

Working Connections Child Care (WCCC) Manual

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Social Services Manual Eligibility A-Z Manual

The Working Connections Child Care (WCCC) Manual is designed for and used by Economic Services Administration staff. The manual provides administrative rules and procedures for staