to the provider;
   b. Remain on-site and require the provider to contact the parents of the children in care, to pick up their children, and to notify them of the emergency suspension and that care for Child Care Assistance Program (CCAP) children will not be paid by the program until the suspension is removed;
   c. Deliver the *Notice of Emergency Suspension*, provided by the Designee, to the provider via one of the methods on the notice;
   d. Complete the investigation and issue a report of the findings no later than fourteen (14) business days of the verbal suspension. The report will result in the provider's approval for CCAP participation and payment being revoked or the issuance of an *Approved Provider Report of Investigation / Notice of Violation* requiring a *POC*.

2. The CCPO PCII, PAAII or PAA I will:
   a. Assist the Licensing Staff in determining if the situation warrants an emergency suspension;
   b. Notify the Designee of the concern and for coordination of the actions to be taken.

3. The Designee will:
   a. Create the written *Emergency Suspension* notice advising the provider they may not bill the CCAP for any care provided from the date of the verbal notification until such time as the suspension is removed;
   b. Coordinate with the Licensing Specialist to deliver the *Emergency Suspension* notice in person, whenever possible but no later than the following business day;
   c. Advise Work Services Provider (WSP) to contact the affected Parents Achieving Self-Sufficiency (PASS) I families and assist them in finding alternative care;
   d. Contact the affected PASS II and PASS III families to assist them in finding alternative care and authorizing care to the alternative provider;
   e. Cancel any existing authorizations issued to the provider

beyond the provider's closure date and for PASS I families, set an alert for the WSP by checking the "alert" box when creating a case note in ICCIS;

f. Reauthorize care to the alternative provider if identified;

g. Issue a *Child Care Assistance-Notice of Change* to PASS II and PASS III families with a copy of the canceled and newly issued *Child Care Assistance Authorization* documents;

h. Mail a copy of the canceled *Child Care Assistance Authorization* documents to the provider;

i. Issue a *Child Care Assistance Provider – End of Approval Status* notice to the provider;

j. Complete the *License Revocation or Suspension Form,* if the and scan and email the completed form to the Alaska Background Check Program (BCP) at BCUnit@alaska.gov. The provider's facility case in the New Alaska Background Check System (NABCS) is disabled to prevent receiving any additional information regarding a non-participating provider;

k. Complete the applicable portions of the *Approved Provider Report of Investigation (ROI/NOV)* provided by the Licensing Staff with all applicable dates;

l. Complete and issue a *Plan of Correction* if the provider's participation is not ended based on the results of the *Approved Provider Report of Investigation (ROI/NOV);*

m. Send an email request to ccpo@alaska.gov using the subject line "VCN deactivation request" requesting the provider's Vendor Customer Number (VCN) be deactivated, if the provider's participation is ended based on the results of the *Approved Provider Report of Investigation (ROI/NOV)*, or

n. Complete the *License Revocation or Suspension Form,* if the provider's participation is not ended, and scan and email the completed form to the BCP at BCUnit@alaska.gov requesting the provider's facility case in the NABCS to be enabled.

4. The CCPO Administrative Staff will forward the VCN deactivation request to the CCPO Accounting Staff and if pertaining to a Licensed provider, to the CCPO Eligibility Staff working with the Child Care Grant (CCG) Program at dpaccp@alaska.gov.

5. Accounting Staff must ensure the outstanding month's billing has been paid prior to deactivating the provider's VCN. Upon notification of the VCN deactivation from the Accounting Staff, the Designee will uncheck the CCA box in the provider's case in ICCIS.

Once all of the applicable appeal and *Request for Payment* forms submission timeframes are passed, and it is determined the facility will not reopen, their VCN is deactivated.

The emergency suspension is effective immediately, for a period of time necessary to complete a thorough investigation and issue a final determination.

4350 CHILD CARE ASSISTANCE PROGRAM PROVIDER NOTICE AND DOCUMENTATION DISTRIBUTION AND RETENTION REQUIREMENTS

Documenting interactions with providers and tracking information needed and received allow staff to understand the provider's situation. Integrated Child Care Information System (ICCIS) case notes are used to document all actions taken on a provider's case including notices sent, information provided, and other situations that will help explain a provider's circumstances. Notices issued regarding actions taken by the Designee or requirements of the provider for participation must be sent following either timely or adequate timeframes. See section 4000-7 Timely and Adequate Notice.
ICCIS case notes are to be clearly written in a neutral voice without judgment. Only *Child Care Assistance Policies and Procedures Manual* approved acronyms are to be used. See Acronyms and Abbreviations within the Child Care Assistance Program Addendum. Actions taken are to be documented in ICCIS case notes at the time they are completed or no later than the end of the following business day. If the case note is not entered the same day, the date of the contact or action taken is to be included in the body of the case note.

The Designee is to use standardized case note entries for specific actions. When documenting a specific action including the issuance of a notice in ICCIS, the notice information may be included in the standardized case note. The body of the case note must include the notice title, requirements of the provider, and any due date. The Designee is to use these templates for documenting those actions in ICCIS.

If not included in a standardized case note, notices issued must be documented in an ICCIS case note using the name of the notice as the subject heading, and the body of the case note should include a brief description of what is being required of the provider, when the information is due, and/or the action being taken.

The Designee will document actions taken on the provider's case and contact with the provider in ICCIS case notes including but not limited to the following:

1. Receipt of correspondence with a general description of the purpose of the correspondence;

2. Receipt of documentation identifying the date received and the specific documentation received;

3. Contact, phone or in-person, with the provider and the purpose of the contact, including when a voicemail message is left and/or received;

4. Changes reported by the provider;

5. Answers to the applicant's questions about the Child Care Assistance Program (CCAP); and

6. Discrepancies between the application received and information already available in ICCIS or identified during the interview.

4350-1 GENERAL PROVIDER NOTICE REQUIREMENTS

The Child Care Program Office (CCPO) provides notices to Designees using Designee's official letterhead to be used for actions taken or requirements for Child Care Assistance Program (CCAP) participation. Only these notices are to be used and must not be altered. If a circumstance arises that does not fit any of the provided notices, the Designee should contact the CCPO for guidance.

Dates identified throughout this manual for the issuance of a notice, such as the first (1st) of a month, are to be issued as soon as possible in that month and not specifically required to be issued on the first (1st) day as the first (1st) may not be a business day. Due dates and closure effective dates, however, are specific.

Notices have date blocks, free form space, or a combination of both. The Designee is to use this space to inform the provider specifically what is required using a message and tone that are professional and appropriate. Information provided in the date blocks and free form spaces is not to be in all capitalized letters or in bold. Acronyms are not to be used in notices and dates are to be spelled out.
Notices must include:

1. Requirement(s) of the provider or action taken or to be taken by the program;
2. The date the information is due, if any, or action that was or will be taken;
3. The consequences for not providing the identified required information;
4. The appropriate regulation citation; and
5. *Request for Hearing* CC46 form on the back side of the last page when the notice includes a determination to deny, suspend or terminate program participation or changes the amount of payment. If it is not possible to include the *Request for Hearing* CC46 form on the back side of the last page, it must be stapled to the notice.

The regulations, not policies and procedures, governing the CCAP are the enforceable laws and what needs to be cited in all notices describing what an applicant or participant must do or the action to be taken by the Department. The appropriate regulation citation referenced on each notice is specific to the action or requirement(s).

Many notices have the specific regulation citation embedded in the body of the notice however; others have a drop down menu to select the applicable regulation citation. A regulation quick reference tool can be found in section 4320-5 Regulation Reference Tool for Notices.

4350-2 NOTICE OF ACTION FOR PROVIDERS

Notices issued regarding actions taken by the Designee, or requirements of the provider for participation, must be sent following either timely or adequate timeframes. See Section 4000-7 Timely and Adequate Notice.

The Designee must give written notice to a participating provider at least ten (10) mailing days before taking any action that would adversely affect their eligibility. Notice of an adverse action such as to end a provider's approval status, must be sent at least ten (10) mailing days prior to the first day of the affected month and prior to taking the action.

The Designee must refer to the Adverse Action Calendar to ensure the appropriate timeframes and deadlines are used in situations requiring an action and notice. See section 4000-4 G Adverse Action Calendar.

Exceptions to Adverse Action Calendar timeframes include the following:

1. The provider indicates in writing they no longer want to participate in the Child Care Assistance Program (CCAP);

2. The provider's whereabouts are unknown and mail directly to their last known address was returned by the post office with no known forwarding address; or

3. Factual evidence exists of the death of the participating provider.

4350-3 DOCUMENTATION OF PROVIDER NOTICES SENT

Actions requiring a notice to be issued must also be documented in an Integrated Child Care Information System (ICCIS) case note and a copy of the notice retained in the provider's hard copy case file.

1. **Notice Documentation Requirements for ICCIS Case note:**
   When documenting a notice issued for specific action in ICCIS, the information included in the notice is entered in the body of the case note. This will allow any ICCIS user to know what is being required of the provider and follow the action taken.

   a. **Notice for a Stand Alone Action**
      When the notice issued is for a stand-alone action the ICCIS subject heading is the notice title and the body contains the action taken or needed with any applicable due date and/or consequence.

   b. **Notice as Part of a Multiple Action**
      When the notice issued is part of multiple actions being documented in a case note, such as: Application Approved / Denied, the notice issued may be documented as part of that case note. The notice title and contents including the action taken or needed with any applicable due date and/or consequence must be included in the body of the case note. If the notice issued is not included in the larger case note it must be documented as a stand-alone action.

2. **Notice Documentation Requirements for Hard Copy Case File**
   A copy of all pages of each notice issued, including the *Request for Hearing* CC46 form, as applicable, must be contained in the provider's hard copy case file.

4350-4 PROVIDER NOTICES AND LETTERS

Notices and letters are created to meet specific needs based on whether the provider is in the application process or approved for program participation, and some notices are specific to the provider type.

The regulation specific to the action must be identified in the notice. Regulations not pertaining to the action or requirement are not to be included in the notice. Designees are to contact the Child Care Program Office (CCPO) policy mailbox at dpaccp@alaska.gov, if assistance is needed to ensure the correct citation is used.

4350-4 A. APPLICATION PROCESS LETTERS

The following letters may be used during the provider application process.

1. **New Provider Identified**
   This letter is used to notify an individual they have been identified as a Parents Achieving Self-Sufficiency (PASS) I family's child care provider and the requirements for becoming a participating provider.

2. **Unacceptable Child Care Assistance Provider Application Received**
   This letter is used when a provider application is received which does not contain at least all three of the following: the applicant's name legible written; address; and signature for the Certification and Statement of Truth.

4350-4 B. APPLICATION PROCESS NOTICES

The Designee will use the following notices during the child care provider initial and renewal application process for Child Care Assistance Program (CCAP) participation. The Designee is to

document issuing and sending the notice in a case note in the Integrated Child Care Information System (ICCIS) using the subject heading of the notice name. The body of the case note is to include the pertinent information of the notice including the date information is due, if any.

To reduce the risk of documenting information in the wrong case in ICCIS and to help with system storage issues, Designees are not to copy and paste the notice in its entirety into ICCIS case notes. The notices are grouped, where applicable, by provider type.

1. All ChildCare Assistance Provider Types

The following notices and letter are used for all provider types:

a. Child Care Assistance ProviderApplication – Pended

This notice is used for all CCAP provider types when an application received is missing required information or documentation or an action needs to be taken by the applicant. The notice informs them of the specific missing item(s) and/or action needed to complete their application. Applicants must be given at least 10 days from the notice date, based on the Adverse Action Calendar, to provide the information. A numbered list is preferred.

For example:
Item(s) Needed:

1. *A copy of your government issued photo identification.*

2. *Completed Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan CC10.*

3. *Participation in an Orientation.*

This information is to be included in an ICCIS case note along with the date the items are due to be received.

The Designee may include the *Child Care Provider – Background Check Requirement* information sheet advising how to access the New Alaska Background Check System (NABCS) with the pended notice issued to Approved Relative or In-home child care provider applicants. Applicants delivering their application in person will be given the *Child Care Provider – Background Check Requirement* information sheet at the time the application is received. See section 4200-5 Approved Relative and In-home Provider Case in theNew

Alaska Background Check System and section 4260-1 A. Pending a Provider Application.

b. Child Care Assistance Provider Application - Denied
When an applicant has not completed the application process or a barring crime or condition is identified this notice is sent detailing the reason for the denial. If the denial is due to the applicant failing to provide requested information the specific item(s) not provided must be listed.

The regulation citation sentence must include either 7 AAC 41.202 or if it is an In-home application 7 AAC 45.258 and 7 AAC 41.370.

c. Child Care Assistance Provider Application Received – Interview Scheduled
This notice is used to notify the applicant the date and time of their interview when the information was not included in the *Child Care Assistance Application Received – Pended* notice.

2. Licensed or Certified/Accredited Providers
The following notice is used only with Licensed, United States (US) Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camp or similar facility or program providers:

Child Care Assistance Approval – Licensed or Certified Provider
This notice is sent once the child care licensed provider's CCAP application is complete. The approved effective date is the first (1st) of the month following receipt of the all items and actions to complete the application.

The end date is the same end date as identified on the provider's child care license, certification, accreditation, or approval issued by the approving authority.

3. Approved Relative Provider or In-home Child Care
The following notice is used only in limited circumstances:

Child Care Assistance Approval for Initial Authorization Period
This notice is used when a PASS I family is using an individual who is not yet approved as a child care provider. This notice identifies the provider will not be approved for care beyond the PASS I

family's initial period, not to exceed sixty-one (61) days, unless the individual completes the provider application process and is approved as a provider. There may be a lapse in coverage dependent on completion of the provider application process.

4. **Approved Relative Providers**
   The following notices are used for Approved Relative Providers:

   Child Care Assistance Approved Relative Provider Application – Approved
   This notice is sent once the relative provider's initial application is complete, the provider has obtained pediatric first aid and Cardiopulmonary Resuscitation (CPR), completed an orientation, and Child Protection Services (CPS) clearances are received. The approved effective date is the first (1st) of the month following receipt of the all items and actions to complete the application.

   This notice is also sent during the renewal application process once it is determined the application is completed and the provider has completed an interview.

5. **In-Home Child Care**
   The following notice is used with In-home Child Care Providers:

   Child Care Assistance In-home Child Care Application – Approved
   This notice is used for all In-home child care applicants and is sent once the application is complete, valid background check for the caregiver is received, and the family and caregiver have participated in an orientation, if needed.

   The approved effective date is the first (1st) of the month following receipt of the all items and actions to complete the application. The end date is the same end date as the family's CCAP or Temporary Assistance approval end date.

   This notice is also sent during the renewal application process once it is determined the application is completed and the provider has completed an interview.

4350-4 C. PARTICIPATING PROVIDER NOTICES

Situations arise during a provider's CCAP approval period requiring written notification. The notices are grouped, where applicable, by provider type.

1. **All Child Care Assistance Provider Types**
   a. **Child Care Assistance Provider – Information Needed**
   This notice is used when information is needed from the provider after their approval has been issued. The specific information needed must be clearly listed. This notice must be sent giving the provider at least ten (10) business days to submit the requested information or verification based on the Adverse Action Calendar.

   b. **Child Care Assistance Provider - Notice of Change**
   This notice is used when a provider submits information that requires a review, update or change to their CCAP case. The notice acknowledges receipt of the information and advises the provider of the action taken or that no action was needed. If the change results in an adverse action, the notice must be sent at least ten (10) mailing days prior to the first (1st) day of the affected month and prior to taking the action.

   The regulation citation sentence must include: 7 AAC 41.210, 7 AAC 41.405 and the applicable regulation associated with the change. If it is an In-home provider, 7 AAC 41.370 must be included. It is preferred the listing of citations be in numeric order.

   c. **Child Care Assistance Provider – End of Approval Status**
   This notice is used when a provider:
   - Does not submit an application to renew participation or there is a lapse in License, Certification, Accreditation, or Approval by and approving authority as supported by 7 AAC 41.202 or 7 AAC 41.370 and 7 AAC 45.258 for in-home;
   - Does not submit by the due date, the required information identified in a *Child Care Assistance Provider – Information Needed notice* as supported by 7 AAC 41.202 or 7 AAC 41.370 and 7 AAC 45.258 for in-home;
   - Advises they no longer wish to participate in the CCAP supported by 7 AAC 41.405; or

- Administrative action has been taken to debar, suspend, or terminate a provider's program participation. As supported by 7 AAC 41.055.

This notice may often need to be sent at the same time as the *Child Care Provider - Information Needed* notice, *Plan of Correction*, or the *Plan of Correction Incomplete* notice to allow for adequate notification of an adverse action to take place. The notice must be sent at least ten (10) mailing days prior to the first (1st) day of the affected month and prior to taking the action.

The regulation citation sentence must include 7 AAC 41.405 to support the notice requirement prior to taking action and the applicable citation based on the reason for ending the provider's participation.

2. Licensed, Certified, or Accredited Providers

The following notice is used only with Licensed, US Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camp or similar facility or program providers:

a. Child Care Assistance Licensed, Certified, or Accredited Provider Continuation

This notice is sent sixty (60) days prior to the provider's license, certification, or accreditation expiration advising the provider their CCAP participation is continuing and requiring a copy of their renewed license, certification, or accreditation.

b. Child Care Assistance Licensed, Certified, or Accredited Provider Approval for Continued Participation

This notice is sent following the receipt or confirmation of the issuance of a renewed license, certification, or accreditation without a lapse.

3. Approved Relative Provider and In-home Child Care

The following notices are used for both Approved Relative providers and In-home child care:

a. Child Care Assistance Annual Training Requirement – Information Needed

This notice is sent the first (1st) of the eleventh (11th) month following the Approved Relative provider's or In-home caregiver's approval effective date and annually thereafter. The

notice requires the provider to submit verification of the training hours completed by the last day of the twelfth (12th) month following their approval effective date.

When the notice is issued to an Approved Relative provider, the regulation citation to include is 7 AAC 41.210 (12). When the notice is to an In-home provider the regulation citation to include in 7 AAC 41.370(m).

b. ChildCare Assistance Approved Provider Health and Safety Inspection Scheduled
This notice is issued by the regional Licensing Staff when scheduling an announced on-site health and safety inspection.

c. Child Care Assistance Approved Provider – Pediatric First Aid and CPR
This notice is sent the first (1st) of the month prior to the month the Approved Relative provider or In-home caregiver's pediatric first aid and CPR certifications expire. The notice requires verification of new certifications to be obtained and submitted to the office in order to continue participation.

When the notice is issued to an Approved Relative provider, the regulation citation to include is 7 AAC 41.235. When the notice is to an In-home provider the regulation citation to include in 7 AAC 41.370.

d. ChildCare Assistance Health and Safety Training Requirement – Information Needed.
The notice requires verification of completion of the required health and safety trainings to be submitted by the last day of the third (3rd) month following their approval effective date.

This notice is issued only to those Approved Relative and In-home providers who have not submitted verification of completing the required health and safety trainings by the first (1st) of the third (3rd) month following their approval effective date or the date of the notice of their approval whichever is later.

4. Approved Relative Providers
The following notice is used for Approved Relative providers:

Child Care Assistance Approved Relative Provider -Renewal
This notice is to be sent to all Approved Relative providers the first

(1st) of the month prior to the month of their approval period expiration.

5. **In-Home Child Care**
   The following notice is used for In-home providers:

   Child Care Assistance In-home Child Care – Renewal
   This notice is to be sent to In-home providers the first (1st) of the month prior to the month of the family's and provider's approval period expiration, or Temporary Assistance (TA) renewal date. They must submit a new completed application, every twelve (12) months with the family's annual renewal for CCAP participation.

4350-4 D. NOTICES AND LETTERS FOR EITHER APPLYING OR PARTICIPATING PROVIDERS

The following notices are used for Approved Relative and In-home Providers when a variance application has been submitted that is either not complete or withdrawn.

1. **Incomplete General Variance Application Letter**
   This letter is sent when a *General Variance Application* CC25 is determined to be incomplete. The letter identifies all the information and documentation needed to complete the application.

2. **Withdraw Variance Request Letter**
   This letter is used when a provider notifies the worker they don't wish to continue pursing either a general or background variance.

3. **Background Check Variance Request Application - Denied**
   This notice is to be used when a *Background Check Variance Request Application* is incomplete.

4. **Child Care Assistance – Mailing Address Needed**
   When a notice issued to the family during the application process is returned by the US Postal Service, and contact with the provider is unsuccessful, this notice is issued to the address on record.

   This notice is used for both families and providers so the regulation citation must be adjusted to include only those pertaining to a provider: 7 AAC 41.201 and 7 AAC 41.210.

4350-4 E. INSPECTION, INVESTIGATION, ANDMONITOR NOTICES, LETTERS, AND REPORTS

The following notices, letters, and reports are used by the Designee during an inspection or investigation, and monitor file review.

1. **Inspection and Investigation Reports and Letters**
   The following reports and letters are used during an inspection or investigation regarding an Approved Relative or In-home provider.

   a. **Approved Provider Report of Inspection**
   This report is used for Approved Relative and In-home providers following an inspection with no areas of non-compliance. The report is drafted by the Licensing Specialist who conducted the inspection and issued by the Designee.

   b. **Approved Provider Report of Inspection/Notice of Violation**
   This report is used for Approved Relative and In-home providers following an inspection with areas of non-compliance. The report is drafted by the Licensing Specialist who conducted the inspection and issued by the Designee.

   c. **Report of Inspection/Notice of Violation Cover Letter**
   This letter is issued in conjunction with the *Approved Provider Report of Inspection/Notice of Violation* advising the provider of the requirement to complete a *Plan of Correction* and their right to request a hearing.

   d. **Approved Provider Report of Investigation**
   This report is used for Approved Relative and In-home providers when allegations of a complaint are not substantiated. The report is drafted by the Licensing Specialist who conducted the investigation and issued by the Designee.

   e. **Approved Provider Report of Investigation/Notice of Violation**
   This report is used for Approved Relative and In-home providers when allegations of a complaint are substantiated or areas of non-compliance are identified during the investigation. The report is drafted by the Licensing Specialist who conducted the investigation and finalized and issued by the Designee.

f. **Report of Investigation or Report of Investigation/Notice of Violation Cover Letter**
This letter is issued in conjunction with the report following an investigation.

g. **Emergency Suspension – Inspection or Emergency Suspension - Investigation**
This notice is used when a Licensing Specialist determines while on-site at an Approved Relative or In-home provider, that the provider's continued participation will result in imminent threat to the health, safety, or welfare of a child while in care. The notice is issued by the Designee.

h. **Plan of Correction**
A *Plan of Correction* may be required in conjunction with an inspection or investigation of an Approved Relative or In-home provider. The *Plan of Correction* is the provider's plan describing how they will come into compliance with the identified areas of non-compliance. This notice must allow the provider at least ten (10) business days to submit the requested information, based on the Adverse Action Calendar, and include the consequence for failing to provide the information.

i. **Plan of Correction Incomplete**
This notice is used when returning an unacceptable *Plan of Correction.* The notice advises the provider of the information needed to complete the *Plan of Correction*. This notice must allow the provider at least ten (10) business days to submit the requested information, based on the Adverse Action Calendar, and include the consequence for failing to provide the information.

j. **Plan of Correction Accepted as Complete**
This notice is used when an acceptable *Plan of Correction* is received.

2. **Monitor File Review**
The following report and letter are used in conjunction with a monitor file review for all provider types.

a. **Child Care Assistance Documentation Review – Information Needed**
This notice is issued to the provider requesting attendance records for all provider types and verification of emergency

evacuation drills conducted for Approved Relative and In-home providers to review as part of a case review. This notice must allow the provider at least ten (10) business days to submit the requested information, based on the Adverse Action Calendar, and include the consequence for failing to provide the information.

b. Report of Documentation Review
This report is issued following all monitor file reviews conducted by the Designee.

c. Report of Documentation Review Cover Letter
This cover letter is sent with the *Report of Documentation Review.*

4350-5 REGULATION REFERENCE TOOL FOR NOTICES

The following chart can be used to ensure the correct regulation citation is selected in those notices which include this information.

055 – Program participation prohibitions - debarred or suspended in accordance with 2 C.F.R. Part 376 or 7 AAC 41.400- 7 AAC 41.450
200 - Provider eligibility and qualifications
201 - Provider application requirements
202 - Provider authorization and participation
205 - Child protection and background check requirements
207 - Admission and planning for care
210 - Provider responsibilities
211 - Ratios and program requirements
213 - Behavior guidance
215 - General health, safety, medication, and nutrition requirements
220 - Environmental health and safety requirements
222 - Life and fire safety
225 - Diapering
230 - First aid kit and procedures
235 - Certification for first aid and CPR
240 – Animals, toxic substances, and poisonous plants
245 - Provider charges
250 - Request for payment
255 - Records
260 - Reports

265 - Compliance and other reviews
270 - General variances

4360 PROVIDER CASE FILE DOCUMENTATION MAINTENANCE

Documentation includes the hard copy case file and entering information received either verbally or in writing in the Integrated Child Care Information System (ICCIS) to support the hardcopy documentation. ICCIS case notes must be entered clearly describing how information was received or verified, the date it was received, actions taken and date taken if the case note is not entered the same day as the action, and why decisions were made that led to the eligibility determination. Sources of verification include documentary evidence, collateral contacts, and verbal or written statements made by the applicant.

Providers have primary responsibility to support their situation and circumstances and resolve any unclear or inconsistent information that contradicts the application, statement(s) made by the family, or other information received by the Designee or the Child Care Program Office (CCPO). When information from another source contradicts statements made by the provider, the provider must clarify the inconsistency and verify the circumstances.

When a provider has been notified in writing of information needed to determine or receive Child Care Assistance (CCA), the Division of Public Assistance (DPA) Adverse Action Calendar is used to establish the due date the information must be received. This due date is provided in the notice. The provider may submit the requested information in person, via fax, scan and email, or via mail, to be received by the Designee by the due date identified in the notice.

Hard copy case files must be maintained for each provider participating in the Child Care Assistance Program (CCAP). Child care provider case files are maintained in a consistent manner within the Designee's office, as applicable, with the most current forms on top and the most permanent forms on the bottom.

4360-1 CREATING CASE FILE VOLUMES

Accurate case files must be maintained to ensure all required documentation is available for future reference in accordance with state and federal regulations. At the same time, files must be maintained at a manageable size with the most current and applicable information. This process is called "creating case file volumes," which means to create a new file folder when a case file has reached two inches in thickness.

The procedure for creating case file volumes is as follows:

a. Sorting the Case File:

The documents in the case file are sorted to determine which will be pertinent to an active case. These documents are retained in the active case file. The documents which are no longer considered pertinent are transferred in a Manila folder to be sent to Archive, based on the archiving schedule.

b. Labeling the Case Files:

On the front cover of the Manila folder, mark the file as "Volume 1" and the active file as "Volume 2." Clearly indicate on both files the date the original case file was volumed. Volume 1 will be archived based on the archiving schedule and Volume 2 will remain in the office as the current file.

4360-1 LICENSED PROVIDER CASE FILE

Each Licensed provider's case file is to contain the following information:

1. Completed *Licensed Provider Child Care Assistance Application* CC41;

2. Completed *Child Care Provider Rates and Responsibilities* CC12;

3. Copy of a completed *State of Alaska Substitute W-9* form;

4. A print out from the Integrated Child Care Information System (ICCIS)of the license issued or a copy of the actual *Child Care License*, if provided; and

5. Any written statements or reports of change received by the Designee.

4360-2 CERTIFIED/ACCREDITED PROVIDER CASE FILE

Each United States (US) Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camp or similar facility or program's case file is to contain the following information:

1. Completed *Certified/Accredited Provider Child Care Assistance Application* CC84;

2. Completed *Child Care Provider Rates and Responsibilities* CC12;

3. Copy of the provider's current certificate or other approval granted by the US Department of Defense, the US Coast Guard, or a Tribal Organization;

4. Copy of the standards used to Certify, Accredit, or Approve the provider supporting those standards meet or exceed the department's standards;

5. Copy of the annual inspection completed by the certifying, accrediting, or approving entity;

6. Copy of a completed *State of Alaska Substitute W-9* form;
7. Copy of all reports issued regarding compliance monitoring;

8. *Plan of Correction* received, if applicable; and

9. Any written statements or reports of change received by the Designee.

4360-3 APPROVED RELATIVE PROVIDER CASE FILE

Each Approved Relative provider's case file may contain information not listed below based on when the provider initially applied for program participation. The case file is to contain at least the following information:

1. Completed *Approved Relative Child Care Provider Application* CC42 documenting their relationship to the child(ren) in care;

2. Legible copy of a government issued photo identification of the provider matching the name on all of the forms of the application packet;

3. Copy of a completed *State of Alaska Substitute W-9* form;

4. Background check eligibility determination notification from the Alaska Background Check Program (BCP);

5. Completed *Child Care Provider Rates and Responsibilities* CC12;

6. Completed *Approved Relative Child Care Provider Health and Safety Requirements* CC11 form;

7. Copy of provider's *Approved Child Care Provider Disaster Preparedness and Emergency Evacuation Plan* CC10 form;

8. Copy of valid pediatric first aid and cardiopulmonary resuscitation certifications;

9. Copy of valid State of Alaska business license;

10. *Permission to Operate a Child Care Business* CC72, as applicable for providers renting their residence;

11. Verification of the qualifying relationship to children in care;

12. Copy of high school diploma, General Educational Development (GED) diploma, or the equivalent;

13. Verification of completion of orientation and required trainings;

14. Copy of all reports issued in regard to compliance monitoring;

15. *Plan of Correction* received, if applicable;

16. Copy of completed *Inspection Request* forms;

17. Completed *Approved Relative Provider Health and Safety Checklist* CC81;

18. Copy of *Typical Daily Schedule of Activities* CC87;

19. Complete copies of all notices issued to the provider; and

20. Any written statements or reports of change received by the Designee.

4360-4 IN-HOME PROVIDER CASE FILE

Each In-home provider's case file may contain information not listed below based on when the provider initially applied for program participation. The case file is to contain at least the following information:

1. Completed *In-home Child Care Application* CC40;

2. Completed *In-Home Child Care Parent/Caregiver Agreement* CC18*, if applicable*;

3. Copy of signed *Health and Safety Requirements for In-home Child Care* CC27;

4. Legible copy of a government issued photo identification for the parent and each selected caregiver matching the forms relating to the caregiver in the application packet;

5. Copy of the caregiver's high school diploma, General Educational Development (GED) diploma, or the equivalent;
6. Copy of the caregiver's valid pediatric first aid and cardiopulmonary resuscitation certifications;

7. Copy of the completed *Alaska New Hire Reporting Form* 04-1050;

8. Copy of the completed *Alaska Employer Registration Form for Daycare Services* Form TREG (daycare);

9. Verification of completion of orientation and required trainings;

10. Copy of all reports issued in regard to compliance monitoring;

11. *Plan of Correction* received, if applicable;

12. Copy of completed *Inspection Request* forms;

13. Completed *In-home Child Care Health and Safety Checklist* CC88;

14. Complete copies of all notices issued to the provider; and

15. Any written statements or reports of change received by the Designee.

4370 CHILD CARE ASSISTANCE PROGRAM RATES AND PROVIDER CHARGES

Subsidy rates for the Child Care Assistance Program (CCAP) are established under the *Child Care Assistance Program Rate Schedule* to ensure eligible families have equal access to quality child care services comparable to care provided for families not eligible to receive CCAP subsidies.

4370-1 PROGRAM RATES

The *Child Care Assistance Program Rate Schedule* establishes the payment rate, also known as the state rate, for the Child Care Assistance Program (CCAP) Rate Region where the provider operates. Rates are set by the CCAP Rate Region, provider type, child's age category, and unit(s) of care. Units of care include full or part day and full or part month.

The *Child Care Assistance Program Rate Schedule* defines the child age categories as:

1. Infant: A child from birth through twelve (12) months of age;

2. Toddler: A child thirteen (13) months of age through thirty-five (35) months of age;

3. Preschool Age: A child thirty-six (36) months of age through fifty-nine (59) months of age; and

4. School Age: A child five (5) years of age through twelve (12) years of age. School age includes a child who turns thirteen (13) years of age during the family's certification period and continues to have care authorized.

Children remain in the same age category through the **full <u>calendar</u> month in which they reach the <u>next</u> age category**.

> ***For example:*** *A child turns thirteen (13) months of age on June 7th. They will remain in the Infant age category through June 30th.*

The state payment amount is based on the state rate established on the *Child Care Assistance Program Rate Schedule* or the provider's rate (whichever is less), minus the family's monthly contribution (co-pay), for Parents Achieving Self-Sufficiency (PASS) II or PASS III. PASS I families do not have a co-pay.

Providers determine their own prices (rates) for child care services provided. The CCAP reimburses the provider the lesser of either the provider's rate or the state rate listed on the current *Child Care Assistance Program Rate Schedule.*

4370-2 MONTHLY MAXIMUM STATE PAYMENT

The monthly maximum state payment rate that can be paid, per child, during any month is equal to the full month enrollment rate plus the part month enrollment rate, for the Child Care Assistance Program (CCAP) Rate Region of the facility, provider type, and child's age category.

If the child receives care from two (2) different providers, payment is based on each provider type. Each provider will be paid at the lesser of the provider's own rate or the state rate, not to exceed the above established maximum for the combined usage.

> ***For example:*** *A child attends a Licensed Center Monday through Friday 7:30 am – 5:30 pm and would be paid at the full month rate for a Licensed Center. The child also attends an Approved Relative Provider Monday – Friday 7:00 pm thru 11:30 pm which would be paid at the part month rate for an Approved provider. The monthly maximum is set at the Licensed Center rate. Each provider would be paid based on the state rate for their provider type.*

The following are exceptions to the monthly maximum state payment:

1. **Families Using Parents Achieving Self-Sufficiency (PASS) I:** The Child Care Program Office (CCPO) Public Assistance Analyst (PAA) II may grant up to six (6) months approval for the provider's rate, which is more than the state rate, to be paid instead of the state rate in situations where a family resides in a community with limited or inaccessible child care, and/or under exceptional circumstances may result in additional child care costs causing a financial burden.

The PASS I case manager must work with the family to include the additional costs of care into the family's budget after the approval timeframe.

In these situations there must be documentation in the variable section of the *Child Care Assistance Authorization* document as "Payment to be made at the provider's own rate".

2. **Families Using In-Home Care:**
The monthly maximum state payment rate for families using In-home care does not always equal a full month plus a part month for all children in the family. The total monthly maximum payment for a family using an In-home caregiver cannot exceed two (2) times the minimum hourly wage established under AS 23.10.065, multiplied by 170, regardless of the number of children receiving care.

   For example: *A family with a co-pay of $100 which consists of 9 eligible children (1 infant, 2 toddlers, 2 preschoolers, and 4 school aged) all needing full month care would be authorized for $4105 ($521 + 492 + $492 + $440 + $440 +$430 + $430 +$430 +$430) minus the family's co-pay for $4002. The State of Alaska minimum wage is currently $10.19. The total amount that could be paid for a family using in-home care would be $3465. ($10.19 x 2 = $20.38 x 170 hours worked per month= $3464.60). The family would owe their caregiver at least $4105 per month because their cost of care plus their co-pay is $741.00 more than the minimum wage ($4,105- $3,465= $640.00 plus $100 co-pay) and would be out of pocket.*

   The family is the employer and responsible for paying their In-home caregiver at least the minimum wage or the amount of the family's program benefits, whichever is more. PASS II and PASS III families must also pay their In-home caregiver the family's co-pay.

3. **Providers Receiving a Special Needs Supplement through the Alaska Inclusive Child Care Program (Alaska IN!):**
A child younger than thirteen (13) years of age who has special needs may qualify for supplemental program rates to be paid to their provider through the Alaska Inclusive Child Care Program (Alaska IN!). These supplemental rates are set at a percentage of the authorized amount, in increments of ten (10), which may exceed the monthly maximum state payment amount. The family

must apply and be determined eligible for the Alaska IN! Program in order for their provider to receive supplemental funding.

4370-3 PROVIDER CHARGES

Providers must submit a *Child Care Provider Rates and Responsibilities* CC12 form listing their current rates as part of their application to participate in the Child Care Assistance Program (CCAP). Only Licensed providers may include a registration fee. If the provider's rates change see section 4300-1 B. Rates.

4370-4 REGISTRATION FEES AND FAMILY CONTRIBUTION

Registration fees charged by providers can only be paid by the Child Care Assistance Program (CCAP) to a Licensed provider. A request for payment of a registration fee of up to $50.00 can be submitted and processed for payment one time per calendar year per child at that facility. A registration fee will not be paid in a month in which the child did not attend at least one (1) day.

If the child attends more than one Licensed facility, each facility can receive payment for the registration fee for the child in a calendar year.

The parent is responsible to pay their provider their family's monthly contribution (co-pay). Families are also responsible to pay their provider any difference in the provider's charges for services and the amount paid through the CCAP. See section 4150-3 Non-Payment to Provider.

> ***For example:*** *A family's co-pay is $50.00. Their provider charges $1000.00 per month. The state rate for this family's child is $850.00 per month. The family owes the facility $200.00 total. This is $50.00 for the co-pay and $150.00 which is the difference between what the state pays and the provider charges.*

In instances where, based on the care authorized and the child's attendance, the family's co-pay is more than the actual cost of care to be paid; payment will not be made and the family is responsible for the cost of their care. In these instances, if the provider is requesting payment for a registration fee, it will be processed for payment as the child did attend.

4380 REQUEST FOR PAYMENT SUBMISSION

To receive payment through the Child Care Assistance Program (CCAP) on behalf of eligible families, providers must be determined eligible and participating in the CCAP.

A *Child Care Assistance Authorization* document must have been issued to the participating provider before payment can be processed. Payment will not be made to a provider for child care services or registration fee, on behalf of a family, when the child did not attend at any time during the month, except that payment will be made for any days included in the required written ten (10) business day notice when the child did not attend.

A licensed facility's owner and Administrator have signatory authority for all CCAP actions and forms including *Request for Payment*. The Administrator must designate the individual(s) who may sign CCAP *Request for Payment* forms if someone in addition to themselves will be responsible for submissions. The Administrator and each individual with signatory authority must complete the Child Care Assistance Provider Billing Training prior to submission of *Request for Payment* forms signed by that individual.

The Child Care Program Office (CCPO) Accounting Staff are required to process *Request for Payment* CC78 forms submitted for payment within twenty-one (21) calendar days of the date the submission is date stamped received.

Providers must submit completed *Request for Payment* CC78 forms to the CCPO to request payment. Submissions will be faxed, emailed, sent by regular mail, or provided in person.

The State of Alaska fiscal year is July 1st through June 30th. The CCPO Accounting Staff must process all actions timely to avoid crossing fiscal years. Each year the CCPO is notified of the processing date for the fiscal year actions to be completed. After this date, any payments processed for child care services provided during the previous fiscal year will be charged to the current fiscal year. *Request for Payment* CC78 for the previous fiscal year must get approval from the CCPO Public Assistance Analyst (PAA) II before processing after this identified deadline, unless the request meets the description of an untimely authorization. See section 4380-2 Allowable Exceptions to Submission Timeframes.

4380-1 TIMEFRAMES FOR SUBMISSION OF REQUEST FOR PAYMENT

Request for Payment CC78 form(s) cannot be processed until after the last day of the service month. The service month is the month child care services were provided. Submissions received during the service month, for the service month, are not held and must be returned to the provider unpaid by issuing a *Child Care Assistance Provider Request for Payment - Denied Notice* identifying the request was submitted prior to the end of the service month. The action is case noted using the subject heading: MM/YYYY CCA-Request for Pay Denied. The body of the case note includes information explaining why the submission is being denied and option available for resubmission.

Request for Payment Form(s) CC78 must be postmarked or received on or before the last day of the month immediately following the service month in which child care services were provided. When the last day of the month following the service month falls on a Saturday, Sunday, or holiday and the *Request for Payment Form(s)* CC78 are retrieved from a drop box, it is date stamped received with Friday's date or the most recent business day and the submission is considered to have been received timely.

> ***For example:*** *A provider cared for children March 1st – 31st. The Request for Payment* CC78 *must be submitted anytime between April 1 and close of business April 30th.*

If the Child Care Program Office (CCPO) Accounting Staff determines a *Request for Payment* CC78 is incorrect or incomplete, the CCPO Accounting Staff will attempt to contact the provider to obtain the needed information. If unable to speak with the provider the attempted contact is case noted and the *Child Care Assistance Provider Request for Payment – Returned Unpaid Notice* is issued identifying the incorrect information and the options available for resubmission.

When the incomplete or incorrect information is child specific, all other children included on the *Request for Payment* CC78 will be processed for payment. The CCPO Accounting Staff will contact the provider to obtain the incomplete or incorrect information regarding the child(ren). If unable to speak with the provider, the attempted

contact is case noted and the *Child Care Assistance Provider Request for Payment – Returned Unpaid Notice* is issued.

The missing or corrected information must be received by the last day of the month following the month in which the provider was notified of the needed information.

> ***For example:*** *The March Request for Payment Form* CC78 *was returned in April for corrections. The corrected form must be submitted by close of business May 31st.*

4380-2 ALLOWABLE EXCEPTIONS TO SUBMISSION TIMEFRAMES

The Child Care Program Office (CCPO) Accounting Staff will review each *Request for Payment* CC78 submitted outside the allowable timeframes and only process for payment if the following applies:

1. **Timely Authorizations**
   The family's *Child Care Assistance Authorization* document is considered timely when it is issued prior to or within the first (1st) month of the twelve (12) month period for which care is authorized. The provider's *Request for Payment* CC78 or the *Report of Family Non-payment* CC80 submission must be submitted on or before the last day of each month following the month in which child care services were provided.

2. **Untimely Authorizations**
   The *Child Care Assistance Authorization* document is considered untimely when it is issued during or after the second (2nd) month of the twelve (12) month period for which care is to be authorized. The provider's *Request for Payment* CC78 or the *Report of Family Non-payment* CC80 submission is considered timely, for processing, when submitted by the last day of the month following the month the *Child Care Assistance Authorization* document was issued. The extension of submission timeframe only applies to those months in which the *Child Care Assistance Authorization* document was not issued timely.

   > *For example: A family began using care with a provider on March 1st and submitted their Child Care Assistance Application* CC08 *the same day. On May 14th the family's application is determined approved and care authorized beginning March 1st.*

The Child Care Assistance Authorization document will have an issued date of May 14 at the top. The provider must submit their Request for Payment CC78 for the months of March, April, and May no later than the last day of June.

3. **Canceled and Reissued Authorizations**
   When a timely issued *Child Care Assistance Authorization* document is canceled and re-issued, the months authorized in the canceled document continue to be considered timely and the *Request for Payment* CC78 must be received by the last day of the month following the service month.

   Months included in the re-issued *Child Care Assistance Authorization* document which were not previously included, may be considered untimely based on the date in which the *Child Care Assistance Authorization* document is issued. An extension of submission timeframe only applies to those months in which the *Child Care Assistance Authorization* document was not issued timely.

When the last day of the month falls on a Saturday, Sunday, or State or Federal holiday and a *Request for Payment* CC78 is retrieved from a drop box, it is date stamped as received with Friday's date or the most recent business day and the submission is considered to have been received timely.

4380-3 REQUEST FOR PAYMENT SUBMISSION EVALUATION

Providers may utilize the stand-alone *Request For Payment* CC78 form or the *Request For Payment* CC78 form included in the Child Care Grant Program (CCG) and Child Care Assistance Program (CCAP) combined Excel workbook. There are slight differences in how the information is documented by the provider depending on which form is used.

The Child Care Program Office (CCPO) evaluates and verifies all provider's *Request for Payment* CC78 forms thereby ensuring the same person verifying payment is not the same individual who created the *Child Care Assistance Authorization* document for the families included on the form.

The CCPO Accounting Staff will review submitted *Request for Payment* CC78 forms received and apply prudent judgment and a level of reasonableness to identify and resolve discrepancies found through a review of the Integrated Child Care Information System (ICCIS) and/or contact with the provider prior to denying or returning the submission unpaid.

Request for Payment CC78 forms submitted and received without the provider's or their authorized individual's signature may not be processed for payment. The CCPO Accounting Staff is to contact the provider advising of the discrepancy and the need to resubmit with the signature. Verbal confirmation or correction is not acceptable.

Request for Payment CC78 forms submitted and received for a service month in which none of the children included have a *Child Care Assistance Authorization* document issued through the CCAP may not be processed for payment. Verbal confirmation or correction is not acceptable and the provider must resubmit the Request for Payment CC78 once the *Child Care Assistance Authorization* has been issued for the child(ren).

1. **Returning a *Request for Payment* CC78 Unpaid**
   When none of the children included on the *Request for Payment* CC78 have a *Child Care Assistance Authorization* document issued through CCAP the request is returned unpaid. The CCPO Accounting Staff will issue the *Child Care Provider Request for Payment Returned – Unpaid Notice* and mail the notice with the provider's original *Request for Payment* CC78 received. A copy of the *Child Care Provider Request for Payment Returned – Unpaid Notice* is placed on top of the *Request for Payment* CC78 and filed in the provider's billing file. The action is documented in an ICCIS case note.

2. **Returning a *Request for Payment* CC78 Unpaid for Corrections**
   Children included on the *Request for Payment* CC78 without discrepancies are to be processed for payment.

   When the discrepancy cannot be resolved through a review of ICCIS, the CCPO Accounting Staff will contact the provider to obtain the missing or correct information.

   If a *Request for Payment* CC78 is received for a past service month, the CCPO Accounting Staff is to review ICCIS to determine if payment has already been processed for the children on the *Request for Payment* CC78 for that month. If payment for the

service month has been processed, the CCPO Accounting Staff is to contact the provider to determine the correct service month for the submission.

When CCPO Accounting Staff makes a correction based on their review or receives verbal corrections from the provider, the submission is to be processed for payment. The changes made are to be documented in an ICCIS case note. The provider is not required to re-submit a corrected *Request for Payment* CC78 or an *Amended Request for Payment* CC79.

A *Request for Payment* CC78 returned for correction, or verbal information from the provider for allowable corrections must be received by the last day of the month following the month the notice was issued, to be processed for payment.

a. When the CCPO Accounting Staff is able to reach the provider and obtain the additional information or clarification, the corrections are made on the form by lining through the incorrect information, writing in the correct information, initialing, and dating the change. The contact is documented in an ICCIS case note using subject heading: MMYYYY CCAP – Req for Payment Contact Made. The body of the case note describes the clarification or additional information received and the name of the person they spoke with.

b. When the CCPO Accounting Staff is unable to reach the provider a message is left and documented in an ICCIS case note using subject heading: MMYYYY CCA- Request for Pay Returned Unpaid. The body of the case note includes the attempted contact, information explaining why the *Request for Payment* CC78 is returned unpaid for the specific child(ren), and options available for resubmission with a due date of the last day of the following month. The *Child Care Assistance Provider Request for Payment Returned - Unpaid Notice* is documented in the body of the case note indicating all items needed. The notice is sent to the facility along with the original pages of the *Request for Payment* CC78 form received which need correction or additional information, as applicable. A copy of the full submission is maintained with a copy of the notice in the Designee or CCPO Accounting Staff's pend rack.

c. CCPO Accounting Staff will monitor their pend rack. At the beginning of each month the CCPO Accounting staff will issue a *Child Care Assistance Provider Request for Payment Denied*

Notice to the provider for each submission that has not been corrected and resubmitted by the due date.

3. **Denying a *Request for Payment* CC78**
   When the *Request for Payment* CC78 received cannot be processed for payment in full or in part, the *Child Care Provider Request for Payment – Denied Notice* is issued. The action is documented in an ICCIS case note including the reason for the denial.

   When a child is included on the *Request for Payment* CC78 and a *Child Care Assistance Authorization* document has not been issued, payment will be processed for the children included on the *Request for Payment* CC78 without discrepancies.

   When a *Request for Payment* CC78 is paid in part, the *Child Care Provider Request for Payment – Denied Notice* is issued to explain which children were not paid. The action is documented in an ICCIS case note including the reason for the denial.

4. **Adjusting a Request for Payment CC78 Due to an Incorrect Payment Determination**
   When the payment amount to a provider is increased or decreased due to an established Incorrect Payment to correct an underpayment, the *Child Care Provider Request for Payment - Incorrect Payment Adjustment Notice* is issued. The action is documented in an ICCIS case note including the reason for the denial.

4380-3 A. INFORMATION ON THE REQUEST FOR PAYMENT SUBMISSION

The CCPO must ensure the provider has included their facility name, the month care was provided, the name of the child requesting payment for, and the required signature(s) on the *Request for Payment* CC78 form. When the CCPO makes corrections or includes missing information based on their review of ICCIS or contact with the provider, they are to document the changes made in an ICCIS case note using the subject heading: MM/YYYY CCA-Request for Pay corrections made. The body of the case note is to include the specific corrections made on the submission by the CCPO and how the corrections were verified (by collateral contact, ICCIS review).

1. **Signature**
   Request for Payment CC78 are not processed for payment if they have not been signed by an authorized individual. The CCPO will not accept a verbal correction for this requirement.

   Licensed, United States (US) Department of Defense or US Coast Guard Certified, Tribally Approved or Tribally Certified, Nationally Accredited or Nationally Certified Day Camps or similar facilities may designate an individual within their facility's organization to complete and sign the *Request for Payment* CC78. The signatory designation must be on file with the Designee as part of their provider case file. Designees are to maintain accurate records and advise the CCPO Accounting Staff of changes (deletions and additions) regarding a provider's signatory authority. The CCPO Accounting Staff should reference the Licensed provider's signatory designation in the case notes in ICCIS. The Designee and CCPO may maintain another method of tracking signatory designation, to ensure the individual signing the *Request for Payment* CC78 is authorized.

   Approved Relative and In-home Providers may not delegate signatory authority and their *Request for Payment* CC78 must be signed by the provider. For In-home care, the parent of the family and the In-home caregiver must both sign the *Request for Payment* CC78.

   When a *Request for Payment* CC78 is not signed or an unauthorized individual signs the form for submission the CCPO will:
   a. Contact the provider advising their submission must be returned unpaid and may be resubmitted with an acceptable signature. If unable to reach the provider a message is left requesting a return call; and
   b. Issue a *Child Care Assistance Provider Request for Payment Returned -Unpaid Notice* identifying the need for an acceptable signature. The action is case noted using the subject heading: MM/YYYY CCA-Request for Pay Returned Unpaid. The body of the case note includes explanation about why the *Request for Payment* CC78 is being returned unpaid for an authorized signature and their options available for resubmission.

2. **Service Month**
   When the service month is missing from the *Request for Payment* CC78 form the CCPO Accounting Staff must clarify with the

provider the correct service month or return the submission unpaid to be corrected and re-submitted by the provider. Providers may submit more than one (1) *Request for Payment* CC78 form at the same time due to a submission being returned for corrections, therefore each submission must have the service month identified. When a submission is multiple pages and the service month is included on the first (1st) page, the provider may be contacted for clarification if the additional pages are for the same month.

3. Facility/Provider's Name and or ICCIS Number

When a provider's *Request for Payment* CC78 form does not include the facility/provider's name and or their ICCIS number the CCPO Accounting Staff must research the children included on the submission to obtain the provider's name. The CCPO Accounting Staff must contact the provider to confirm the submission is theirs and advise both the name and ICCIS number were left off the form. The correct information will be added with verbal guidance from the provider, and the submission processed. If the submission does not include the facility/provider's name but does include their ICCIS number or vice versa it is acceptable.

4. Child's and Parent's Name

The *Request for Payment* CC78 form is to reflect each child's first and last name, as shown on the *Child Care Assistance Authorization* document, for those children for whom payment is being requested who actually attended or who did not attend during the required ten (10) business day notice period during the service month.

When an entry is missing, misspelled, or abbreviated in some way and a logical connection can be made through review of ICCIS, the entry is corrected, initialed, and dated. Nicknames or different names used by the provider for the child are not acceptable. If a reasonable connection cannot be made, the CCPO Accounting Staff will attempt to contact the provider to obtain the correct information and document the attempt in an ICCIS case note. If unable to contact the provider, the *Request for Payment* CC78 is returned unpaid. The CCPO Accounting Staff will issue a *Child Care Assistance Provider Request for Payment Returned -Unpaid Notice* identifying the need for clarifying information. The action is case noted using the subject heading: MM/YYYY CCA-Request for Pay Returned Unpaid. The body of the case note includes explanation regarding why the *Request for Payment* CC78 is being returned

unpaid; describes what is missing or unclear information; and their options available for resubmission. The children included on the *Request for Payment* CC78 determined to have complete and accurate information are processed for payment after the due date indicated in the *Child Care Assistance Provider Request for Payment Returned -Unpaid Notice.*

Example 1: *Provider's Request for Payment CC78 lists a child John Smith with a parent name of Jack Smith. The Child Care Assistance Authorization document identifies the child as Jonathan Smith. This submission is acceptable as a reasonable connection can be made.*

Example 2: *Provider's Request for Payment CC78 lists two children with a parent name of Jack Smith: one child is listed as JoJo S and the second (2nd) child is listed as Johnathon Smith. The Child Care Assistance Authorization document identifies the children of this family as Jonathan Smith and JoAnne White. This submission is not acceptable for the child listed as JoJo as a reasonable connection cannot be made however, a reasonable connection can be made to Johnathon and payment can be process for him.*

5. Child's Actual Attendance

A provider's *Request for Payment* CC78 form is to reflect the number of full and part days actually attended during the service month. The number of days is entered in the corresponding box for each child participating in CCAP for whom they have received a *Child Care Assistance Authorization* document.

Days the child did not attend are not entered in the "N" box unless the family or provider gave the other party the required ten (10) business day notice and the child did not attend some of the those days.

Entries in the "SI" box for days the child was in care due to being too ill to attend school are only payable for school-aged children.

If the provider is using the combined CCG/CCAP Excel workbook there may also be a number entered in the FP column. These are days in which a child was in the provider's care for more than ten (10) hours. These days count as both a full day and a part day.

a. Children Authorized Who Attend School

The number of full and part days a child actually attended, including in-service and school closures based on the child's care authorized, is to be entered in the corresponding boxes. However, when a child who usually attends school, was in attendance at the facility due to being too ill to attend school, the number of those days attended is entered in the "SI" box, not the FT box. The sick days are not included on the *Child Care Assistance Authorization* document and are in addition to the care authorized.

b. Notice Days for Provider Change

Families and providers are required to give a ten (10) business day written notice when care will be ending with that provider. Payment will be made to the provider covering this notice period regardless if the child actually attends, unless both parties have signed a mutual agreement waiving the ten (10) business day notification requirement. If a copy of the written notice or waiver is received, the payment verifier will forward a copy of the written notice or waiver to the Designee staff

assigned to the family's case to ensure the end of care with the provider has been reported. The Designee staff assigned to the family's case will contact the family to identify a new provider and follow-up as needed by sending a *Child Care Assistance – Information Needed Notice*.

When a provider enters days in the "N" box the payment verifier will make a case note in the family's case in ICCIS using subject heading: Provider Reporting Notice Days, and set an alert, using today's date for the Designee. If the family is PASS I, the case note will be copied to the Case Management System (CMS) and an alert set for the Work Services Provider (WSP). The body of the case will include the date the *Request for Payment* CC78 or *Amended Request for Payment* CC79 was received, the service month and the number of notice days indicated. The Designee or WSP will confirm the family provided notice to the provider. See 4100-1 C. PASS I Family Change of Child Care Provider or 4100-2 C. PASS II or PASS III Change of Child Care Provider.

When a child attends care during the ten (10) business day notice period, their attendance is reflected in the applicable FT or PT boxes.

When a child does not attend some or all of the days during the ten (10) business day notice period, the days not in attendance, are listed in the "N" box. The notice days are included in the care authorized.

For example: A parent working Monday through Friday notifies their provider on the 1st of the month care will be ending on the 14th. The 1st is a Thursday so this would be a ten (10) business day notice. The child's actual attendance with the provider is full days the 1st, 2nd, 5th, and the 6th. The provider would enter four (4) in the FT space and six (6) in the N box.

6. Registration Fee Request

Only Licensed providers may check the box to request payment for a registration fee, as applicable, for the child/family, based on their submitted *Child Care Provider Rates and Responsibilities* CC12 form and documented in ICCIS. Staff verifying payment is to confirm the provider's registration fee interval, such as one (1) time or annual, to ensure a registration fee has not already been paid for the child to this Licensed provider for the current calendar year or outside of the provider's stated interval. The date a registration fee is paid is captured by child, in the ICCIS Payment Options screen.

Registration fees are paid only during a month in which the family received a benefit and the child attended at least one (1) day. Registration fees may be paid for families whose monthly contribution (co-pay) exceeds their cost of care as long as the child attended at least one (1) day.

If the provider charges a "family" registration fee, it will be applied to individual children of the family not to exceed $50.00 for each child, up to the provider's full registration fee amount.

For example: Provider charges a $150.00 family registration fee. A family with five children is using this provider. $30.00 will be applied to each of the five children. $150.00/5 children = $30.00 per child.

4380-3 B. COMPLETE REQUEST FOR PAYMENT

Within twenty-one (21) calendar days of receiving a *Request for Payment* CC78 that is complete and acceptable for processing, the CCPO Accounting Staff must calculate the payment amount and take

action to verify the payment in ICCIS. See section 4390 Calculating and Verifying Child Care Assistance Program Payments.

4380-4 AMENDED REQUEST FOR PAYMENT

When a *Request for Payment* CC78 has already been submitted to the Child Care Program Office (CCPO) Accounting Staff and the provider identifies additional care or a registration fee should have been requested for a child during that month, an *Amended Request for Payment* CC79 must be submitted even if the original *Request for Payment* CC78 has not yet been processed for payment. The *Amended Request for Payment* CC79 must be submitted on or before the last day of the second (2nd) month immediately following the month in which child care services were provided.

When the payment requested is due to additional care provided but not included on the original submission, the provider's attendance record for the month for that specific child must be included with the *Amended Request for Payment* CC79 to ensure duplicate payment for the same days is not made. The CCPO Staff will compare the attendance records to the number of days indicated on the original *Request for Payment* CC78 and the additional days requested on the *Amended Request for Payment* CC79. Days on the attendance record should match the combined days from *the Request for Payment* CC78 and the *Amended Request for Payment* CC79.

> *Example: the Request for Payment (CC78) form indicated the child attended 21 FT days. The Amended Request for Payment (CC79) form indicated the child attended an additional 4 full days. The attendance records should show the child attended a total of 25 full days. The authorization document must indicate the child is authorized for a full month (this pays up to 23 days) and 2 additional full days (to pay for the 24th and 25th day).*

If the provider does not include the child's attendance record with the *Amended Request for Payment* CC79, the CCPO Accounting Staff will contact the provider requesting the attendance record for the child(ren) and issue a *Child Care Assistance Provider Request for Payment Returned -Unpaid Notice* with a due date using the ten (10) day timeframe based on the Adverse Action Calendar. An Integrated Child Care Information System (ICCIS) case note is entered using subject heading: MMYY Amend Req for Pay Returned Unpaid. The

body of the case note lists the children whose attendance records are needed and applicable due date.

If the provider does not submit the requested information by the day following the due date, the *Amended Request for Payment* CC79 is denied with a *Child Care Assistance Provider Request for Payment Denied Notice.* An ICCIS case note is entered using the subject heading: MMYY Amended Request for Payment Denied. The body of the case note includes information explaining why the *Request for Payment* CC78 is denied and options available, if any, for resubmission.

When a Licensed provider submits an *Amended Request for Payment* CC79 form requesting a registration fee only for a child, the child's attendance records are not required.

If a child was not previously included in the provider's submission of a *Request For Payment* CC78, or who was included and did not have a *Child Care Assistance Authorization* document issued at that time, the provider is to submit the additional child(ren) using a *Request for Payment* CC78 and not an *Amended Request for Payment* CC79.

4380-5 SUPPLEMENTAL PAYMENT REQUEST

A *Supplemental Payment Request* CC06 form is not needed if payment has not already been made for the service month needing additional care authorized. The existing *Child Care Assistance Authorization* document is to be canceled, additional care authorized, and the *Child Care Assistance Authorization* document recreated for all the months previously included on the document.

A supplemental is needed when:

1. A change has been reported timely and some or all of the required ten (10) day change notification period is in a month in which payment has already been made.

2. The Child Care Program Office (CCPO) determined an incorrect payment occurred resulting in an underpayment. See section 4380-6 Incorrect Payment Adjustments.

When a payment <u>has been made</u> to a provider for a service month and a family reports a change warranting additional child care to be covered for the paid service month, or when the family is retroactively

approved for Alaska Inclusive Child Care (Alaska IN!), the Designee worker is to complete the *Supplemental Payment Request* CC06 indicating the reason additional payment is being requested and submit to their supervisor for approval. The supervisor will submit approved requests to the CCPO Accounting Staff. The provider does not need to submit an *Amended Request for Payment* CC79.

When payment has been made for a month in which a family has been retroactively approved for Alaska IN! the CCPO Eligibility Staff will complete the *Supplemental Payment Request* CC06 and submit it to their supervisor who will forward approved requests to the CCPO Accounting Team.

A *Supplemental Payment Request* CC06 requesting a payment exceeding the maximum amount equal to a full month plus a part month will not be approved, except in the case of Alaska IN! approval when a full month is authorized and/or a shared custody situation where a child could be authorized for up to a full month to each provider when two (2) providers in different service delivery areas are needed and both are approved for Alaska IN!.

3. **Preliminary Review of the Supplemental Request**
   The Designee Supervisor will:
   a. Review the family's case in the Integrated Child Care Information System (ICCIS) and speak with the family's worker as needed for clarification;
   b. Review the Payment Options screen for the provider for the month in question to see if payment has already been made for the child(ren);
   c. Review the days attended as noted in the Payment Options screen to determine if a supplemental is needed. See example below; and
   d. Approve or deny the supplemental request.
      Example: The family was authorized for a part month. The family reported timely and provided verification that more hours were worked and additional care was needed, Payment has already been verified and the Payment Options screen shows the children attended at least six (6) days. The supplemental would be approved because the family is eligible for a full month authorization based on their activity and timely reporting.

4. **Approval of Supplemental Payment Request**
   When the Designee supervisor supports the request they will:
   d. Document their approval in a case note in both the family's and provider's cases in ICCIS;

e. Check the Approved box and sign and date the *Supplemental Payment Request* CC06; and
f. Forward to the CCPO Accounting Staff for processing.

The CCPO Accounting Staff must process the approved *Supplemental Payment Request* within two (2) business days of receipt of the approval and documented in an ICCIS case note. For PASS I families, the case note is to be copied to and alert set in CMS.

5. Denial of Supplemental Payment Request

If the Designee determines the request is not warranted, they will:

d. Document their denial reason in an ICCIS case note in both the family and provider's cases;
e. Check the Denied box and enter the reason for the denial, sign and date the *Supplemental Payment Request* CC06; and
f. Return the *Supplemental Payment Request* CC06 to the requestor.

4380-6 INCORRECT PAYMENT ADJUSTMENTS

When an incorrect payment determination has been made for a family or a participating provider underpayment, the Designee or Child Care Program Office (CCPO) Accounting Staff is to make the adjustment identified in the notice from the CCPO Eligibility and Benefits Staff when processing the *Request for Payment* CC78 to the provider.

The CCPO Accounting Staff will process a supplemental payment to the family's provider according to the *Notice of Underpayment – Family* or *Notice of Underpayment – Provider*. See section 4410-2 B. Underpayment of Family Benefits.

When an incorrect payment determination has been made for a family or provider overpayment, no adjustment is made as the Division of Public Assistance, Program Integrity and Analysis, Benefits Issuance and Recovery Unit (BIRU).

4380-7 DENIED REQUEST FOR PAYMENT

Request for Payment CC78 and *Amended Request for Payment* CC79 forms that are denied are not initialed by the Child Care Program Office (CCPO) Accounting Staff. CCPO initials indicate a payment has been verified in the Integrated Child Care Information System (ICCIS)

and there will be a corresponding Financial Transaction Report (FTR) to match with the *Request for Payment* CC78 form.

Denied submissions are filed in the CCPO provider's billing file with a copy of the *Child Care Assistance Provider Request for Payment Denied Notice* and/or the *Child Care Assistance Provider Request for Payment Returned – Unpaid Notice,* if issued prior to the denial, attached to the back of the form. All *Request for Payment* CC78 and *Amended Request for Payment* CC79 are to be filed at the CCPO with the Accounting team in the provider's official request for payment file.

4390 CALCULATING AND VERIFYING CHILD CARE ASSISTANCE PROGRAM PAYMENTS

Payment is based on a comparison of the: unit of care authorized; actual attendance of the child; provider's rates, as documented in the Integrated Child Care Information System (ICCIS) from the *Child Care Provider Rates and Responsibilities* CC12 form; the family's co-payment and the *Child Care Assistance Program Rate Schedule.*

Payment is calculated using the state rate established in the *Child Care Assistance Program Rate Schedule* or the provider's own rate, whichever is less. The payment amount verified will not exceed the monthly maximum dollar amount of the equivalent of a full month plus a part month, except in the case of a child in a shared custody arrangement where the maximum amount is the equivalent of a full month for each parent, or in the case of a child for who an Alaska Inclusive Child Care Program (Alaska IN!) authorization has been issued.

Payment will not be made to a provider for a month during which the child did not attend, **except** when the required written ten (10) business day notification of the family's or provider's intent to terminate care was given or the family ended care without notice to the provider, if the family's co-pay exceeds their cost of care and the provider is requesting a registration fee, the registration fee up to $50 will be paid. The provider may also request payment and be paid by the program, at the part month rate, even when the written ten (10) business day notice requirement was not met by the family.

The Child Care Program Office (CCPO) Accounting Staff are also to determine if an adjustment is needed due to an incorrect payment determination.

In the "For CCA Use Only" section of the *Request for Payment* CC78 form, the CCPO Accounting Staff shall calculate the payment amount by entering the mathematical calculation which includes:

1. The provider's rate or the state rate, whichever is less, for the units of care indicated as attended for full month;

2. The provider's rate or the state rate, whichever is less, for the units of care indicated as attended for part month;

3. The provider's rate or the state rate, whichever is less, for the units of care indicated as attended and payable for a full day or part day in addition to a full month or part month;

4. A deduction of the family's contribution (co-pay), if any;

5. A deduction or supplemental amount needed due to an incorrect payment;

6. The amount to pay for care authorized based on the child's actual attendance;

7. Alaska IN! amount to pay based on the percentage authorized and the child's actual attendance, if applicable;

8. A registration fee, if applicable, and

9. The total amount to be verified.

The amount in the total box is to be entered and verified in ICCIS.

4390-1 PAYMENT CONSIDERATIONS

Along with the care authorized for a family, consideration must be given to different circumstances related to the child's attendance or lack of attendance.

1. Alaska Inclusive Child Care Program (Alaska IN!)

Alaska Inclusive Child Care Program (Alaska IN!) Special Needs Supplements, unlike regular child care assistance payments, are not subject to the monthly maximum state payment amount.

Providers do not need to include a request for supplemental payment for Alaska IN! when submitting their *Request for Payment* CC78 or *Amended Request for Payment* CC79.

When Alaska IN! is authorized and the child attends it will be included in the calculation for payment. Most often the Alaska IN! is authorized after the initial *Child Care Assistance Authorization* document has been issued resulting a revised document. When a child care provider has requested payment and been paid for a month which is later authorized for Alaska IN!, the Child Care Program Office (CCPO) will submit a *Supplemental Payment Request* CC06 to the CCPO Accounting Staff for the Alaska IN! payment for previous months. Alaska IN! payments for future months will be included on the *Child Care Assistance Authorization* document and processed for payment with the provider's *Request for Payment* CC78 or *Amended Request for Payment* CC79.

Alaska IN! supplemental payments are not made for any month the child did not attend, even if payment is made during that month for the ten (10) business day notification timeframe. The State Payment amount listed on the *Child Care Assistance Authorization* document already has the family's contribution (co-pay) deducted. The Alaska IN! supplemental percentage amount is based on the actual cost incurred by the provider to provide additional services, divided by the number of months in the family's certification period and converted to a percentage based on the cost of the unit(s) of care authorized.

If the payment to the provider is adjusted to a lesser amount than authorized based on the child's actual attendance, the Alaska IN! payment remains the applicable percentage of the unit of care authorized for that month.

The Alaska IN! supplemental amount is entered in the supplemental line after using any remaining "Amount to Pay."

2. **Ten (10) Business Day Notice and Child Not in Attendance**
   Any days, not to exceed the allowable ten (10) days, included in the provider's *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the Notice Days "N" box indicating the child was not in attendance, are to be included in the calculations, whether or not the required ten (10) business day notice was given. In a month the child did not attend that includes up to ten (10) days of the required notice timeframe, and the provider includes the days in the "N" box, payment will be made at the part month rate.

3. **Sick Days for School Aged Child**
   Any days a child is in care due to being too sick to attend school are to be included in the "SI" box. The Child Care Assistance Program (CCAP) will pay for up to five (5) full days for a child who usually attends school. Sick days are added as full days in addition to the full month or part month calculation. The amount is entered on the *Request for Payment* (CC78) or *Amended Request for Payment* (CC79) in the blank labeled *FT Day Unit +.* Sick days in addition to the care authorized are not payable for children younger than school-aged.

4. **Full Days Plus Part Days Attended on Same Day**
   If a child is in care with the provider for more than ten (10) hours in a day, those are days are entered in the FP box. Each of the days entered in the FP box count as both a full day and a part day; for example, if ten (10) is entered in the FP box, ten (10) days are counted as full days and ten (10) days are counted as part days for a total of twenty (20) days.

5. **Registration Fee**
   A registration fee is payable to licensed child care providers only. A registration fee will not be paid during a month in which a child did not attend, even if payment is made for the required ten (10) business day notice.

   A registration fee is payable during a month the child did attend, however payment is not made for the care provided due to the family's co-pay exceeding the actual cost of their care authorized.

6. **Adjustment for an Incorrect Payment Determination**
   When an under payment has been established, the additional payment is to occur during the payment verification process. See sections 4410-2 B. Underpayment of Family Benefits and 4410-2 C. Underpayment to a Provider.

7. **Capping Payment**
   When full days or part days are authorized in addition to a full month, the additional days attended are paid at the lesser of the provider's or State's daily rate for the type of provider and age of child. When the dollar amount of the payment for the number of additional full days or part days is more than the dollar amount of the provider's or State's part month rate, the payment is capped at the lesser part month rate.

4390-2 PAYMENT VERIFIER ENTRIES

When the family's *Child Care Assistance Authorization* document is issued it will be calculated for payment based on a range of the child's actual attendance, the child's age, and provider type. The Integrated Child Care Information System (ICCIS) compares the rate entered for the provider and the state rate so the *Child Care Assistance Authorization* document is issued at the lesser rate.

The Child Care Program Office (CCPO) Accounting Staff will review the family's authorized care in the Payment Options screen in ICCIS and determine if additional payment is warranted based on the considerations listed in section 4360-1 Payment Considerations. Care will be paid at the part month or full month rates except when additional part day or full day or part month payment is warranted, based on the child's actual attendance. The CCPO Accounting Staff enter the applicable payment amounts in the "For CCA use Only" portion of the provider's *Request for Payment* CC78 or *Amended Request for Payment* CC79 based on the child's actual attendance as outlined below.

1. **Full Month Authorized**
   If a child is in care with the provider for more than ten (10) hours in a day, those are days are entered in the FP box. Each of the days entered in the FP box count as both a full day and a part day; for example, if ten (10) is entered in the FP box, ten (10) days are counted as full days and ten (10) days are counted as part days for a total of twenty (20) days.

   a. **Zero (0) days attended**
      When a *Child Care Assistance Authorization* document is issued for a full month and the child either does not attend at all no payment is processed except for notice days if included on the *Request for Payment* CC78 or *Amended Request for Payment* CC79.

      - Notice Days – Ending Care/Changing Providers
        When a child does not attend the provider and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period when ending care, payment shall be calculated at the part month rate. The part month amount, lesser of the state rate or provider's rate, is entered on the

Request for Payment CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

The payment verifier will enter a case note on the family's case documenting the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for Parents Achieving Self-Sufficiency (PASS) II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to the Case Management System (CMS) and "Alert CMS" are also checked.

- Alaska Inclusive Child Care (Alaska IN!)
  Alaska IN! supplemental payment is not processed due to the child not attending, even if payment is processed for the notice days the child was not in attendance.

- Registration Fee
  A registration fee is not processed for payment even if payment is processed for the notice days the child was not in attendance.

b. Fewer than six (6) days attended

When a *Child Care Assistance Authorization* document is issued for a full month and the child only attends between one (1) and five (5) days in any combination of full and/or part days in the month, not including any sick days, payment shall be calculated at the part month rate. The part month amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

- Notice Days – Ending Care/Changing Providers
  When a child attends five (5) or fewer days and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period when ending care, additional payment is not processed. Payment for the "N" days is included in the part month calculation.

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they

were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Payment for the number of sick days attended through five (5) days shall be calculated at the full day rate, in addition to the part month payment. The full day amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Day Unit +.*
- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a full month at the lesser of the state rate or provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*

- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

c. Six (6) or more days attended

When a *Child Care Assistance Authorization* document is issued for a full month and the child attends at least six (6) days, in any combination of full and/or part days, not including any sick days, payment shall be calculated at the full month rate. The full month amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Month Unit +.*

- Notice Days – Ending Care/Changing Providers
  When a child attends six (6) or more days and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period when ending care, additional payment is

not processed. Payment for the "N" days is included in the full month calculation.

The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Payment for the number of sick days attended through five (5) days shall be calculated at the full day rate, in addition to the full month payment. The full day amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Day Unit +.*

- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a full month at the lesser of the state rate or provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*

- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

2. **Part Month Authorized**
   If a child is in care with the provider for more than ten (10) hours in a day, those are days are entered in the FP box. Each of the days entered in the FP box count as both a full day and a part day; for example, if ten (10) is entered in the FP box, ten (10) days are counted as full days and ten (10) days are counted as part days for a total of twenty (20) days.

a. Zero (0) days attended

When a *Child Care Assistance Authorization* document is issued for a part month , and the child did not attend during that month no payment is processed except for notice days if included on the *Request for Payment* CC78 or *Amended Request for Payment* CC79.

- Notice Days – Ending Care/Changing Providers
  When a child does not attend the provider and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period, payment shall be calculated at the part month rate. The part month amount, lesser of the state rate and the provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Alaska IN!
  Alaska IN! supplemental payment is not processed due to the child not attending, even if payment is processed for the notice days the child was not in attendance.

- Registration Fee
  A registration fee is not processed for payment even if payment is processed for the notice days the child was not in attendance.

b. At least one (1) day attended

When a *Child Care Assistance Authorization* document is issued for a part month and the child attends at least one (1) full or part day, payment shall be calculated at the part month rate. The part month amount, lesser of the state rate or the provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

- Notice Days – Ending Care/Changing Providers
  When a child attends at least one (1) full or part day and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period when ending care, additional payment is not processed. Payment for the "N" days is included in the part month calculation.

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.
- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Payment for the number of sick days attended through five (5) days shall be calculated at the full day rate, in addition to the part month payment. The full day amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Day Unit +.*

- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a part month at the lesser of the state rate or provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*

- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

3. **Full Month Plus Additional Days Authorized**
   If a child is in care with the provider for more than ten (10) hours in a day, those are days are entered in the FP box. Each of the days entered in the FP box count as both a full day and a part day; for

example, if ten (10) is entered in the FP box, ten (10) days are counted as full days and ten (10) days are counted as part days for a total of twenty (20) days.

a. Zero (0) days attended

When a *Child Care Assistance Authorization* document is issued for a full month plus additional full and/or part days, and the child did not attend during that month no payment is processed except for notice days if included on the *Request for Payment* CC78 or *Amended Request for Payment* CC79.

- Notice Days – Ending Care/Changing Providers
  When a child does not attend the provider and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period, payment shall be calculated at the part month rate. The part month amount, lesser of the state rate and the provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Alaska IN!
  Alaska IN! supplemental payment is not processed due to the child not attending, even if payment is processed for the notice days the child was not in attendance.

- Registration Fee
  A registration fee is not processed for payment even if payment is processed for the notice days the child was not in attendance.

b. Fewer Than Six (6) Days Attended

When a *Child Care Assistance Authorization* document is issued for a full month plus additional full and/or part days, and the child is in attendance between one (1) and five (5) days total in any combination of full and part days , the payment is

calculated at the part month rate for the days attended one (1) through five (5). The part month amount, lesser of the state rate or the provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

- Notice Days – Ending Care/Changing Providers
  When a child does not attend the provider and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period, additional payment is not processed. Payment for the "N" days is included in the part month calculation.

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Payment for the number of sick days attended through five (5) days shall be calculated at the full day rate, in addition to the part month payment. The full day amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Day Unit +.*

- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a full month plus additional full and/or part day rates at the lesser of the state rate or provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*

- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request*

for Payment CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

c. **Six (6) through Twenty-three (23) Days Attended**
When a *Child Care Assistance Authorization* document is issued for a full month plus additional full or part days, the payment is calculated at the full month rate when the child is in attendance between six (6) through twenty-three (23) days in any combination of full and part days. The full month amount, lesser of the state rate and the provider' rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Month Unit +.*

- Notice Days – Ending Care/Changing Providers
  When a child does not attend the provider and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period, additional payment is not processed. Payment for the "N" days is included in the full month calculation.

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Payment for the number of sick days attended through five (5) days shall be calculated at the full day rate, in addition to the full month payment. The full day amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Day Unit +.*

- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a full month plus additional full and/or part day rates at the lesser of the state rate or provider's rate is entered on the

Request for Payment CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*

- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

d. Twenty-four (24) or More DaysAttended

When a *Child Care Assistance Authorization* document is issued for a full month plus additional full or part days, the payment is calculated at the full month rate for days one (1) to twenty-three (23). As many of the full days attended as possible are to be included in the full month, days one (1) to twenty-three (23). Payment for full days and part days attended beyond the twenty-third (23rd) day shall be calculated the either the full day or part day rate based on the type of day attended. The full month amount, lesser of the state rate and the provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Month Unit+.*

The additional days are calculated for payment at the authorized full or part day rate beyond the twenty-third (23rd) day. The full or part day amount, lesser of the state rate or the provider's rate, is entered on *the Request for Payment* CC78 or *Amended Request for Payment* CC79 in the applicable blank labeled *FT Day Unit +*or the *PT Day Unit +.*

- Notice Days – Ending Care/Changing Providers
  When a child does not attend the provider and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period, additional payment is notprocessed. Payment for the "N" days is included in the full month calculation.

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the

family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Payment for the number of sick days attended through five (5) days shall be calculated at the full day rate, in addition to the full month payment. The full day amount, lesser of the state rate or provider's rate, is added to any additional full days and entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Day Unit +.*
- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a full month plus additional full and/or part day rates at the lesser of the state rate or provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*

- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

4. Part Month Plus Additional Part Day(s)

If a child is in care with the provider for more than ten (10) hours in a day, those are days are entered in the FP box. Each of the days entered in the FP box count as both a full day and a part day; for example, if ten (10) is entered in the FP box, ten (10) days are counted as full days and ten (10) days are counted as part days for a total of twenty (20) days.

a. Zero (0) Day Attended

When a *Child Care Assistance Authorization* document is issued for a part month plus additional part days, and the child did not attend during that month no payment is processed except for notice days if included on the *Request for Payment* CC78 or *Amended Request for Payment* CC79.

- Notice Days – Ending Care/Changing Providers
  When a child does not attend the provider and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period, payment shall be calculated at the part month rate. The part month amount, lesser of the state rate and the provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Alaska IN!
  Alaska IN! supplemental payment is not processed due to the child not attending, even if payment is processed for the notice days the child was not in attendance.

- Registration Fee
  A registration fee is not processed for payment even if payment is processed for the notice days the child was not in attendance.

b. One (1) through Twenty-three (23) Days Attended

When a *Child Care Assistance Authorization* document is issued for a part month plus additional part days and the child attends between one (1) and twenty-three (23) days in any combination of full and part days, payment is calculated at the part month rate. The part month amount, lesser of the state rate or the provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

- Notice Days – Ending Care/Changing Providers
  When the child attends at least one (1) day and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten

(10) business day notice period, additional payment is not processed. Payment for the "N" days is included in the part month calculation.

The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Payment for the number of sick days attended through five (5) days shall be calculated at the full day rate, in addition to the part month payment. The full day amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Day Unit +.*

- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a part month plus additional part day rates at the lesser of the state rate or provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*

- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

c. Twenty-four (24) or More Days Attended

When a *Child Care Assistance Authorization* document is issued for a part month plus additional part days, the payment is calculated at the part month rate for days one (1) to twenty-three (23) attended in any combination of full and part days. The part month amount, lesser of the state rate and the

provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

The additional days attended for day twenty-four (24) and beyond are calculated at the part day rate. The part day amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Day Unit +.*

- Notice Days – Ending Care/Changing Providers
  When the child attends at least one (1) day and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period, additional payment is not processed. Payment for the "N" days is included in the part month calculation.

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Payment for the number of sick days attended through five (5) days shall be calculated at the full day rate, in addition to the part month payment. The full day amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Day Unit +.*

- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a part month plus additional part day rates at the lesser of the state rate or provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*

- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

5. **Full Month Plus Part Month Authorized**
   If a child is in care with the provider for more than ten (10) hours in a day, those are days are entered in the FP box. Each of the days entered in the FP box count as both a full day and a part day; for example, if ten (10) is entered in the FP box, ten (10) days are counted as full days and ten (10) days are counted as part days for a total of twenty (20) days.

   a. **Zero (0) days attended**
      When a *Child Care Assistance Authorization* document is issued for a full month plus a part month and the child does not attend

      payment is not processed except for notice days if included on the *Request for Payment* CC78 or *Amended Request for Payment* CC79.

      - Notice Days – Ending Care/Changing Providers
        When a child does not attend the provider and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period when ending care, payment shall be calculated at the part month rate. The part month amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

        The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

      - Alaska IN!
        Alaska IN! supplemental payment is not processed due to the child not attending, even if payment is processed for the notice days the child was not in attendance.

- Registration Fee
  A registration fee is not processed for payment even if payment is processed for the notice days the child was not in attendance.

b. Fewer than (6) days attended

When a *Child Care Assistance Authorization* document is issued for a full month plus a part month and the child attends fewer than six (6) days in any combination of full and/or part days, payment shall be calculated at the part month rate. The part month amount, lesser of the state rate and the provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *PT Month Unit +.*

- Notice Days – Ending Care/Changing Providers
  When a child attends five (5) or fewer days and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period when ending care, additional payment is not processed. Payment for the "N" days is included in the part month calculation.

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Payment for the number of sick days attended through five (5) days shall be calculated at the full day rate, in addition to the part month payment. The full day amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Day Unit +.*

- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a full month plus part month at the lesser of the state rate or provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*

- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

c. Six (6) through Twenty-three (23) Days Attended

When the child is in attendance between six (6) and twenty-three (23) days in any combination of full and/or part days in the month the payment shall be calculated at the full month rate. The full month amount, lesser of the state rate and the provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Month Unit +.*

- Notice Days – Ending Care/Changing Providers
  When a child attends between six (6) through twenty-three (23) days and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period when ending care, additional payment is not processed. Payment for the "N" days are included in the full month calculation.

  The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are

included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Payment for the number of sick days attended through five (5) days shall be calculated at the full day rate, in addition to the full month payment. The full day amount, lesser of the state rate or provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 in the blank labeled *FT Day Unit +.*

- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a full month plus part month at the lesser of the state rate or provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*

- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

d. Twenty-four (24) or More Days Attended

When the child is in attendance twenty-four (24) or more days in any combination of full and/or part days in the month the payment shall be calculated at the full month plus the part month rates. The full month amount, lesser of the state rate and the provider's rate, is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 as a full month rate in the blank labeled *FT Month Unit +*and the part month amount, lesser of the state rate and the provider's rate is entered in the blank labeled *PT Month Unit+.*

- Notice Days – Ending Care/Changing Providers
  When a child attends five (5) or fewer days and the provider includes between one (1) and ten (10) days in the "N" box of the *Request for Payment* CC78 indicating the child did not attend during some or all of the required ten (10) business day notice period when ending care, additional payment is not processed. Payment for the "N" days is included in the full month plus part month calculation.

The payment verifier will enter a case note on the family's case the number of notice days paid, the service month they were paid for and the provider's name and ICCIS number and for PASS II and PASS III families, set an alert in the family's case, using the date created as the due date. If the family is a PASS I family, the boxes to "Copy" the case note to CMS and "Alert CMS" are also checked.

- Sick Days
  If a school-aged child attended the provider due to being too ill to attend school, the number of days attended are included in the "SI" box of the *Request for Payment* CC78 or *Amended Request for Payment* CC79. Additional payment is not made as the state maximum of a full month plus a part month has been reached.

- Alaska IN!
  The Alaska IN! amount of the authorized percentage of a full month plus a part month at the lesser of the state rate or provider's rate is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *AK IN+.*
- Registration Fee
  When requested, the licensed provider's registration fee, not to exceed $50 per child, is payable. The lesser of the provider's registration fee or $50 is entered on the *Request for Payment* CC78 or *Amended Request for Payment* CC79 the blank labeled *Reg. Fee +.*

4390-3 VERIFYING PAYMENT

Once the Child Care Program Office (CCPO) Accounting Staff calculates the payment to be made on a *Request for Payment* CC78, *Amended Request for Payment* CC79, or *Supplemental Payment Request* CC06 form they will access the Integrated Child Care Information System (ICCIS) Payment Option module and select the facility using the Facility search screen to complete the payment verification process.

CCPO Accounting Staff are to refer to the *Integrated Child Care Information System User Guide* to ensure the correct steps are taken during the verification process.

4390-3 A. VERIFICATION ACTIONS

Within twenty-one (21) calendar days of receipt, the CCPO Accounting Staff will process the *Request for Payment* CC78, for all children, excluding those with a discrepancy requiring additional information. If time does not allow for the payment verification of a provider's entire *Request for Payment* CC78 or *Amended Request for Payment* CC79 to be completed during the same day, the document should be set aside for completion the next day when it can be completed in its entirety. If entries have already been made in ICCIS they are to be changed from verified to "Saved" and then changed back to verified when the request can be completed in its entirety on the same day. Verifying some of the children or pages of a provider's *Request for Payment* CC78 or *Amended Request for Payment* CC79 on different days causes the submission pages to be separated to be matched with the Financial Transaction reports making it appear the document was incomplete.

All actions to verify the amount to be paid will be completed in the *Payment Options* screen in ICCIS. The actions take are as follows:

1. **Verified Amount**
   Before beginning the payment verification for a provider, CCPO Accounting Staff are to note the Verified amount listed at the bottom of the ICCIS Verifications screen. When no verifications have been completed for the service month, this number should be $0.00. If this number is something other than $0.00, it must be noted so the total verified amount matches the payment verifier's entries.

2. **Actual Attendance**
   Each child's actual attendance at each facility is to be entered in ICCIS for reporting purposes. When verifying payment for a child, the actual number of full days and/or part days the child was in attendance as documented by the facility on the *Request for Payment* CC78, is entered regardless of how the payment is actually processed for payment. The actual attendance to enter in ICCIS includes sick days for school aged children but does not include days marked as "Notice Days" because the child was not actually in attendance. Sick days are to be considered full days.
   If an *Amended Request for Payment* CC79 is submitted for payment for a child for additional days not included on the *Request for Payment* CC78 for the child, the provider must submit attendance records for the child. The CCPO Accounting Staff must review the

actual attendance entered in ICCIS at the time *the Request for Payment* CC78 was verified.

When care was authorized at a level to include the days attended on the *Request for Payment* CC78 and the *Amended Request for Payment* CC79, the additional part or full days from the *Amended Request for Payment* CC79 are entered in the Payment Options Attendance space, even if additional payment is not made. These additional days are added by ICCIS to the original entry with the *Request for Payment* CC78 to reflect to child's actual attendance for the month.

When care included on the *Amended Request for Payment* CC79 exceeds the level of care authorized, the payment is denied as care has not been authorized. The CCPO Accounting Staff issue a *Child Care Assistance Provider Request for Payment - Denied Notice* with the reason clearly marked. An ICCIS case note is entered using subject heading: MM/YYYY Request for Payment Denied. The body of the case note indicates the reason the request for payment was denied.

3. **Amount to be Verified**
   The payment verifier compares their calculation with the amount populated in the "Amount to Pay" line within the ICCIS Verification screen for each child.

   a. **Calculation is Different than the ICCIS Amount to Pay**
      When the CCPO Accounting Staff's calculation is less than the ICCIS "Amount to Pay", they will change the amount in ICCIS to match their calculation entered on the *Request for Payment* (CC78) Amt to pay = section. Any amount remaining will be available for a later payment, if necessary. This amount is used before any needed supplemental amount is entered.

      When the payment verifier's calculation is more than the ICCIS "Amount to Pay", a supplemental payment is processed. In these circumstances the *Request for Supplemental Payment* CC06 is not required. The supplemental amount when added to the "Amount to Pay" equals the CCPO Accounting Staff 's calculation. The payment verifier will select the supplemental reason code in ICCIS that most closely matches the reason for the additional payment.

      If no amount is to be verified, a copy of the provider's *Request for Payment* CC78 is returned with a *Child Care Assistance Provider Request for Payment - Denied Notice* with the reason

clearly marked. An ICCIS case note is entered using subject heading: MM/YYYY Request for Payment Denied. The body of the case note indicates the reason the request for payment was denied.

b. Full Month Authorized, Fewer than Five (5) Days Attended – PASS I ONLY

If a Parents Achieving Self-Sufficiency (PASS) I family is issued a full month enrollment authorization but the child attended fewer than five (5) days during that service month, the CCPO Accounting Staff documents in the family's ICCIS case note and sets an alert to notify the family's assigned worker for follow up.

The CCPO Accounting Staff will select "Copy to CMS" and "Alert to CMS" when entering their case note documenting the family's attendance. This will populate the case note in the Case Management System (CMS) and alert the family's assigned case manager.

The Designee or Work Services Provider (WSP) is to contact the parent and discuss the discrepancies between the provider's *Request for Payment* CC78 and the *Child Care Assistance Authorization* document to determine if the unit(s) of care should be adjusted for future months.

c. Amended Request for Payment CC79

When an *Amended Request for Payment* CC79 is approved for processing, the payment amount verified for the child from the *Request for Payment* CC78 is considered and payment for the *Amended Request for Payment* CC79 is calculated for the remaining amount to equal the applicable full or part month authorized.

If the attendance reported on the provider's *Amended Request for Payment* CC79 and attendance records do not support additional payment based on the level of care authorized, the request is denied. If no amount is to be verified, a copy of the provider's *Amended Request for Payment* CC78 is returned with a *Child Care Assistance Provider Request for Payment - Denied Notice* with the reason clearly marked. An ICCIS case note is entered using subject heading: MM/YYYY Request for Payment Denied. The body of the case note indicates the reason the request for payment was denied.

When a provider submits an *Amended Request for Payment* CC79 requesting payment for a registration fee, any remaining amount in the "Amount to Pay" field in the Payment Options Screen for that child must be zeroed out and not deleted when entering the registration fee amount up to $50. The amount to pay is the provider's registration fee amount listed in ICCIS or $50, whichever is less and is entered on the *Amended Request for Payment* CC79 in the blank labeled Reg. Fee +.

d. **Adjustment due to an Incorrect Payment Determination**
If an incorrect payment determination of an underpayment requires an adjustment to the payment to the provider, the CCPO Accounting Staff is to send the provider a *Child Care Assistance Provider Request for Payment – Incorrect Payment Adjustment Notice* describing the adjustment made.

4. Supplementals

Within two (2) business days of receiving a *Supplemental Payment Request* CC06, the determination is to be made and if approved, additional payment processed.

A supplemental payment will not be verified for an amount which would cause the payment to exceed the monthly maximum of a full month enrollment plus a part month enrollment except in a shared custody case where the child is attending two (2) different child care providers in different service delivery areas. In this situation only, a child may be authorized a maximum of a full month to each provider.

When a *Supplemental Payment Request* CC06 is approved for processing, the CCPO Accounting Staff will review the Verifications screen within the ICCIS Payment Options module and enter the Payment Amount Verified for the child on the Supplemental Payment Request CC06. They will determine if there is an amount remaining in the "Amount to Pay" line for the child. Monies in the "Amount to Pay" line are applied before determining if a supplemental amount is needed.

If it is determined by the CCPO Accounting Staff an additional amount is to be included in the payment, the CCPO Accounting Staff shall enter the amount in the supplemental field in the ICCIS Payment Option screen for the specific child(ren), verify the payment and enter this amount in the Supplemental Payment Amount on the *Supplemental Payment Request* CC06.

The CCPO Accounting Staff will select the supplemental reason code most closely matching the reason for the supplemental payment.

For example:

1. *Care was authorized as daysand payment is made at the part month rate – the supplemental reason of "CAPPED AT PT MTH ENROLLMENT RATE" would be used.*
2. *Sick days are payable to the provider – the supplemental reason of " PYMT ADJ, SCHL SKED, SEE CANO" would be used.*

The CCPO Accounting Staff will enter a case note in the provider's case in ICCIS using subject heading: MM/YYYY Supplemental Request Approved. The body of the case note identifies the child, month, and amount of the supplemental payment paid. For PASS I families, the case note boxes are to be checked to copy the case note to CMS and alert to CMS. The CCPO Accounting Staff will reply via email to the Designee, confirming the requested supplemental payment was verified.

Exceptions:

a. **Alaska Inclusive Child Care Program (Alaska IN!):**
Alaska IN! Special Needs Supplements, unlike regular child care assistance payments, are not subject to the monthly maximum state payment amount. Alaska IN! supplemental payments are not made for any month the child did not attend.

The Alaska IN! supplemental amount is entered in the supplemental line after using any remaining "Amount to Pay." The amount to pay is entered on the *Request for Payment* CC78 or the *Amended Request for Payment* CC79 in the blank labeled AK IN! +.

b. Registration Fee
When a provider submits an *Amended Request for Payment* CC79 requesting payment for a registration fee, any remaining amount in the "Amount to Pay" field in the Payment Options Screen for that child must be zeroed out when entering the registration fee amount up to $50. The amount to pay is the provider's registration fee amount listed in ICCIS or $50, whichever is less and is entered on the *Request for Payment* CC78 or the *Amended Request for Payment* CC79 in the blank labeled Reg. Fee +.

5. **Finalization of Request for Payment Processing**
Discrepancies can be corrected in ICCIS only if they are done the same day they are entered. Prior to the end of the business day in which the verifications were completed, the CCPO Accounting Staff confirms the grand total amount on the Verifications screen in ICCIS matches the Total = amount they have entered from the provider's *Request for Payment* CC78.

If the CCPO Accounting Staff is unable to balance the totals on the same day as entered, all children for that facility which were entered that day are to be changed in ICCIS from "Verified" to "Save." Entry error(s) must be corrected to balance the totals. Once the totals balance the entries "Save" are changed back to "Verified."

When individual children are unpaid on a provider's multiple page or multiple families *Request for Payment* CC78 the CCPO Accounting Staff will indicate $0.00 paid on the *Request for Payment* CC78 for those children.

When the payment verification process has been completed, the CCPO Accounting Staff will ensure each page of the *Request for Payment* CC78 has the following information:

a. Written amount verified in ICCIS, for each child, in the total box of the "CCA Use Only" section for the specific child;
b. Total for this page;
c. Initials of the person verifying the payment;
d. Date verified (mm/dd/yy), and
e. Provider's VCN.

Once the verification actions for each page are completed, the totals from each page are added together and entered in the total of all pages on page one (1).

The *Request for Payment* CC78, *Amended Request for Payment* CC79, *Supplemental Payment Request* CC06, submitted to the CCPO for payment is consider the "original". Any notices pertaining to payment issued during the payment verification processing are stapled together with the *Request for Payment* CC78, *Amended Request for Payment* CC79, *Supplemental Payment Request* CC06, as applicable, on top, matched to the Financial Transaction Report (FTR), and filed in the provider's official request for payment file.

4390-3 B. FINANCIAL TRANSACTION REPORT

The CCPO Accounting Staff accesses and prints a Financial Transaction Report (FTR) on a daily basis for a given day. The FTR report lists all payments verified in ICCIS on the given day. The CCPO Accounting Staff use the FTR to ensure the information matches with the *Request for Payment* CC78 verified on that given day.

CCPO Accounting Staff review the daily FTR to ensure the *Request for Payment* CC78 verified includes:

1. Month and year;
2. Child's and parent's name;
3. Written amount verified in ICCIS, for each child, in the total box of the CCA use only section for the specific child;
4. Total for this page;
5. Payment verifier's initials and date; and
6. Page one (1) includes the total of all pages.

When the *Request for Payment* CC78, *Amended Request for Payment* CC79, or *Supplemental Payment Request* CC06 includes this information and the amount verified matches the FTR, CCPO Accounting Staff will staple the FTR on top of the applicable payment request document, initial, date, and file them in the provider's request for payment file.

When information is missing or discrepancies are found between the payment request documents submitted to the CCPO and the FTR the CCPO Accounting Staff must research the cause of the discrepancy. Integrated Resource Information System (IRIS) Interface Transaction Records and the applicable payment request documents identifying the discrepancy and if the discrepancy resulted in an incorrect payment the *Incorrect Payment Preliminary Review Form* CC17, are forwarded to the CCPO Accounting Staff member's supervisor.

The CCPO Accounting Staff supervisor will review the supporting documentation and determine any necessary corrective action. If documentation supports an incorrect payment occurred, the *Incorrect*

Payment Preliminary Review Form CC17 and supporting documentation is forwarded to the CCPO Public Assistance Analyst I for the incorrect payment process.

The corrected payment request document and FTR are stapled together with the FTR on top and filed in the CCPO provider's request for payment file.

When an additional payment is verified a new FTR for the day the payment was processed is attached to the corrected payment request document and filed in the CCPO provider's billing file.

4390-4 STOP PAYMENT

Any provider who has not received, lost, or did not timely cash a previously issued warrant, may request it to be canceled and reissued. These are referred to as "Stop Payments." Stop Payments will not be issued until a minimum of ten (10) business days have passed from the date the original warrant was issued. A *Warrant Status Change Request* form is needed. The most current form can be accessed at: http://doa.alaska.gov/dof/forms/resource/wrnt_status_chg_req.pdf.

When a provider requests a payment to be reissued, the Child Care Program Office (CCPO) Accounting Staff will:

1. Advise the child care provider:
   a. A stop payment is not issued until at least a minimum of ten (10) business days has passed from the date the original warrant was issued;
   b. If the warrant is located within twenty-four (24) hours of submitting the *Warrant Status Change Request* form they must contact the CCPO Accounting Staff immediately toll free at 1-888-268-4632;
   c. If the warrant is located after twenty-four (24) hours of submitting the *Warrant Status Change Request* form they must immediately mark it as VOID and mail it to CCPO Accounting Staff; and
   d. If a double payment of these funds inadvertently occurs it must be repaid;

2. Access the Integrated Resource Information System (IRIS) to obtain the correct warrant number, amount and issuance date;

3. Assist the provider in completing the *Warrant Status Change Request* form by guiding them to:
   a. Select "General Warrant";
   b. Enter the Warrant number, net amount, and issue date obtained from IRIS;
   c. Select or have the provider select the applicable reason for the stop payment;
   d. Enter or have the provider enter their printed name as the Payee Name;
   e. Enter or have the provider enter their mailing address in the Payee address, city, state and zip code; and
   f. Have the provider complete the "Payee Signature" section ensuring they sign it and enter in the date and their telephone number;

4. Access the Integrated Child Care Information System (ICCIS) to ensure the mailing address listed on the *Warrant Status Change Request* form is the same as listed in ICCIS. If different, have the provider complete a new *State of Alaska Substitute Form* W-9 and notify the Designee of the address change;

5. Document receipt of the *Warrant Status Change Request* form in a case note in the provider's case in ICCIS using subject heading: Stop Pay Request Received. The body of the case note includes the date the request was received by the CCPO, the service month, and amount;

6. Cancel the original payment transaction in IRIS by completing all required actions and coordination in ICCIS and IRIS;

7. Reissue the payment to the provider in ICCIS;

8. Document in a case note in the provider's case in ICCIS using subject heading: Stop Pay Completed, detailing the transaction to include the service month(s), amount, reason for the stop pay; and reference the old warrant number and date issued;

9. Contact the provider and Designee advising the process has been completed; and

10. Match the *Warrant Status Change Request* form and *Request for Payment* CC78 and file in the provider's request for payment file.

4390-5 UNUSUAL PAYMENT ISSUES

The Child Care Program Office (CCPO) will, on occasion, be notified of unusual situations which may cause errors during the payment verification process or require special handling of a provider's *Request for Payment* CC78.

1. **Internal Revenue Service Levy**
   When the Internal Revenue Service (IRS) has imposed a garnishment or levy against an individual who is receiving payments from the State of Alaska, the CCPO is notified. The CCPO Accounting Staff will coordinate as needed for any actions needed for future payments through the Child Care Assistance Program (CCAP) to this individual.

2. **Electronic Data Interchange Rejections**
   The CCPO Accounting Staff are notified of an Electronic Data Interchange (EDI) rejection and will coordinate any actions needed for the payment to be released correctly.
3. **Integrated Resource Information System Errors**
   When an Integrated Resource Information System (IRIS) error cannot be resolved, CCPO Accounting Staff will provide guidance.

4390-6 PAYMENT PROCESS NOTICES

The following notices are used for all provider types during the payment verification process.

1. **Child Care Assistance Provider Amended Requestfor Payment – Information Needed Notice**
   This notice is used when an *Amended Request for Payment* CC79 is received without the required attendance record for the child(ren).

2. **Child Care Assistance Provider Request for Payment – Denied Notice**
   This notice is used when a *Request for Payment* CC78 cannot be processed in full as submitted.

3. **Child Care Assistance Provider Request for Payment Returned – Unpaid Notice**

This notice is used when a Request for Payment form submitted by a provider is incomplete or inaccurate, or none of the children included have a *Child Care Assistance Authorization* document.

4. ***Child Care Assistance Provider Request for Payment – Incorrect Payment Adjustment Notice*** This notice is used when an adjustment is made to the payment amount verified to a provider due to an incorrect payment determination.

4400 CHILD CARE ASSISTANCE PROGRAMAPPEAL PROCEDURES

Appeal procedures for the Child Care Assistance Program (CCAP) include hearings for a family under 7 AAC 49 and hearings for a provider under 7 AAC 41.443.

4400-1 HEARING REQUEST

A family, provider, or legal representative acting on their behalf, must request a hearing in writing. The *Request for Hearing* CC46 may be used but is not required.

When a request for a hearing is received it is to be given a top priority by the Designee and Child Care Program Office (CCPO) Eligibility and Benefits Staff.

The CCPO Eligibility and Benefits Staff conduct pre-hearing conferences for all hearings requested.

The Division of Public Assistance (DPA), Contracted Services Quality Assurance Unit (CSQA) processes all requests for hearing received by the Division.

4400-1 A. FAMILY REQUEST FOR HEARING

A family may request a hearing, under 7 AAC 49, when they are in disagreement with a determination or action taken with the applicable notice issued to deny, suspend, terminate or reduce their Child Care Assistance Program (CCAP) benefits.

A family may also request a hearing if they are in disagreement with a determination of non-payment of their co-pay and/or additional charges and fees charged by their provider. The notice issued informs the family that failure to provide verification of payment in full or failure to enter into a payment plan with the provider will result in debarment action.

Participating families and those renewing without a break in participating will have their benefits automatically continued upon requesting a hearing unless they indicate on their request they do not want continued benefits.

Applying families who have not previously participated or who have a break in participation and child care providers are not entitled to continued benefits when requesting a hearing.

1. Continuation of Benefits Not Granted
   If the request is regarding a determination made on an application for a family who has not previously participated in the CCAP, or if the Request for Hearing is submitted outside of the thirty (30) day timeframe, continuation of benefits is not an option.

2. Continuation of Benefits Granted
   If the request is regarding a determination made during the renewal process or during a family's current certification period and the family meets all factors of eligibility, except the subject of the hearing request, it will be granted.

If granted, a continuation of the family's benefits will be authorized on a month by month basis, at the same level previously authorized, until the date the hearing authority's decision is rendered. The family must maintain their eligibility throughout the hearing process when a continuation of benefits is requested. If the hearing authority's decision is not in the family's favor, the family is responsible for repayment of benefits received during the hearing process timeframe.

4400-1 B. PROVIDER REQUEST FOR HEARING

A provider may request a hearing, under 7 AAC 41.443, when they are in disagreement with a written determination to deny, suspend, or terminate their ability to be a child care provider approved to participate or with the amount or lack of payment received for services provided under the CCAP.

The care authorized for a child is the family's benefit. Payment for services provided is not a "benefit" to the provider therefore, a request for continuation of benefits from a provider will not be granted, regardless of the reason for their hearing request.

4400-2 REQUEST FOR HEARING SUBMISSION

Written requests for a hearing may be submitted to the Designee, Child Care Program Office (CCPO), or other Division of Public Assistance (DPA) offices and must be received or postmarked no later than thirty (30) calendar days from the issue date of the notice of determination which is being disputed. If a request for hearing is submitted after thirty (30) calendar days it is not investigated. A recommendation of non-referral is included in the *Pre-hearing Conference* form and forwarded to the Contracted Services Quality Assurance Unit (CSQA). The action is documented in an Integrated Child Care Information System (ICCIS) case note. See section 4110-5 Corrective Action for a Mistake Once Approved and Care Authorized.

The *Request for Hearing* CC46 is included with each determination made which: denies participation, reduces, suspends, or terminates a benefit for a family or participation for a provider. A provider may also submit a written request for a hearing when they are in disagreement with the amount of a payment received or lack of payment from the Child Care Assistance Program (CCAP). The *Request for Hearing* CC46 is the preferred method for requesting a hearing. If the family or provider submits a written statement, not on the *Request for Hearing* CC46, to request a hearing it must at least include at least information identifying the family or provider to be accepted.

If a request for a hearing is received by the Designee, it must be date stamped the same day it is received, documented in an ICCIS case note for the family or provider, and forwarded via email to the CCPO the same day or next day at dpaccp@alaska.gov using the subject heading "Level 1: Hearing Request", or faxed within one (1) business day of receipt. The Designee will confirm the request was received by the CCPO and legible, and retain the *Request for Hearing* CC46 in the family's or provider's file.

If a request for hearing is received by the Designee, after forwarding it to the CCPO, the decision the family is in disagreement with is to be

reviewed to determine if a mistake was made. See section 4110-5 Corrective Action for a Mistake Once Approved and Care Authorized.

1. **CCPO Eligibility and Benefits Staff assigned to the Policy Mailbox will:**
   a. Enter the request on the fiscal year's hearing tracking spreadsheet;

   b. Create an electronic folder within the Appeals and Hearing Requests fiscal year's folder in the CCPO shared drive, based on if the request is from a family or a provider.
      - The format for a family folder is: Last Name, First Name, ICCIS #; and
      - The format for a provider folder is: Facility Name (or provider Last, First name if no facility name);

   c. Enter a case note in the family or provider's case in ICCIS using subject heading: CCAP Hearing Request Rcvd MM/DD/YYYY; the body of the case note is to contain the CCPO Eligibility and Benefits Staff member assigned to the pre-hearing conference and the hearing reference number assigned from the on-line submission tool (ie: ##-##-######-FH)

   d. Scan all documents to the electronic folder;

   e. Create a manila file and forward it to the assigned CCPO Eligibility and Benefits Staff from the tracking spreadsheet;

   f. Complete the on-line submission tool through the DPA Web intranet for a Fair Hearing Referral identifying the CCPO Eligibility and Benefits Staff member assigned to the pre-hearing conference.

2. **CCPO Eligibility and Benefits Staff Assigned to the Pre-Hearing Conference will:**

   Determine if a family is eligible for a continuation of CCAP benefits, when requested, pending the hearing decision and if so, notify the Designee for appropriate action. Action may include issuing benefits at the level previously authorized back to the date the initial action was taken, unless other factors which were not contested, result in a benefit change. Benefits will be authorized on a month by month basis until the date the hearing authority's decision is rendered. The renewal process actions, including setting alerts in ICCIS, must be continued by the Designee. The

family must maintain their eligibility throughout the hearing process when a continuation of benefits is requested.

3. **The Designee will:**
   Immediately forward requests for hearing and any accompanying documentation received by the Designee to the CCPO.

   Review the family's case in particular the decision the family is in disagreement with, and if it is identified the decision is incorrect, contact the CCPO.

   When contacted by the CCPO or CSQA, provide the requested information within one (1) business day.

4400-3 PRE-HEARING CONFERENCE

The purpose of a pre-hearing conference is to clearly identify and understand the issue(s) in dispute and resolve them if possible, without having to proceed to a hearing.

A pre-hearing conference is not required and the family or provider may choose to not participate and proceed directly to the hearing. The assigned Child Care Program Office (CCPO) Eligibility and Benefits Staff member will review the request for hearing to ensure it was received or postmarked within thirty (30) calendar days of the date the notice of determination was issued.

The Eligibility and Benefits Staff will:

1. **Contact the Requestor**
   The same or next business day of receiving the *Request for Hearing* CC46, CCPO Eligibility and Benefits Staff will contact the requestor to:
   a. Confirm the date the request was submitted is within the allowable thirty (30) day timeframe to include in the *Pre-Hearing Conference* form;

   b. Offer and schedule the pre-hearing conference. A pre-hearing conference must be offered and if agreed scheduled to be held as soon as practicable and at a time convenient to the requestor.

      If the Eligibility and Benefits Staff are unable to speak with the requestor they will leave a message with a date and time for

the Eligibility and Benefits Staff to call the requestor and conduct the pre-hearing conference, advising if the date and time do not work for the requestor, they must call and reschedule. If the Eligibility and Benefits Staff are unable to leave a message they will attempt contact the following business day. If still unable to speak with the requestor or leave a message; or if the requestor does not return a call within two (2) business days from when the message was left, they will proceed with investigating the issue with the information available. The attempted contact is documented in an Integrated Child Care Information System (ICCIS) case note.

If contact is made and the requestor does not wish to participate in a pre-hearing conference the Eligibility and Benefits Staff will proceed with investigating the issue with the information available. The requestor's decision not to participate in a pre-hearing conference is documented in an ICCIS case note.

c. Confirm an understanding of the issue in disagreement. If the request is for a reason other than the allowed disagreement with a determination to deny, suspend, terminate, or reduce their Child Care Assistance Program (CCAP) benefits, the CCPO Eligibility and Benefits Staff will determine if the request is allowable for a hearing;

d. Ask if the requestor is requesting a continuation of benefits and explain what will happen if the hearing decision is not in their favor. The requestor's answer is to be documented in the ICCIS case note; and

e. Ask if the requestor has any additional information to provide at that time.

2. Investigate the Issue

Within three (3) calendar days of receiving the *Request for Hearing* CC46, the CCPO Eligibility and Benefits Staff will begin to investigate the issue and actions taken or not taken in order to determine whether or not the determination under appeal is correct and attempt to make telephone contact with the requestor to conduct or schedule the pre-hearing conference.

The CCPO Eligibility and Benefits Staff will speak with the worker who issued the determination, as necessary, to obtain any additional information which was not documented in ICCIS.

While additional databases available to the CCPO are not accessible to the Designees, it may be necessary for the CCPO Eligibility and Benefits Staff to access them and obtain information to support or contradict the requestor's claim. These databases should not be used unless there is specific information brought to light by the requestor or worker.

3. **Conduct the Pre-Hearing Conference**
   During the pre-hearing conference the requestor is provided the opportunity to speak freely regarding the issue under dispute and provide any corroborating information to support their request.

   The CCPO Eligibility and Benefits Staff will ask open ended questions to obtain the requestor's information and perspective on the issue. The CCPO Eligibility and Benefits Staff will identify, clarify, and/or advise the requestor of the specific regulations and policies governing the CCAP and unless new information is presented requiring further review, advise the requestor of the recommendation being made to the Contracted Services Quality Assurance Unit (CSQA) for the hearing. If the recommendation is to move forward with the hearing, the CCPO Eligibility and Benefits Staff will confirm the requestor's request to either continue benefits or not and the possible implications if benefits continue and the hearing decision is not in their favor.

   If it is determined the request for hearing is for a non-allowable reason or outside of the allowable timeframe, the CCPO Eligibility and Benefits Staff will advise the requestor the hearing is disallowed based on either timeliness in requesting or the subject matter; the information will be sent to the CCPO's hearing representative and they will be hearing from them or the Administrative Law Judge (ALJ). The recommendation of disallowing the request with the reason is included on the *Pre-Hearing Conference* form, forwarded to CSQA, and documented in an ICCIS case note using the subject heading: Pre-Hearing recommendation XX-XX-XXXXX-FH.

   If during the pre-hearing conference the requestor states they wish to withdraw their request they will be advised they must submit the request in writing. The verbal request to withdraw their request for hearing is included on *Pre-Hearing Conference* form, forwarded to CSQA, and documented in an ICCIS case note. If the CCPO receives the written request to withdraw the hearing

request it is documented in an ICCIS case note and immediately forwarded to CSQA.

If the CCPO Eligibility Staff was unable to reach and speak to the requestor or if the requestor declined to participate in the pre-hearing conference, it is noted on the *Pre-Hearing Conference* form.

4. **Issue a Recommendation**
   Within seven (7) calendar days of receiving the *Request for Hearing* CC46, the CCPO Eligibility and Benefits Staff will evaluate all information and document their investigation, the requestor's request for or refusal of continued benefits, and recommendation on the *Pre-Hearing Conference* form. An ICCIS case note is entered using subject heading: Pre-Hearing Conference XX-XX-XXXXX-FH. The body of the case note details the review conducted, discussion with requestor, and Eligibility and Benefits Staff recommendation as lined out A through G on the Pre Hearing Conference form. The *Pre-Hearing Conference* form is emailed to CSQA at: dpa.csqa@alaska.gov.

   If it is determined the Designee or CCPO made an error in their determination, the Eligibility and Benefits Staff recommendation on the *Pre-Hearing Conference* form is to concede the issue and promptly notify CSQA and advise the Designee or CCPO of the corrections needed on the requestor's case.

   If it is determined the Designee or CCPO followed the regulations and policies and their decision is correct, the recommendation is to proceed with a hearing.

4400-4 HEARING EVALUATION

Upon the receipt of the *Pre-Hearing Conference* form from the Eligibility and Benefits Staff, the Contracted Services Quality Assurance (CSQA) Staff will contact the Designee's Local Administrator or, if the request is from a provider whose eligibility and payment processing is handled by the Child Care Program Office (CCPO) the policy mailbox at dpaccp@alaska.gov for any needed documents from the requestor's case file. The Designee's Local Administrator or CCPO Eligibility and Benefits Staff must make every effort to provide the information within the requested two (2) business days. When it is necessary to mail a file the Designee will use a traceable priority method.

The assigned CSQA Staff will review the CCPO Eligibility and Benefit Staff's *Pre-Hearing Conference* form and if it indicates to concede the hearing issue, will take appropriate action to have the hearing dismissed. If the recommendation on the *Pre-Hearing Conference* form is to proceed with a hearing, CSQA Staff will conduct a review of the case and prepare for the hearing.

If after review, CSQA determines errors were made, their decision will be to concede and not proceed to hearing. CSQA may determine a new or revised notice be issued to a requesting family or provider to correct a regulation citation or otherwise provide due process to the requestor. When identified, these notices will be issued within two (2) business days. The Designee must contact the CCPO policy mailbox if a notice needs alterations in order to meet the requirements. When a new or revised notice is issued it must include the verbiage "this notice replaces (the name of the previously issued notice) dated MM/DD/YYYY.

1. **CSQA Staff will:**
   a. Enter a case note in the requestor's Integrated Child Care Information System (ICCIS) case using subject heading: Fair Hearing Request – Conceded. The body of the case note identifies the date the decision was made by CSQA, the decision dismisses the hearing, and is in favor of the client;

   b. Forward a copy of the decision to the CCPO Policy Mailbox at dpaccp@alaska.gov; and

   c. Return the requestor's file with a copy of the decision to the Designee.

2. **CCPO Eligibility and Benefits Staff will:**
   a. Document receipt of the decision to concede in the fiscal year's hearing tracking spreadsheet;
   b. Scan the decision to the electronic folder;
   c. Enter a case note in the requestor's ICCIS case, if the decision is in the client's favor, using subject heading: Hearing Request - Conceded. The body of the case note identifies any corrective action needed by the Designee or CCPO with a due date;
   d. Advise the Designee or CCPO of the corrective action needed;
   e. Shred the manila hearing file; and
   f. Document the suggested policy or regulation revision to address the issue and forward to their supervisor for review and forwarding on to the CCPO Policy Team, when the final decision has implications for policy or regulation revisions.

3. **The Designee or CCPO will:**
   Within ten (10) business days of receiving the decision, take the corrective action identified, if any, and notify the CCPO Eligibility and Benefits Staff when completed.

Additional information regarding the hearing process may be found in the *Alaska Administrative Procedures Manual*, section 117.

4400-5 HEARING DECISION

There are two (2) hearing decisions rendered upon the completion of a hearing:

1. **Proposed Decision**
   The proposed decision is written by the Administrative Law Judge assigned to the case, outlining the initial findings based on documentary evidence and verbal testimony. Upon receipt of the proposed decision, both the client and the agency have ten (10) calendar days to submit written opposition if they disagree with the proposed decision. Once the ten (10) calendar days have expired, the proposed decision will move forward from the Office of Administrative Hearings to the Department of Health and Social Services (DHSS) Commissioner's office.

   Child Care Program Office (CCPO) Eligibility and Benefits Staff will save the proposed decision in the electronic folder.

2. **Final Decision**
   The final decision is rendered by the DHSS Office of the Commissioner. The Commissioner or their designee will review the proposed decision, any written opposition(s), and hearing record to issue the final decision. Once the Commissioner's Office renders the final decision, it is binding upon the agency. The agency has no appeal rights. However, the client can appeal to Superior Court.

   Contracted Services Quality Assurance (CSQA) Staff will:
   a. Enter a case note in the requestor's Integrated Child Care Information System (ICCIS) case using subject heading: Fair Hearing Decision and the outcome of the decision (Dismissed, Agency Favor, or Client Favor). The body of the case note identifies the date the decision was received and if the decision

dismisses the hearing, is in favor of the Agency or in favor of the client;

b. Forward a copy of the final decision to the Child Care Program Office (CCPO) Policy Mailbox at dpaccp@alaska.gov , the CCPO's Assistant Attorney General, and the Division of Public Assistance's Director; and

c. Return the requestor's file with a copy of final decision to the Designee.

CCPO Eligibility and Benefits Staff will:

d. Document receipt of the final decision in the fiscal year's hearing tracking spreadsheet;
e. Scan the decision to the electronic folder;
f. Enter a case note in the requestor's ICCIS case, if the decision is in the client's favor, using subject heading: Fair Hearing Decision Overturned. The body of the case note identifies any corrective action needed by the Designee or CCPO with a due date;
g. Advise the Designee or CCPO of the corrective action needed;
h. Update the hearing tracking spreadsheet;
i. Notify the BIRU of the hearing outcome and actions needed if applicable; and
j. Shred the manila hearing file.

The Designee or CCPO must within ten (10) business days, take the corrective action identified, if any, and notify the CCPO Eligibility and Benefits Staff when completed.

When the final hearing decision has implications for policy or regulation revisions, the CCPO Eligibility and Benefits Staff will document the suggested revision to address the issue and forward for consideration to include in policy revisions.

4410 INCORRECT CHILD CARE ASSISTANCE PROGRAM PAYMENT

An Incorrect Payment (IP) of Child Care Assistance Program (CCAP) benefits occurs when an error is made in a family benefit determination, and the family receives a benefit for more than (overpayment) or less than (underpayment) what they were entitled

to receive, **and** the child care provider received payment on behalf of the family at the incorrect amount.

A provider IP occurs when an error is made in the calculation during the payment verification process and the child care provider is paid incorrectly, either more than (overpayment) or less than (underpayment) what they were entitled to receive.

When it is determined a family or provider was over or under paid in error by the Designee or Child Care Program Office (CCPO), an *Incorrect Payment Preliminary Review Form* CC17 is to be completed and submitted to the CCPO Eligibility and Benefits Team.

IPs identified involving a Parent's Achieving Self-Sufficiency (PASS) I family are evaluated through other means and not pursued through this process.

The *Incorrect Payment Preliminary Review Form* CC17 is to be maintained in a separate file and not maintained in the family's or provider's case file. See section 4410-1 A. Child Care Program Office Receipt of the Preliminary Review Form.

A family or provider who is the subject of an IP review may continue to participate in the program during the review process. If the family or provider refuses to cooperate at any level of a review it will result in an Intentional Program Violation (IPV) determination. See section 4420-1 Intentional Program Violation.

4410-1 INCORRECT PAYMENT PRELIMINARY REVIEW SUBMISSION

When it is identified or suspected an incorrect benefit amount has been under or over authorized for a family and paid to the provider, or an incorrect calculation occurred causing an over or under payment to the provider during the payment verification process, additional review is needed to determine the cause for the error and total amount.

The timeframe to include in reviewing a potential Incorrect Payment (IP) is the month the error was discovered and up to the previous twelve (12) months depending on the cause for the error.

Within five (5) business days of discovering an incorrect payment, the Designee or Child Care Program Office (CCPO) Staff will submit to

their supervisor, a completed *Incorrect Payment Preliminary Review Form* CC17, which includes the month(s) the error occurred; the cause of the error; a recalculation of the payment to the provider or if applicable, a recalculation of the family's benefit, and copies of all supporting documentation. Copies of printed case notes from the Integrated Child Care Information System (ICCIS) are not needed as the supervisor has access for review.

Within two (2) business days, the supervisor will review the submission along with any applicable ICCIS case notes and if in disagreement return it to the worker for corrective action as needed. When in agreement with the IP determination, the supervisor will sign the *Incorrect Payment Preliminary Review Form* CC17 and submit the form and all supporting documentation via email to dpaccp@alaska.gov using the subject heading "Incorrect Payment" or fax to the CCPO.

A family overpayment is an error that occurred on the family's case and benefits were paid, on behalf of the family, to the provider. The family is responsible for repayment of the overpayment a benefit was received which they were not entitled to through the additional payment to the provider on the family's behalf.

Example: The family gave a ten (10) business day notice to their provider but the authorization was not changed from a full month to a part month as they only needed ten (10) days to this provider. The payment to the provider was verified at the full month amount. The family should have paid their provider any money owed to that provider above the part month, therefore, the family would owe the state the difference between a part month and a full month as the part month amount would have been paid to their provider had the authorization been changed based on the reported change.

1. **Underpayment**
   When the IP is an underpayment of any amount, supporting documents relevant to the error, including: a copy of the family's application applicable for the timeframe the error occurred; income verification used if it was an income error, and a copy of the *Request for Payment* CC78 if applicable, are to be sent with the *Incorrect Payment Preliminary Review Form* CC17.

   The Designee or CCPO will:

   a. Document the submission of the *Incorrect Payment Preliminary Review Form* CC17 in a case note in the family's or provider's case in ICCIS using subject heading: CCAP Underpayment. The

body of the case note will state only the date the *Incorrect Payment Preliminary Review Form* CC17;

b. Submit the *Incorrect Payment Preliminary Review Form* CC17 to the CCPO and any corrective action taken to prevent the IP from continuing; and

c. Retain the *Incorrect Payment Preliminary Review Form* CC17 in a file other than the family's or provider's case file until a determination is issued by the CCPO at which time the *Incorrect Payment Preliminary Review Form* CC17 is shredded.

2. Overpayment of $99.99 or Less

If an overpayment occurred and the amount overpaid is a total of $99.99 or less, for all the months included in the error, the *Incorrect Payment Preliminary Review Form* CC17 is completed and submitted to the CCPO for documentation purposes. The Designee or CCPO will document the details in a case note in the family's or provider's case in ICCIS to include the month the IP occurred and all months reviewed; the cause of the error; a recalculation of the provider's payment or if applicable, a re-calculation of the family's benefit; and any corrective action taken to prevent the IP from continuing.

3. Overpayment of $100.00 or More

Regardless of the cause, if an overpayment occurs and the amount overpaid is a total of $100.00 or more, for all the months included in the error, supporting documents relevant to the overpayment, including: a copy of the family's application applicable for the timeframe the error occurred; income verification used if it was an income error, and copy of the *Request for Payment* CC78, if applicable are to be sent with the *Incorrect Payment Preliminary Review Form* CC17.

The Designee or CCPO will:

a. Document the details in a case note in the family's or provider's case in ICCIS using subject heading: CCAP Overpayment. The body of the case note will state only the date the *Incorrect Payment Preliminary Review Form* CC17 was submitted to the CCPO and any corrective action taken to prevent the IP from continuing; and

b. Retain the *Incorrect Payment Preliminary Review Form* CC17 in a file other than the family's or provider's case file until a

determination is issued by the CCPO at which time the *Incorrect Payment Preliminary Review Form* CC17 is shredded.

4410-1 A. CHILD CARE PROGRAM OFFICE RECEIPT OF THE PRELIMINARY REVIEW FORM

The same or next day following receipt of an *Incorrect Payment Preliminary Review Form* CC17 the submission is documented and assigned for review.

1. **CCPO Eligibility and Benefits Staff will:**
   a. Enter the IP information in the spreadsheet for the applicable fiscal year;

   b. Document receipt of the IP in an ICCIS case note using subject heading: IP Rcvd. The body of the case note will include the identified error;

   c. Create an electronic folder within the fiscal year's folder based on if it is a family or provider issue. The format for family folders is Last Name, First Name, ICCIS #. If the request is regarding a provider the format is Facility Name (or provider Last, First name if no facility name);

   d. Scan and save the *Incorrect Payment Preliminary Review Form* CC17and all documentation submitted with it in the folder;

   e. Create a manila file using the same naming format as identified in c above;

   f. Place the hard copy of the *Incorrect Payment Preliminary Review Form* CC17and all documentation submitted with it in the manila folder; and

   g. Place the manila folder in the assigned CCPO Eligibility and Benefits Staff's mailbox.

2. **CCPO Assigned Eligibility and Benefits Staff will:**
   a. Determine what, if any additional information is needed from the family or provider's hard copy case file; and

   b. Request the identified information from the Designee's Local Administrator, not the worker assigned to the case.

4410-1 B. CONDUCTING AN INCORRECT PAYMENT REVIEW

Within thirty (30) days of receiving the *Incorrect Payment Preliminary Review Form* CC17, the CCPO Eligibility and Benefits Staff will:

1. Conduct a Fact Finding Review
   The assigned CCPO Eligibility and Benefits Staff will conduct a thorough review including but not limited to: review of regulation and policy related to the cause of the error; review of State of Alaska and contracted databases; and review of the family, provider, Designee, or department records. Review of the Eligibility Information System (EIS) or Alaska's Resource for Integrated Eligibility Services (ARIES) and/or the Case Management System (CMS) to determine if the family or provider is receiving other benefits from the Division of Public Assistance (DPA) and reported the information or change to another program. If the information was reported and documented in one of these systems an IP due to not reporting the change or information to the Child Care Assistance Program (CCAP) timely is not pursued;

2. Conduct Interviews
   Contacting the family, child care provider, family's employer, or other third party may be necessary to clear up discrepancies or obtain additional information. If the Eligibility and Benefits Staff determines an announced or unannounced inspection of the provider is warranted, they will coordinate the visit with the regional Licensing Supervisor; and

3. Scan and save all documentation received or printed that was used as part of the review.

4410-1 C. INCORRECT PAYMENT REVIEW DETERMINATION

The CCPO Eligibility and Benefits Staff will make a determination regarding the IP within thirty (30) days of receiving the *Incorrect Payment Preliminary Review Form* CC17. The CCPO Eligibility and Benefits Staff will:

1. Make a determination regarding the incorrect payment of:
   a. IP With Merit – Not Pursued
      A determination of IP with merit – not pursued is made when the total amount of an overpayment is $99.99 or less; when an

Approved Relative provider has a first (1st) time occurrence of care being authorized and paid for a child not reported by the provider as a change of the children in care.

b. IP With Merit – Pursued
A determination of IP with merit – pursued is made when the IP payment is an overpayment of $100.00 or more; or the family or provider did not timely report factor(s) of eligibility causing the IP to occur.

c. IP With Merit – Needs Further Investigation
A determination of IP with merit – needs further investigation is made when facts of the review identify the family or provider falsified information or omitted information of factor(s) of eligibility that needed to be reported.

d. IP Without Merit – Not Pursued
A determination of IP without merit – not pursued is made when facts of the review identify the family or provider reported information to another DPA program; or the application of adverse action would not allow for the family's benefit to have been changed;

2. Submit a claim to the Benefit Issuance and Recovery Unit(BIRU) for overpayment notification as applicable; and

3. Document the determination made in an ICCIS case note using the standardized template;

4. Save all the information used and applied to make the determination into the electronic IP file to include: information used by the Designee or CCPO; a timeline of actions taken; recalculation as needed to support why it was or was not correct; and the Public Assistance Analyst (PAA) I's determination. The information documented and saved in the electronic file must be clear so that anyone reviewing can follow what was done, how, and why and should include policy or regulation citation to support the decisions made.

5. Update the applicable fiscal year's IP Excel tracking spreadsheet in the CCPO shared drive;

6. Copy the information into the Combined Claim Tracking spreadsheet, if an IP is being pursued;

7. Email the determination to the Designee's Local Administrator, CCPO Accounting Supervisor, or CCPO PAA II, as applicable with any technical assistance identified during the review;

8. Submit a claim to the BIRU, as applicable for an overpayment;

9. Issue determination notifications to the family or provider as applicable, for an underpayment; and

10. Shred the contents of the manila file after ninety (90) days.

4410-2 INCORRECT PAYMENT OF BENEFITS

When the Child Care Program Office (CCPO) Eligibility and Benefits Staff determines an underpayment of any amount or an overpayment totaling $100.00 or more for all the months included in the review has occurred they document their findings in an Integrated Child Care Information System (ICCIS) case note.

Underpayments of any amount are repaid to a family as long as the family is still participating in the Child Care Assistance Program (CCAP) and to a provider as long as their Vendor Customer Number (VCN) is still active in the Integrated Resource Information System (IRIS). If the family's participation ends any remaining underpayment will be applied to the family's case if they reapply and are determined eligible for program participation.

If it is determined the overpayment was due to an intentional act to withhold or provide false information the CCPO will make a fraud referral.

4410-2 A. OVERPAYMENT OF BENEFITS

The Division of Public Assistance (DPA) Benefit Issuance and Recovery Unit (BIRU) is responsible for collection actions regarding all overpayments. Collection actions include issuing notice of the overpayment to the family or provider, entering into a repayment plan, processing payments made, updating the spreadsheet, and notifying the CCPO when an overpayment has been paid in full.

1. CCPO Eligibility and Benefits Staff will:

a. Document the review findings in an ICCIS case note using subject heading: IP With Merit – Claim Submitted. The body of the case note includes the date the *Incorrect Payment Preliminary Review Form* CC17 was submitted, a synopsis of the findings, and a break down by month of the overpayment with the total amount due;

b. Complete the *Fraud Complaint Report* GEN40 and email it to the DPA Fraud Control Unit along with supporting documentation, when it is determined the family or provider withheld or falsified information. When a *Fraud Complaint Report* GEN40 is completed, skip c below at this time. If fraud is determined the claim is processed as part of that action. If fraud is not pursued the *Child Care Claims Referral* is completed at that time;

c. Complete and submit the *Child Care Claims Referral* to the BIRU by accessing their share point site;

d. Save a copy of the completed referral in the electronic Incorrect Payment (IP) folder in the CCPO shared drive;

e. Update the fiscal year's IP tracking spreadsheet;

f. Copy the information into the Combined Claim Tracking spreadsheet;

g. Email the Designee's Local Administrator or CCPO Public Assistance Analyst (PAA) II any needed technical assistance identified during the review;

h. Monitor the BIRU share point site for the issuance of a *BIRU Child Care Assistance Program Notice of Overpayment* and once issued, save a copy in the electronic folder and update the Combined Claim Tracking spreadsheet;

i. Monitor the BIRU share point site for a repayment plan and payment(s) from the family or provider;

j. Take actions to Debar the family or provider if a repayment plan and/or payments are not received. See section 4410-5 Child Care Assistance Program Debarment;

k. Monitor the BIRU share point site for the issuance of a *Paid in Full Notice* to the family or provider. Once issued document in

an ICCIS case note when it is identified the overpayment has been repaid. Scan and save a copy of the notice in the IP folder; and

l. Update the applicable fiscal year's IP tracking spreadsheet and once paid in full remove the family's or provider's information from the Combined Claim Tracking spreadsheet.

2. The BIRU will:

a. Upload all *Child Care Claims Referral* forms submitted through the share point site;

b. Create an electronic folder for each client;

c. Enter the client's information on the CCP Payment List;

d. Issue a *BIRU Child Care Assistance Program Notice of Overpayment* to the client identifying the overpayment amount and reason, requesting a repayment plan, and advising of the right to request a hearing;

e. Work with the family or provider to establish monthly payments to allow for the sum of the overpayment to be fully repaid as quickly as is reasonable and within three (3) years, and document the agreement. Any changes to an established repayment agreement are made between the family or provider and the BIRU, documented and a new signed agreement uploaded to the family's or provider's file in the Share point site;

f. Receive and document all payments received; and

g. Issue a *Paid in Full Notice* when the overpayment has been satisfied.

3. The Designee will:

a. Take any identified corrective action and document the action in an ICCIS case note;

b. Shred the *Incorrect Payment Preliminary Review Form* CC17 upon receipt of the determination. If a determination has not be received within ninety (90) days of submission, the Designee will follow up with the CCPO; and

c. Maintain any notices issued by the CCPO in the family's or provider's hard copy case file as applicable.

A family or provider who has been debarred from CCAP participation due to non-compliance with a repayment plan established with the BIRU must come into compliance by paying all delinquent months as per the repayment plan, or pay the overpayment in full, whichever occurs first. If a family or provider has been debarred for not establishing a repayment plan with the BIRU, they must come into compliance by submitting their repayment plan to the BIRU and include at least the first month's payment. Compliance is determined once the BIRU confirms they have received all required repayment plans and payments.

If a family's or provider's repayment plan is to use their Permanent Fund Dividend (PFD)or if the Department claims some or all of their future PFD, the family or provider must still come into compliance as stated above and remain in compliance with any established repayment plan. The BIRU has until August 31 to reverse any scheduled PFD garnishments. If an individual's PFD is garnished and it exceeds the IP balance owed, the BIRU will reimburse the individual for any overage after the garnishment is received.

When a family or provider has come into compliance or repaid the overpayment in full, the CCPO will issue a *Child Care Assistance Program Debar Removed Notice*, remove the debarment in ICCIS and notify the Designee as applicable. A family or provider who comes into compliance by paying the delinquent months must continue to make payments in order to remain in compliance and to participate in the CCAP.

4410-2 B. UNDERPAYMENT OF FAMILY BENEFITS

If an overpayment is identified for a family who also has an underpayment balance, the CCPO will work the overpayment according to the overpayment process and deduct the underpayment amount.

The underpayment will be corrected as quickly as the amount of the family's co-pay allows. The family's full co-pay amount will be used to determine the monthly adjustment needed. When the repayment timeframe includes a month in which less than the family's full co-pay amount is needed, only the portion of the co-pay needed is to be adjusted.

1. CCPO Eligibility and Benefits Staff will:

a. Contact both the family and their provider advising them of the underpayment. The adjustment will be made by the CCAP paying all or a portion of the family's co-pay during the payment verification process;

b. Issue a *Notice of Underpayment – Family* to the family advising them of the underpayment amount, and how the adjustment will be made. A copy of this notice is sent to the family's current child care provider and the Designee or CCPO Accounting Staff responsible for processing the provider's *Request for Payment* CC78 forms; and

c. Access the family's authorized care to their child care provider through the Payment Options module in ICCIS. The family's child(ren) with the assigned co-pay are "Saved" in the Verifications screen using the Supplemental Reason code of PYMT ADJ, IP PYMT PLAN, See CANO, as a reminder to the Designee or CCPO Accounting Staff adjustments are needed before payment is processed.

2. Designees or CCPO Accounting Staffwill:

a. Verify additional payment to the provider based on the *Notice of Underpayment-Family*;

b. Attach a copy of the notice to each of the provider's *Request for Payment* CC78 including this family until the full amount of the underpayment is repaid;

c. Issue a *Child Care Assistance Provider Request for Payment Incorrect Payment Adjustment Notice* and mail it to the provider; and

d. Notify CCPO Eligibility and Benefits Staff when the underpayment has been repaid.

If the family changes providers, has a change in their co-pay, or enters a new certification period prior to the underpayment being paid in full, the Designee must contact the CCPO Eligibility and Benefits Staff. The CCPO will review the balance remaining and re-notice the family and/or provider accordingly.

No payments or adjustments will be made if at any time a child of the family does not attend at least one (1) day in a month during the months of the repayment period or their CCAP participation ends. Any remaining underpayment amount will be entered in a case note in the

family's ICCIS case and adjusted, following the above procedure, if the family participates again. The CCPO will set an ICCIS alert on the family's case "IP Underpay contact the CCPO".

4410-2 C. UNDERPAYMENT TO A PROVIDER

When an IP review results in a determination of an underpayment to the provider it can only be processed if the provider's VCN is still active in IRIS.

When the provider's CCAP participation has ended and their VCN is inactivated the CCPO Eligibility and Benefits Staff will document the findings in an ICCIS case note using subject heading: IP Underpay contact the CCPO. An alert is also set using IP contact CCPO. If the provider reapplies and is determined eligible, the underpayment will be processed.

When the child care provider's VCN is active a *Notice of Underpayment – Provider* is issued advising the underpayment will be processed through a supplemental payment.

1. **CCPO Eligibility and Benefits Staff will:**
   a. Issue a *Notice of Underpayment-Provider* to the provider advising them of an underpayment, and payment will be made by the CCAP as a supplemental payment for the identified month(s);

   b. Save a signed copy of the *Notice of Underpayment-Provider* in the provider's electronic IP folder;

   c. Enter an ICCIS case note using subject heading: IP With Merit – Underpayment – Supplemental. The body of the case note includes the date the *Payment Preliminary Review Form* CC17 was submitted, a synopsis of findings and details of how the underpayment is to be satisfied;

   d. Update the fiscal year's IP tracking spreadsheet;

   e. Enter the provider's information into the Combined Claim Tracking spreadsheet for monitoring;

   f. Forward a copy of the *Notice of Underpayment-Provider* to the CCPO Accounting Staff for the supplemental processing;

g. Issue a *Paid in Full Notice* to the provider with a copy to the Designee and CCPO Accounting Staff and document in an ICCIS case note when it is identified the underpayment has been repaid;

h. Scan and save a copy of the *Paid in Full Notice* in the provider's electronic IP folder; and

i. Update the applicable fiscal year's IP tracking spreadsheet and remove the provider's information from the Combined Claim Tracking spreadsheet.

4. CCPO Accounting Staff will:

a. Process a supplemental payment to the provider through the Payment Options screen in ICCIS for the identified month(s) and amount specified in the letter;

b. Issue a *Child Care Assistance Provider Request for Payment – Incorrect Payment Adjustment Notice* to the provider identifying the additional payment is for the established underpayment;

c. Document the supplemental payment in an ICCIS case note in the provider's case with the math showing the balance, if any, after each payment is made when multiple payments are needed;

d. Attach a copy of the *Notice of Underpayment-Provider* to the provider's *Request for Payment* CC78 used to process the supplemental payment;

e. Forward a copy of the notices issued by the CCPO to the Designee to maintain in the provider's hard copy case file; and

f. Notify the CCPO Eligibility and Benefits Staff when the underpayment has been satisfied.

4410-3 RECOUPMENT OF AN OVERPAYMENT

If a family, provider, or family using In-home care disputes the overpayment determination and requests a hearing, no recoupment actions are to be taken until a hearing decision is issued.

4410-3 A. RECOUPMENT OF AN OVERPAYMENT

The Child Care Program Office (CCPO) Eligibility and Benefits Staff will notify the Benefit Issuance and Recovery Unit (BIRU) if a family or provider requests a hearing regarding an overpayment determination and when the hearing decision is received.

If a final hearing decision overturns the overpayment determination, the CCPO Eligibility and Benefits Staff will forward a copy of the final hearing decision to the BIRU and request the claim against the family to be voided. The BIRU will save a copy of the final hearing decision in the family's or provider's file and update their tracking spreadsheet. The CCPO Eligibility and Benefits Staff will issue an *Overpayment Rescinded Notice* to the family or provider, update the fiscal year's Incorrect Payment (IP) tracking spreadsheet and remove the family's or provider's information from the Combined Claim Tracking spreadsheet.

When a hearing is not requested or the final hearing decision upholds the overpayment determination collection actions will continue.

1. **The BIRU will:**
   a. Negotiate with the family or provider to establish a reasonable amount of monthly payments to allow for a realistic timeframe for the sum of the overpayment to be fully repaid and document the agreement;
   b. Maintain a copy of all notices issued to the family or provider in the share point site;
   c. Receive and process all payments received from the family or provider;
   d. Maintain payment tracking in the claims spreadsheet in the share point site; and
   e. Issue a *Paid in Full Notice* when the overpayment has been satisfied.

2. **The CCPO Eligibilityand Benefits Staff will:**
   a. Monthly monitor the BIRU tracking spreadsheet in the share point site;
   b. Monthly reconcile the Combined Claim Tracking spreadsheet with the BIRU tracking spreadsheet; and
   c. Take action to debar the family or provider from Child Care Assistance Program (CCAP) participation if they fail to enter into a repayment plan, fail to make any payment; or stop

making payments agreed to. See section 4410-5 Child Care Assistance Program Debarment.

4410-3 B. ADJUSTING, SUSPENDING, OR ENDING PAYMENTS AND/OR COLLECTION ACTIONS

The CCPO Eligibility and Benefits Staff may determine the amount of a monthly payment can be adjusted, payments suspended and/or collection actions ended.

1. Adjust or Suspend Payments
   The BIRU will allow a family or provider to repay a monthly amount that is less than the agreed upon amount for a period of up to three (3) months or suspend payments for a period of up to three (3) months only if it is determined the family would suffer an extreme hardship if required to make the agreed upon payment.

   If a family or provider reports to the BIRU a hardship, the BIRU will request financial verification, as needed, in order to determine whether or not the minimum payment amount is a hardship.

   The BIRU will:

   a. Document their rationale and adjustment amount and/or timeframe in the family's or provider's claim case and issue a *Child Care Assistance Overpayment Hardship Determination Notice* to the family or provider;

   b. Send a copy of the *Child Care Assistance Overpayment Hardship Determination Notice* to the CCAP Policy mailbox at DPACCP@alaska.gov; and

   c. Save a copy of the *Child Care Assistance Overpayment Hardship Determination Notice* in the family's or provider's file in the BIRU share point site.

   CCPO Eligibility and Benefits Staff will:

   d. Document the information in a case note in the family's or provider's ICCIS case; and

   e. Save the notice in the electronic Incorrect Payment (IP) file.

2. End Collection Action

Collection actions will be ended when it is determined they are no longer cost effective to pursue. If the BIRU has been unable to establish contact with a former family or provider for ten (10) consecutive years to develop a repayment plan or obtain compliance with an established plan collection actions will end. The CCPO Eligibility and Benefits Staff will consult with the BIRU regarding payments and contact with a former family to ensure an alternative arrangement has not been reached before advising the BIRU to end collection action.

The CCPO Eligibility and Benefits Staff will document the decision in a case note in the family's or provider's ICCIS case.

4410-4 PAYMENT TRACKING SPREADSHEET RECONCILIATION

Each month the Combined Claim spreadsheet is to be monitored for any necessary next action. The Child Care Program Office (CCPO) Eligibility and Benefits Staff will utilize the Division of Public Assistance (DPA) Benefit Issuance and Recovery Unit (BIRU) share point site, applicable fiscal year Incorrect Payment (IP) tracking spreadsheets, the Combined Claim tracking spreadsheet, as well as the Integrated Child Care Information System (ICCIS) to monitor under and over payments and next steps.

1. **Underpayments**
   The CCPO Eligibility and Benefits Staff will review each underpayment entered in the Combined Claim Tracking spreadsheet until the repayment is made in full. Reminders are sent to the Designee's Local Administrator or CCPO Accounting Supervisor when the supplemental or payment is not made based on the notice issued and the family continues Child Care Assistance Program (CCAP) participation. Supplemental payments can be made to a provider whose ICCIS case has closed as long as the provider's Vendor Customer Number (VCN) is still active in the Integrated Resource and Information System (IRIS).
   Once the underpayment is satisfied, the CCPO Eligibility and Benefits Staff will issue a *Paid in Full Notice* to the family or provider and send a copy to either the Designee's Local Administrator or the CCPO Accounting Staff. A copy of the notice is saved in the electronic IP file and the action is documented in an ICCIS case note.

The applicable fiscal year's spreadsheet is updated with the date the underpayment is paid in full and the family's or provider's information is deleted from the Combined Claim Tracking spreadsheet.

2. **Overpayments**

The CCPO Eligibility and Benefits Staff will access the family's or provider's electronic file in the BIRU share point site to determine if the *BIRU Child Care Assistance Program Notice of Overpayment* has been issued by the BIRU. A copy of this notice is saved in the electronic IP folder in the CCPO's shared drive.

The Combined Claim Tracking Spreadsheet is updated with the date the *BIRU Child Care Assistance Program Notice of Overpayment* was issued. No action will be taken until the timeframe identified in the *BIRU Child Care Assistance Program Notice of Overpayment* notice passes. Once the timeframe has passed, the CCPO Eligibility and Benefits Staff will review the BIRU file again along with the BIRU's spreadsheet to determine if a repayment plan has been received. When no repayment plan has been received, CCPO Eligibility and Benefits Staff will take action to debar the family or provider. See section 4410-5 Child Care Assistance Program Debarment.

When the family or provider has entered into a repayment plan with the BIRU, a copy of the written agreement, if any, is saved in the electronic IP file in the CCPO shared drive and the Combined Claim Tracking spreadsheet is updated with the repayment information.

The CCPO Eligibility and Benefits Staff will continue to monitor these monthly to ensure payments are being made as agreed. If payments are being received but not in the amount agreed upon, no action is needed. When a payment of any amount has not been received for two (2) consecutive months the CCPO Eligibility and Benefits Staff will take action to debar the family. See section 4410-5 Child Care Assistance Program Debarment.

When the overpayment has been repaid in full the BIRU issues a *Paid in Full Notice*. A copy of this notice is saved in the family's or provider's electronic IP file in the CCPO shared drive. The CCPO Eligibility and Benefits Staff will enter a case note in the family's or provider's case in ICCIS documenting the repayment. The applicable fiscal year's IP spreadsheet is updated to reflect the date the overpayment was paid in full and the family's or

provider's information is removed from the Combined Claim Tracking spreadsheet.

4410-5 CHILD CARE ASSISTANCE PROGRAM DEBARMENT

When a family or provider does not develop or comply with a repayment plan as required to repay a Child Care Assistance Program (CCAP) overpayment, the family or provider will be debarred from program participation until satisfactory compliance is achieved.

The family or provider may request their Permanent Fund Dividend (PFD) be used in full or in part to repay the overpayment. To do this they must complete a current dividend year's *Dividend Assignment of Rights* form 04151 and submit it to the Permanent Fund Division.

When a family owes their provider either their monthly contribution (co-pay) and/or the difference in the provider's charges and what the CCAP has paid on the family's behalf, and the family has not entered into a payment plan with their provider, the family will be debarred from program participation.

4410-5 A. DEBAR WARNING

If a family or provider does not enter into a repayment plan with the CCAP, has not made a payment, or stops making agreed upon payments for an overpayment of benefits, or if a family does not enter into a repayment plan with their provider for money owed to the provider, the Child Care Program Office (CCPO) Eligibility and Benefits Staff will take action to debar the individual.

1. **Family or Provider Overpayment**
   The CCPO Eligibility and Benefits Staff will issue and mail via regular mail, the applicable *Child Care Assistance Program Debar Warning Notice* to the family or provider advising them they will be placed on the ineligible families and providers list and therefore debarred from CCAP participation if they do not contact the Division of Public Assistance (DPA) Benefit Issuance and Recovery Unit (BIRU) and either establish and comply with a repayment plan, or resume compliance with an established repayment plan. Adverse action must be applied when determining the date the family or provider will effectively be debarred from program participation. The notice must advise the

family or provider ten (10) days prior to the first (1st) day of the affected month, based on the Adverse Action Calendar, they will be debarred an program eligibility will be ended.

A copy of the *BIRU Child Care Assistance Program Notice of Overpayment* issued by the BIRU is sent with the applicable *Child Care Assistance Debar Warning Notice* and the action is documented in a case note in the family's Integrated Child Care Information System (ICCIS) case.

A copy of the *Child Care Assistance Debar Warning Notice* is uploaded to the BIRU's claim folder in the share point site. The fiscal year's Incorrect Payment (IP) tracking spreadsheet and the Combined Claim Tracking spreadsheets are updated to reflect the date the *Child Care Assistance Debar Warning Notice* was issued.

When the family or provider makes contact with the BIRU and agrees to make a payment, the CCPO Eligibility and Benefits Staff will monitor the BIRU share point site to determine if the agreed upon payment has been made. If so, no further action is taken at this time.

If the family or provider either does not contact the BIRU within the timeframe identified in the *Child Care Assistance Debar Warning Notice* or does not make a payment as agreed, the CCPO Eligibility and Benefits Staff will issue the applicable *Child Care Assistance Program Debar Notice* to the family or provider. See section 4410-5 B. Debar Notice.

2. Family Non-Payment to Provider

When a Parent's Achieving Self-Sufficiency (PASS) I family does not enter into a payment plan with their provider for money owed to the provider, the CCPO Eligibility and Benefits Staff will notify the family's case manager requesting any action possible be taken on the family's case.

When a PASS II or PASS III family does not enter into a payment plan with their provider for money owed to the provider,

The CCPO Eligibility and Benefits Staff will:

a. Issue and mail via regular mail, a *Notice of Non-Payment to Child Care Provider* notice and attach a copy of the *Child Care Assistance Report of Family Non-Payment Notice* issued by the Designee advising the family they will be placed on the ineligible families list and therefore debarred from CCAP participation if they do not establish a payment plan with their

provider. Adverse action must be applied when determining the date the family will effectively be debarred from program participation;

b. Document the action in a case notes in the ICCIS case;

c. Contact the child care provider to confirm a payment plan has been established following contact with the family or the due date identified in the *Child Care Assistance Report of Family Non-Payment Notice* if the family has not contacted the CCPO. If the provider does not allow a payment plan, the family must pay, what is determined to be owed to the provider, in full.
   - If the family has entered into a payment plan with the provider, the contact is documented in family's case in ICCIS and no further action is taken toward the family; or
   - Issue the *Child Care Assistance Debar Warning Notice – Family*, if the family has not set up a payment plan with the provider, and update the fiscal year's IP tracking spreadsheet and Combined Claim Tracking spreadsheet to reflect the date the *Child Care Assistance Debar Warning Notice – Family* was issued for the non-payment;

d. Contact the child care provider to confirm a payment plan has been established following either contact with the family or the due date identified in the *Child Care Assistance Debar Warning Notice – Family*. If the provider does not allow a payment plan, the family must pay, what is determined to be owed to the provider, in full.
   - If the family has entered into a payment plan with the provider the contact is documented in the family's case in ICCIS and no further action is taken toward the family; or
   - Issue the *Child Care Assistance Debar Warning Notice - Family,* if the family has not established a payment plan with the provider. If the family has not contacted CCPO or set up a payment plan with the provider, issue the Child Care Assistance Program Debar Notice for Non-Payment.

4410-5 B. DEBAR NOTICE

A family or provider with a debarred individual in ICCIS may not participate in any CCAP PASS program, as either a family or provider.

When a family or provider requests a hearing based on the issuance of the Debar Warning notice, no further debarment actions are taken until the final decision is issued on a hearing.

When a family or provider does not request a hearing and does not make contact or does not make the agreed upon payment following the issuance of the debar warning notice.

The CCPO Eligibility and Benefits Staff will:

1. Issue and mail via regular mail, a *Child Care Assistance Program Debar Notice (Family or Provider)*. The family or provider is debarred the first (1st) of the month following applicable adverse action timeframes.

2. Forward a copy of the *Child Care Assistance Program Debar Notice* via email to the Designee's Local Administrator, as necessary, advising them to cancel existing authorizations and close the case with a specified effective date using the applicable adverse action date.

3. Update the fiscal year's IP tracking spreadsheet and move the family's or provider's information from the Family Recoupments or Provider Recoupments tab to the Debarred tab of the Combined Claim Tracking spreadsheet.

4. Check the debar box for the individual in the General Screen of ICCIS for the family or provider.

5. Enter a case note detailing the reason for the debarment.

4410-5 C. DEBAR REMOVED

When a family or provider has come into compliance by establishing and complying with a repayment plan with the State of Alaska; payment plan with their provider; resuming payments based on an established repayment plan; or has repaid the overpayment in full, the CCPO Eligibility and Benefits Staff will issue a *Child Care Assistance Program Debar Removed Notice*, remove the debarment in ICCIS and notify the Designee as applicable.

1. **Family**
   If the family is still within a certification period they do not need to reapply and would be eligible for benefits to be reissued effective

the day they came into compliance with the repayment plan. When a family's previously established certification period has ended. The family must reapply. The CCPO Eligibility and Benefits Staff will:

a. Remove the Debar check from the individual in ICCIS;
b. Issue a *Child Care Assistance Program Debar Removed Notice* to the family identifying the effective date of benefits to be reissued and save a copy in the family's IP folder;
c. Set an alert in ICCIS to notify the family's worker they are again eligible;
d. Email the *Child Care Assistance Program Debar Removed Notice* to the Designee's Local Administrator and assigned worker, or for PASS I, to Work Service Provider (WSP)'s supervisor and assigned worker, indicating what action is needed by the worker or indicating that no action needed;
e. Move the family's information from the Debarred tab to the Family Recoupment tab of the Combined Claim Tracking spreadsheet.

The Designee will:

a. Request Sysops to revert the case back to open, remove the end dates on the participation for all family members and remove the end date on the eligible activity.
b. issue authorizations from the date the debarment ended through the rest of the certification period
c. Set all alerts
d. If applicable, send a renewal notice to the family.

2. Provider

If the provider is still within their CCAP approval timeframe they do not need to reapply to again participate, however, any information which would have been due during the debarment timeframe must be submitted before they will be placed back into Active/Open status. If the provider's approval timeframe has passed they must reapply. The CCPO Eligibility and Benefits Staff will:

a. Remove the Debar check from the individual in ICCIS;
b. Issue a *Child Care Assistance Program Debar Removed Notice* to the provider advising any information, documentation, or verification that would have been due during the debarment is due before they may again participate;
c. Set an alert in ICCIS to notify the provider's worker they are again eligible, or need to reapply;

d. Email the *Child Care Assistance Program Debar Removed Notice* to the Designee's Local Administrator and assigned provider specialist indicating action is needed, if any;
e. Provide any assistance needed to the worker; and
f. Move the provider's information from the Debarred tab to the Provider Recoupment tab of the Combined Claim Tracking spreadsheet.

4420 CHILD CARE ASSISTANCE PROGRAM FRAUD

Fraud is an intentional action, inaction, or statement made by a family or provider to deliberately misrepresent, conceal, or withhold information, resulting in establishing a benefit or payment to the family or the provider which the family or provider is not entitled. In the Division of Public Assistance (DPA) programs, fraud is frequently referred to as an Intentional Program Violation (IPV). An IPV may occur with or without a benefit overpayment having occurred.

If an IPV is found to have been committed, associated penalties will be imposed on the family or provider found to have committed the IPV. Additionally, the family or provider will be required to repay all Child Care Assistance Program (CCAP) benefits wrongfully received. The DPA, Program Integrity and Analysis (PI&A), Fraud Control Unit (FCU) maintains program integrity through the detection and prevention of Public Assistance fraud.

The FCU functions include:

1. Developing and coordinating fraud prevention activities statewide;

2. Investigating fraud allegations to determine if fraud or attempted fraud has occurred;

3. Referring severe cases of fraud to the Department of Law, Office of Special Prosecutions and Appeals, for possible criminal prosecution;

4. Calculating program losses due to fraud and obtaining repayment through an agreement with the recipient, a favorable administrative hearing decision, or through a prosecution judgment; and

5. Disqualifying and/or imposing other penalties on applicants and recipients who have committed an IPV from future program participation by means of the Intentional Program Violation Hearing process.

4420-1 INTENTIONAL PROGRAM VIOLATIONS

An Intentional Program Violation (IPV) occurs when a family or provider takes an action for the purpose of qualifying for Child Care Assistance Program (CCAP) benefits, or for increasing or preventing a reduction in the benefit, including ending participation.

1. **Family IPV includes but is not limited to:**
   a. Reporting incomplete or inaccurate information regarding the family's income, family/household composition or any other material fact related to program eligibility; or

   b. Providing false or misleading information, or withholding information.

2. **Provider IPV includes but is not limited to:**
   a. Providing false or misleading information or withholding necessary information that results in an erroneous determination of eligibility or erroneous payment;

   b. Failing to comply with requirements related to rates charged; or

   c. Falsifying attendance records to reflect a higher amount of time a child was in care than actually occurred.

If a participating family or provider is believed to have committed an IPV, the Division of Public Assistance (DPA) will take action against the accused family or provider through an administrative disqualification hearing or refer the matter to the appropriate authorities for civil or criminal action in a state or federal court.

4420-1 A. IDENTIFYING POTENTIALINTENTIONAL PROGRAM VIOLATIONS

When the Designee identifies conflicting or suspicious information at the time of the family's or provider's application they will make all

attempts to obtain clarification or verification regarding the conflicting information before making an eligibility determination on the application.

If the Designee has received conflicting or contradicting information causing the Designee to believe the family or provider reported information incorrectly, did not report information pertinent to their eligibility, falsified or withheld information, it is to be followed up on prior to making an eligibility determination. If the Designee has discussed the need for and issued a notice requesting information and the family or provider responded saying they are not able to provide the information requested and the Designee is not able to access the information needed, including through collateral contacts, a *Request for Information* form is completed and emailed with a copy of the application, to the Child Care Program Office (CCPO)Eligibility and Benefits Staff via the CCAP policy mailbox at: dpaccp@alaska.gov. The request must include a description of the information needed and the reason the Designee believes it was not reported or not reported accurately.

If during a file review, the incorrect payment review, hearing process, or other time within a participating family's certification period or provider's approval period, the Designee has reason to believe information pertinent to eligibility has been reported incorrectly or not reported, an investigation will be conducted. The Designee or CCPO will complete the *Incorrect Payment Preliminary Review* CC17 form and email to the CCPO policy mailbox at: dpaccp@alaska.gov using the subject heading "Incorrect Payment". The form must include a description of the conflicting or suspicious information.

The receipt of the *Incorrect Payment Preliminary Review* CC17 form will be documented and assigned to a member of the CCPO Eligibility and Benefits Team. The assigned CCPO Eligibility and Benefits Staff will within thirty (30) calendar days, access the available State of Alaska and other data bases and information to obtain the requested information and provide it to the Designee.

4420-1 B. REFERRING POTENTIALINTENTIONAL PROGRAM VIOLATIONS

If during the process of obtaining and reviewing information as requested by the Designee, the Eligibility and Benefits Staff need additional resources to confirm suspected information, they will

complete and submit a *Fraud Complaint Report* GEN40 to the DPA, Program Integrity and Analysis (PI&A), Fraud Control Unit (FCU). Upon receiving information from and discussing the situation with the Fraud Control Unit (FCU), the CCPO Eligibility and Benefits Staff will determine if the family or provider reported information completely and correctly or not and if not, was there a deliberate intent to commit fraud. If there is insufficient evidence to support a fraudulent act no further action is taken. In instances that sufficient evidence establishes probable cause that fraud has occurred; action is taken to obtain an IPV determination.

1. FCU will:
   a. Determine if any additional documentation or information is needed from the Designee's hard copy file and request it from them directly;
   b. Contact the Designee responsible for the eligibility determination, request the file as needed or for clarification;
   c. Request copies of *Request for Payment* CC78 and *Requestfor Amended Payment* CC79 forms, as needed, from the CCPO Accounting via the general mailbox at ccpo@alaska.gov using the subject heading "Verified Payments Requested"; and
   d. Email the CCPO policy mailbox at dpaccp@alaska.gov to schedule time for case discussion, if needed, or if the Designee or CCPO Accounting has been unresponsive to information requests.

2. Designee and CCPO Accounting Staff will:
   Within one (1) business day, provide the requested documentation or information to the FCU investigator. When additional time is needed to obtain the requested information, the Designee or CCPO Accounting Staff will email the FCU with the identified timeframe they can complete the request.

3. CCPO Eligibility and Benefits Team will:
   a. Respond to all emails to the policy mailbox timely;
   b. Assist FCU as necessary to obtain requested information from the Designee or CCPO Accounting, if the Designee or CCPO Accounting is unresponsive;
   c. Schedule time as requested with the FCU investigator for case discussion; and
   d. Email the FCU to schedule time for case discussion if guidance is needed regarding referral of a case.

4420-2 PURSUING INTENTIONAL PROGRAM VIOLATIONS

In instances that sufficient evidence establishes that an Intentional Program Violation (IPV) occurred, the Child Care Program Office (CCPO) Eligibility and Benefits Staff will forward the matter to the Fraud Control Unit (FCU).

4420-2 A. WAIVER OF INTENTIONAL PROGRAM VIOLATION HEARING

The family or provider has the option to waive their right to an Intentional Program Violation Hearing. Once presented with the evidence supporting an IPV the family or provider is given the opportunity to sign a waiver instead of participating in a formal hearing. The waiver can be signed either admitting or not admitting to the facts as presented. The signed waiver carries the same penalties as being found to have committed an IPV through a formal Intentional Program Violation Hearing.

By signing the waiver, the family or provider gives up their right to an Intentional Program Violation Hearing, agrees to repay any overpayment, and agrees to be disqualified from the Child Care Assistance Program (CCAP) for the period specified.

The CCPO Eligibility and Benefits Staff will impose the applicable IPV and disqualification penalty to both open and closed cases. See section 4420-3 Penalties for an Intentional Program Violation. The signed *Waiver of Intentional Program Violation Hearing* notice is placed in the family or provider's electronic Incorrect Payment (IP) file and forwarded to the Designee or CCPO to maintain in the family's or provider's hard copy case file.

The family's or provider's information is updated in the Incorrect Payment Tracking Spreadsheet.

4420-2 B. INTENTIONAL PROGRAM VIOLATION HEARING

When a family or provider fails to submit a signed *Waiver of Intentional Program Violation Hearing* an Intentional Program Violation Hearing is scheduled by the FCU.

The FCU sends the family or provider the *Advance Notice of Your Intentional Program Violation Hearing* at least thirty (30) calendar days prior to the hearing date and must contain the date, time, and location of the hearing. The Intentional Program Violation Hearing will be held with or without the family or provider being present as long as the *Advance Notice of Your Intentional Program Violation Hearing* notice is sent as required.

Intentional Program Violation Hearings are conducted by an Administrative Law Judge (ALJ) with the Office of Administrative Hearings (OAH) and may be in person or telephonic at the preference of the family or provider.

The Respondent is entitled to one hearing postponement of up to thirty (30) calendar days.

If a family or provider fails to appear at the Intentional Program Violation Hearing, the hearing will proceed in their absence. A family or provider may submit evidence of good cause for having not appeared, within ten (10) calendar days of the hearing record having been closed. The ALJ will determine if good cause exists; if the ALJ determines there is good cause, a new hearing will be scheduled.

The family or provider has the right to examine the contents of their file and all documents and records to be used at the hearing, at a reasonable time before the date of the hearing and to be represented by an attorney or any other person at the hearing. If the family or provider chooses to be represented at the hearing by an attorney or other person, an *Assignment of Intentional Program Violation Hearing Representative Form*, provided by the department, must be completed, signed by the family or provider and their representative, and submitted to the FCU.

At the Intentional Program Violation Hearing the family or provider has rights including to:

1. Examine the contents of the family's or provider's file and all documents and records to be used at the hearing;

2. Present witnesses and documents pertinent to the case, at their own expense;

3. Establish pertinent facts and circumstances;

4. Present oral and written arguments pertinent to the case;

5. Question or refute any testimony or evidence, including the opportunity to cross-examine witnesses;

6. Ask to delay the hearing up to thirty (30) days;

7. Present their own case, have a lawyer represent them, or have someone such as a friend, relative, or community worker help

   present their case; and

8. Remain silent. The Respondent may decide at any time to exercise this right and not answer any questions or make any statements. Anything a Respondent says or anything a Respondent signs can be used against them in making a decision and can also be used against them in a court of law.

The ALJ will render a decision within ninety (90) calendar days after the *Advance Notice of Your Intentional Program Violation Hearing* was sent, unless a postponement of the hearing was granted. If the hearing was postponed, the timeframe for the ALJ to render a final decision will be extended for the same number of day which the hearing was postponed, if the postponement was requested by the Respondent. In instances a postponement is agency caused, the timeframe for the ALJ to render a final decision is not changed.

No further administrative remedy exists; if a family or provider disagrees with the final decision they may appeal to the Alaska Superior Court within thirty (30) days of the date the final administrative decision was adopted.

Once a decision is rendered, the case file will be returned to the Designee. All decisions are forwarded to the CCPO to case note the IPV stipulations and to provide guidance to the Designee regarding the IPV.

4420-2 C. ACTIONS ON AN INTENTIONALPROGRAM VIOLATION DETERMINATION

The CCPO Eligibility and Benefits Staff will save a copy of the Intentional Program Violation Hearing decision in the family or provider's electronic Incorrect Payment folder. The family's or provider's information is updated on the Incorrect Payment tracking spreadsheet.

The Eligibility and Benefits Staff will enter a case note in the family's or provider's case in the Integrated Child Care Information System (ICCIS) documenting the decision using subject heading: IPV Decision – No IPV or IPV Decision - (applicable number 1st, 2nd, or 3rd). If the family is Parents Achieving Self-Sufficiency (PASS) I, boxes are to be checked to save the case note and alert the case manager in the Case Management System (CMS). Included in the case note is the applicable IPV number, penalty, repayment amount and timeframe.

1. PASS I
   When an IPV determination is received for a family with an open PASS I case, the CCPO Eligibility and Benefits Staff will cancel any existing authorizations for the timeframe of the penalty and reissue the authorization to include the benefit reduction. The Eligibility and Benefits Staff will fax the new authorization to the Work Services Provider (WSP) case manager as well as mail a copy to the child care provider.

   When an IPV determination is received for a family whose PASS I case is closed, the Eligibility and Benefits Staff will check the debarment box in ICCIS, enter a case note documenting the IPV and timeframe, and check the the box to copy the case note to CMS.

2. PASS II and PASS III
   When an IPV determination is received for a family with an open PASS II or PASS III case, the Eligibility and Benefits Staff will coordinate with the Designee for the Designee to send the family *Child Care Assistance – Notice of Change* identifying how the penalty will reduce their benefits.

   The Designee will cancel existing authorizations for the timeframe of the penalty and reissue the authorization to include the benefit reduction. A copy of the reissued authorization is sent to the family with the *Child Care Assistance – Notice of Change*. A copy of the canceled and reissued authorization is also sent the family's child care provider.

   When an IPV determination is received for a family whose PASS II or PASS III case is closed, the Eligibility and Benefits Staff will check the debarment box in ICCIS, and enter a case note documenting the IPV and timeframe.

See sections 4420-3 A. Family Penalties for an Intentional Program Violation and 4420-3 B. Provider Penalties for an Intentional Program Violation.

4420-3 PENALTIES FOR AN INTENTIONALPROGRAM VIOLATION

When an Intentional Program Violation (IPV) has been determined by way of an Intentional Program Violation Hearing Decision, signed *Waiver of an Intentional Program Violation Hearing*, or court order, the applicable penalty is imposed.

The penalty imposed is for specific dates regardless if the family or provider continues Child Care Assistance Program (CCAP) participation.

If a family or a provider receives a penalty or is disqualified to receive child care assistance benefits or payment for benefits, by a hearing officer, by consent, or by a court under this section, the disqualification or penalty period begins on the date specified in the court order or relevant document. If a family or provider receives a penalty or is disqualified by a hearing officer, by consent, or by a court that has not specified the date for initiating the penalty or disqualification period, the penalty or disqualification period begins on the first (1st) day of the second (2nd)calendar month following the date of the court order or other relevant document.

If a family or provider closes their CCAP case either before or after a finding of an IPV, the Child Care Program Office (CCPO) will check the debar box in the Integrated Child Care Information System (ICCIS) and enter a case note identifying the timeframe applicable to the IPV. The timeframe runs regardless of the family's or provider's program participation.

If the family or provider reapplies the Designee must review the case notes and if the family or provider is otherwise eligible, request the CCPO to remove the debarment to allow benefits to be issued with the applicable penalties applied for any months remaining in that penalty timeframe. See sections 4420-3 A. Family Penalties for an Intentional Program Violation and 4420-3 B. Provider Penalties for an Intentional Program Violation.

4420-3 A. FAMILY PENALTIES FOR AN INTENTIONAL PROGRAM VIOLATION

The Fraud Control Unit (FCU) will issue a *Child Care Assistance – Family Notice of Intentional Program Violation Penalty* to the family describing the penalty requirement, specific timeframe of the penalty, and requirement to repay the program loss, if any.

When a family participating in Parents Achieving Self-Sufficiency (PASS) I is found to have committed an IPV, the penalty is handled through their Temporary Assistance (TA) case, unless specifically stated in the judgement.

1. **Penalties**
   When a family is found to have committed an IPV they are subject to the following penalties which will be outlined in the notice:

   a. **First (1st) IPV and No Dollar Loss**
      The CCPO will impose a provider lock-in for up to six (6) months. A provider lock-in would require the family to use a specific type of child care provider.

   b. **First (1st) IPV With a Dollar Loss**
      In every case when there is a dollar loss due to an IPV the penalty requiring repayment will be imposed. Additionally, the CCPO will impose a provider lock-in for six (6) months and a ten percent (10%) reduction in the family's child care assistance benefits for six (6) months.

      If the family fails to enter into a repayment plan, or stops making agreed upon payments, the CCPO will take action to debar the family. See section 4410-5 Child Care Assistance Program Debarment.

   c. **Second IPV**
      A second IPV may or may not have a dollar loss due to the IPV. The CCPO will impose a provider lock-in for twelve (12) months and a twenty percent (20%) reduction in the family's child care assistance benefits for twelve (12) months. Additionally, if there is a dollar loss the penalty requiring repayment will be imposed.

   d. **Third IPV**
      A third IPV will result in the family's CCAP participation being permanently terminated regardless of a dollar loss.

2. **Penalty Actions on Open PASS I Cases**
When an IPV determination is received for a family with an open PASS I case, the CCPO Eligibility and Benefits Staff will:
   a. Enter a case note in the family's case in ICCIS using subject heading: Notice of IPV Penalty, documenting the IPV, including the number of IPV (1st...) and penalty timeframe;
   b. Check the box to copy the case note to the Case Management System (CMS);
   c. Check the Debar box in the General screen of ICCIS if this is the family's third (3rd) IPV;
   d. Cancel any existing *Child Care Assistance Authorization* documents for the timeframe of the penalty;
   e. Reissue the *Child Care Assistance Authorization* document to include the benefit reduction, if not debarred;
   f. Fax the new *Child Care Assistance Authorization* document to the Work Services Provider (WSP) case manager as well as mail a copy to the child care provider;
   g. Save a copy of the judgement or other determination documentation in the family's electronic folder; and
   h. Update the family's information on the tracking spreadsheet;

3. **Penalty Actions on Open PASS II and PASS III Cases**
When an IPV determination is received for a family whose PASS II or PASS III case is open, the CCPO Eligibility and Benefits Staff will coordinate with the Designee for actions.

   a. CCPO Eligibility and Benefits Staff will:
      - Enter a case note in the family's case in ICCIS using subject heading: Notice of IPV Penalty. The body of the case note includes number of the IPV (1st...), the specific penalty(ies) imposed to include program termination, the amount the family must repay, if applicable, and the timeframe;
      - Check the Debar box in ICCIS, if this is the family's third (3rd) IPV; and
      - Email copy of the FCU issued *Child Care Assistance – Family Notice of Intentional Program Violation Penalty* to the Designee with technical assistance.

   b. The Designee will:
      - Adjust the family's benefit beginning the date identified in the notice;
      - Issue the *Child Care Assistance – Notice of Change* and revised *Child Care Assistance Authorization* document to the family;

- Mail a copy of the *Child Care Assistance Authorization* document to the family's child care provider;
- Forward a copy of the *Child Care Assistance – Notice of Change* and revised *Child Care Assistance Authorization* document to the CCPO via the policy mailbox at: dpaccp@alaska.gov; and
- Maintain a copy of all the FCU issued *Child Care Assistance – Family Notice of Intentional Program Violation Penalty* and *Child Care Assistance – Notice of Change* and revised *Child Care Assistance Authorization* documents in the family's file.

c. CCPO Eligibility and Benefits Staffwill:
- Hand deliver a copy of the *Child Care Assistance – Notice of Change* and revised *Child Care Assistance Authorization* document to the FCU;
- Save a copy of the *Child Care Assistance – Notice of Change* and revised *Child Care Assistance Authorization* document in the family's electronic file in the CCPO shared drive;
- Update the family's information in the Incorrect Payment tracking Spreadsheet; and
- Shred the manila folder after sixty (60) days.

4. Penalty Actions on Closed Cases

a. PASS I

When an IPV determination is received for a family whose PASS I case is closed, the Eligibility and Benefits Staff will:
- Check the debarment box in the family's case in ICCIS;
- Enter a case note in the family's case in ICCIS using subject heading IPV Penalty, documenting the IPV, including the number of IPV (1st...) and penalty timeframe;
- Check the box to copy the case note to CMS;
- Save a copy of the judgement or other determination documentation in the family's electronic folder;
- Update the family's information on the tracking spreadsheet; and
- Shred the manila folder after sixty (60) days.

b. PASS II and PASS III

When an IPV determination is received for a family whose PASS II or PASS III case is closed, the Eligibility and Benefits Staff will:
- Check the debarment box in the family's case in ICCIS;

- Enter a case note in the family's case in ICCIS using subject heading IPV Penalty, documenting the IPV, including the number of IPC (1st...), and penalty timeframe;
- Save a copy of the judgement or other determination documentation in the family's electronic folder;
- Update the family's information on the tracking spreadsheet; and
- Shred the manila folder after sixty (60) days.

4420-3 B. PROVIDER PENALTIES FOR AN INTENTIONAL PROGRAM VIOLATION

The FCU will issue a *Child Care Assistance – Provider Notice of Intentional Program Violation Penalty* to the provider describing the penalty requirement, specific timeframe of the penalty, and requirement to repay the program loss, if any.

When a provider is found to have committed an IPV resulting in a program loss of $100.00 or more, they are subject to the following penalties which will be outlined in the notice:

1. **First (1st) IPV**
   In every case when there is a $100.00 or more dollar loss due to an IPV the penalty requiring repayment will be imposed. Additionally, the CCPO will impose, timely compliance with any previously required *Plan of Correction*; and cooperation with heightened and more frequent reviews.

2. **Second (2nd) IPV**
   In addition to the requirement for repayment of the CCAP dollar loss, the CCPO will suspend the provider from CCAP program participation as any provider type for six (6) months. The provider must obtain compliance with any previously required *Plan of Correction*, and agree to cooperate with heightened and more frequent departmental reviews before they may again participate in the CCAP.

   The CCPO Eligibility and Benefits Staff will:
   a. Enter a case note in the provider's ICCS case using subject heading: Notice of IPV Penalty. The body of the case note includes the specific penalty with the IPV number and timeframe, and requirement to repay the program loss;

b. Check the debar box in the Application screen of the provider's case in ICCIS;
c. Email copy of the FCU issued *Child Care Assistance – Child Care Provider Notice of Intentional Program Violation Penalty* to the Designee or CCPO Eligibility Staff with technical assistance for coordinating with the worker(s) who have authorized families to the provider for canceling authorizations and maintaining the notice in the provider's hard copy case file;
d. Save a copy of the *Child Care Assistance – Child Care Provider Notice of Intentional Program Violation Penalty* in the provider's electronic file in the CCPO shared drive;
e. Update the provider's information in the Incorrect Payment tracking Spreadsheet; and
f. Shred the manila file after sixty (60) days.

For closed providers, the CCPO Eligibility and Benefits Staff will:
g. Enter a case note in the provider's case in ICCIS using subject heading: Notice of IPV Penalty. The body of the case note includes the specific penalty(ies) imposed including the number of the IPV and the timeframe;
h. Check the debar box in ICCIS;
i. Save a copy of the judgement and additional documents from court proceedings to an electronic file;
j. Update the provider's information in the Incorrect Payment tracking Spreadsheet if the information was initially received as an IP; and
k. Shred the manila folder after sixty (60) days.

3. Third (3rd) IPV

A third (3rd) IPV will result in the provider's CCAP participation being permanently terminated and the requirement to repay the CCAP the dollar amount of the loss.

For the third (3rd) IPV the CCPO Eligibility and Benefits Staff will:
a. Enter a case note in the provider's ICCS case using subject heading: Notice of IPV Penalty. The body of the case note includes the number of the IPV, termination of the provider's CCAP participation and the amount of the repayment;
b. Check the debar box in the Application screen of the provider's case in ICCIS;
c. Email copy of the FCU issued *Child Care Assistance – Child Care Provider Notice of Intentional Program Violation Penalty* to the Designee with technical assistance for coordinating with the worker(s) who have authorized families to the provider for

canceling authorizations and maintaining the notice in the family's hard copy case file;

d. Save a copy of the *Child Care Assistance – Child Care Provider Notice of Intentional Program Violation Penalty* in the provider's electronic file in the CCPO shared drive;
e. Update the provider's information in the Incorrect Payment Tracking Spreadsheet; and
f. Shred the manila file after sixty (60) days.

4420-4 ADMINISTRATIVE ACTION NOTICES

The following notices are used when a child care provider reports a family has not paid the provider or during the Incorrect Payment review or Intentional Program Violation (IPV) process.

1. **Family Non-Payment to the Provider**
   The following notices are used when a provider reports a family has not paid their contribution (co-pay), the difference in the provider's charges and what the Child Care Assistance Program (CCAP) paid on the family's behalf, or any other fees charged by the provider.

   a. **Notice of Non-Payment to Child Care Provider**
   This notice is issued by the Child Care Program Office (CCPO) to the family advising they must either provide verification payment has been made in full to their provider or verification they have entered into a payment plan.

   b. Child Care Assistance Case Closed – Report of Non-Payment Notice
   This notice is used by the CCPO when a family's case is closed prior to a provider reporting a family has not paid them their co-pay, the difference in the provider's charges and what the CCAP paid on their behalf, or any other fees charged by the provider.

   c. **Child Care Assistance Program Debar Notice for Non-Payment**
   This notice is issued by the CCPO notifying the family they have been debarred for non-payment to their child care provider.

2. **Incorrect Payment Review**
   The following notices are used during the Incorrect Payment (IP) review process.

a. **BIRU Child Care Assistance Program Notice of Overpayment**
The Benefit Issuance and Recovery Unit (BIRU) issues this notice to a family following the receipt of a claim from the CCPO with a determination of an overpayment.

b. **Child Care Assistance Program Provider Overpayment Notice**
The CCPO issues this notice to a provider when it has been determined they received an overpayment.

c. **Child Care Assistance Program Debar Notice - Family**
This notice is issued by the CCPO to a family advising they are no longer eligible for program participation.

d. **Child Care Assistance Program Debar Notice - Provider**
This notice is issued by the CCPO to a provider advising they are no longer eligible for program participation.

e. **Child Care Assistance Program Debar Warning Notice - Family**
This notice is issued by the CCPO advising a family of the requirement to either enter into a repayment plan with the State of Alaska, payment plan with their provider, or make their payments as agreed in order to continue program participation.

f. **Child Care Assistance Program Debar Warning Notice - Provider**
This notice is issued by the CCPO advising a provider of the requirement to either enter into a repayment plan or make their payments as agreed in order to continue program participation.

g. **Child Care Assistance Program Debar Removed Notice**
This notice is by the CCPO issued after a family or provider achieves compliance with their repayment plan and can again participate in the CCAP.

h. **Overpayment Rescinded Notice**
This notice is issued by the CCPO when through an additional review or the hearing process the overpayment determination was in error or overturned. This notice is used for both a family or a provider.

i. **Notice of Underpayment – Family**
This notice is issued by the CCPO when it is determined the family's co-pay was calculated to high or the unit of care was less than warranted causing payment to a provider on the family's behalf to be less than it should have been.

j. **Notice of Underpayment – Provider**
This notice is issued by the CCPO when it is determined a payment to a provider on the family's behalf was less than it should have been.

k. **Child Care Assistance Overpayment Hardship Determination Notice**
This letter is used when the BIRU or CCPO has determined a family or provider would experience extreme hardship if they were required to make payments as agreed.

l. **Notice of Child Care Assistance Financial Repayment Plan Acknowledgement and Agreement Received**
This notice is issued by the CCPO acknowledging receipt of a provider's *Financial Repayment Plan Acknowledgement and Agreement* form CC44 and how the debt will be repaid.

3. **Intentional Program Violation Process**
The following notice is issued by the CCPO following a determination a family committed an Intentional Program Violation:

a. **Child Care Assistance Program– Family Notice of Intentional Program Violation Penalty**
This notice is issued by the CCPO advising participating families of the penalty to be imposed and timeframes.

b. **Child Care Assistance Program– Provider Notice of Intentional Program Violation Penalty**
This notice is issued by the CCPO advising participating providers of the penalty to be imposed and timeframes.

4430 CONTINUOUS IMPROVEMENT MODEL

The Child Care Assistance Program (CCAP) works in a continuous improvement model; always striving to provide better service to participating families and providers.

The internal file review purpose is to identify and correct mistakes quickly and/or identify training needs of staff. CCAP Designees are required to conduct internal file reviews of family and provider cases monthly.

In addition to the Designee internal file reviews, the Division of Public Assistance (DPA), Program Integrity and Analysis (PI&A), Quality Assessment (QA) and/or Contracted Services Quality Assurance (CSQA) teams conduct monthly file reviews to determine the State of Alaska's error rate for the Child Care and Development Fund (CCDF).

4430-1 INTERNAL FILE REVIEWS

Designees are to conduct random monthly file reviews on at least ten (10) of the families and five (5) of the providers on their case load.

When a Designee is providing services to more than one (1) service delivery area using the same staff, will consider all service areas combined as their case load and conduct at least ten (10) family and five (5) provider file reviews.

When a Designee is providing services to more than one (1) service delivery area using different staff for each service area with consider the service delivery areas as separate and conduct at least ten (10) family and five (5) provider file reviews for each service delivery area.

Reviews are to include cases, both open and closed, processed by workers every month. The purpose of the review is to ensure work is completed accurately and timely and to identify training needs of staff.

The Designee review is to be conducted by the Designee's Local Administrator, supervisor of the eligibility worker, if different than the Local Administrator, or by Designee staff with quality assurance responsibility and in-depth program knowledge.

A record of each review conducted must be created to include:

1. The family or provider name;

2. Integrated Child Care Information System (ICCIS) number;

3. The date the review was conducted;

4. The name of the individual conducting the review;

5. The worker who completed the file actions; and

6. The results of the review to include the *Child Care Assistance Program Policies and Procedures Manual* section citation if an error is determined.

The results of each review are to be shared with the worker at least monthly. The review record is to be maintained for at least each fiscal year and shared with Contracted Services Quality Assurance (CSQA) reviewers while on-site, or whenever requested.

When the Designee identifies an error was made the reviewer is to instruct the worker that they are to complete the necessary corrective action, which includes the submission of an *Incorrect Payment Preliminary Review Form* CC17 within ten (10) calendar days. See sections 4110-5 Corrective Action for a Mistake Once Approval and Care Authorized; 4110- 6 Changes to an Authorization Document Not Due to A Mistake; and 4410 Incorrect Child Care Assistance Program Payment. A description of the corrective action taken and the date completed is to be maintained with the file review record.

4430-1 A. FAMILY FILE REVIEWS

The Designee will review the:

1. Income used in calculating the family's contribution (co-pay) and recalculate to ensure accuracy;

2. Units of care authorized based on the parent's schedule of eligible activity and child's care need schedule compared to the provider's schedule for the month of the family's most recent application and the following month;
3. Members of the family listed on the application compared to documentation in the family's file and ICCIS case notes;

4. Changes reported, worked, and documented in the family's hard copy case file and ICCIS; and

5. Family's physical address compared to their child care provider's address to ensure they are not residing in the same residence.

6. The results of the review are documented in a case note in the family's ICCIS case and any other mechanism in place for documenting supervisory file reviews.

4430-1 B. PROVIDER FILE REVIEWS

The Designee will review provider files to ensure at a minimum:

1. The required criminal history checks have been completed for all applicable individuals;

2. The required application documents are complete;

3. All reported changes have been appropriately acted on timely; and

4. The provider's case in ICCIS is correctly updated.

4430-2 DIVISION OF PUBLIC ASSISTANCE REVIEWS

The Division of Public Assistance (DPA), Program Integrity, Quality Assessment (QA) Staff conduct reviews of family case files and *Request for Payment* CC78 forms to measure compliance with the federal error rate. The federal error rate review is done on a three (3) year cycle therefore, QA may conduct these reviews on an on-going basis or limited to the specific timeframe of Alaska's federal review.

The DPA Contracted Services Quality Assurance (CSQA) Staff review family case files and *Request for Payment* CC78 forms as well as provider and negative (closed/denied) case files for families and providers. See the *Continuous Improvement Monitoring Guide for Child Care Assistance Eligibility Services* located on the CSQA share point site.

The goals of the QA and CSQA file reviews are to measure the accuracy and effectiveness of the Designees and the Child Care Program Office (CCPO) in issuing and paying child Care Assistance Program (CCAP) benefits for program integrity; meeting CCAP grant requirements; and measuring the State of Alaska's error rate for the Child Care and Development Fund (CCDF).

When conducting file reviews, QA and CSQA Staff are to utilize the verification in the file and accessible in the Integrated Child Care

Information System (ICCIS). Other databases are not to be utilized for determining accuracy as the Designees do not have access to any other database.

In the QA and CSQA file review process, an error is the result of a payment to a provider being made incorrectly. This can be from care for the child being over or under authorized, or an incorrect amount verified for payment to the provider. QA and CSQA Staff review the units of care authorized, including any variable, as well as ICCIS case notes. When the units of care and variable on the *Child Care Assistance Authorization* document and/or documentation in ICCIS case notes support the care needed and the payment to the provider was not more than what the family was eligible for, the payment made is considered correct.

Findings in the QA and CSQA file review process are errors made, except payment errors, due to the worker not following policy and procedure. When errors or findings are cited in a file review, the *Child Care Assistance Program Policies and Procedures Manual* section is to be cited to support the error or finding determination. Instances where the *Child Care Assistance Program Policies and Procedures Manual* is not specific to the situation and the Designee or CCPO has clearly documented in ICCIS their rationale and applied prudent judgement an error or finding is not cited.

4430-3 CHILD CARE PROGRAM OFFICE IDENTIFICATION OF CORRECTION NEEDED

Through the course of providing technical assistance, working Incorrect Payments (IP), pre-hearing conferences, and through contact with participating families and providers, the Child Care Program Office (CCPO) Eligibility and Benefits Staff also review work products of Designee and CCPO Staff.

When the CCPO Eligibility and Benefits Staff identify an error has been made in a family's or provider's case, and corrective action is needed, the information regarding the error and corrections needed will be sent to the Designee's Local Administrator, or the CCPO's Accounting Technician II.

Within five (5) business days of receiving the notification of the error from the CCPO Eligibility and Benefits Staff, the Designee or Accounting Technician II will respond to the CCPO Eligibility and

Benefits Staff, confirming the correction has been made or request additional time to make the correction.

CHILD CARE ASSISTANCE PROGRAM ADDENDA

ACRONYMS AND ABBREVIATIONS WITHIN THE CHILD CARE ASSISTANCE PROGRAM

The following acronyms and abbreviations are approved to be used in the administration of the Child Care Assistance Program and may be used when documenting in Integrated Child Care Information System case notes.

AAC	Alaska Administrative Code
ADDR	Address
ADJ	Adjusted
AK	Alaska
Alaska IN!	Alaska Inclusive Child Care Program
APP	Application
AS	Alaska Statute
ATAP	Alaska Temporary Assistance Program
AUTH	Authorization
BC	Birth Certificate
BCP	Alaska Background Check Program
BIRU	Benefits Issuance and Recovery Unit
BSD	Benefit Start Date
CANO	Case Notes
CB	Call Back
CC	Collateral Contact
CCA	Child Care Assistance
CCL	Child Care Licensing
CCAP	Child Care Assistance Program
CCG	Child Care Grant Program
CCPO	Child Care Program Office

CCR&R	Child Care Resource and Referral
CERC	Complaint and Enforcement Review Committee
CH	Child
CINA	Child in Need of Aid
CLNO	Client Notes
CM	Case Manager (PASS I)
CMS	Case Management System
CO-PAY	Contribution
CPR	Cardiopulmonary Resuscitation
CPS	Child Protective Services
CS	Client Statement
CSSD	Child Support Services Division
CW	Case Worker
DHHS	Department of Health and Human Services
DHSS	Department of Health and Social Services
DI	Divorced
DOB	Date of Birth
DOA	Department of Administration
DOF	Division of Finance
DOL	Department of Labor
DPA	Division of Public Assistance
DSM	Direct Secure Messaging
EDD	Estimated Due Date
EIN	Employer Identification Number
EIS	Eligibility Information System (used by Public Assistance)
EST	Estimated

ET	Eligibility Technician
EX	Exempt
FC	Foster Care
FIN AID	Financial Aid
FS	Food Stamps
FSSP	Family Self Sufficiency Plan
FT	Full Time
FTF	Face to Face
HC	Hard Copy
HH	Household
HHC	Household Composition
HHM	Household Member
HM	Home
HSS	Health & Social Services
ICCIS	Integrated Child Care Information System
ID	Identification
INGENS	DPA Interface System which shows Property, Vehicles, Court Actions . . .
IP	Incorrect Payment
IPR	Interested Persons Report
IPV	Intentional Program Violation
LEIE	List of Excluded Individuals
IRIS	Integrated Resource and Information System
MA	Married
MOA	Municipality of Anchorage
NABCS	New Alaska Background Check System

NOD	Notice of Determination
NOV	Notice of Violation
NR	Not Related
OCS	Office of Children's Services
P1	Primary Parent
P2	Secondary Parent
PAA	Public Assistance Analyst
PC	Phone Call
POC	Plan of Correction
PT	Part Time
R&R	Rights and Responsibilities
RE	Regarding
REC/RCVD	Received
REQ	Requested
REQD	Required
RES	Residence
ROI	Release of Information
ROPD	Record of Permanent Documents (hard copy file)
SAM	System for Award Management
SS DS	Social Security Disability
SS OT	Social Security Other
SS SU	Social Security Survivor Payments
SSI	Supplemental Social Security Income
SSN	Social Security Number
SNAP	Supplemental Nutrition Assistance Program
ST PA	Step Parent

SysOps	Systems Operations (Help Desk)
TA	Alaska Temporary Assistance (cash assistance)
TC	Telephone Call
TIN	Tax Identification Number
UIB	Unemployment Benefits
UNIN	Unearned Income
VA	Veterans Administrations
VCN	Vendor Customer Number
VR	Verified/Verification
WC	Workmen's Comp
WSP	Work Services Provider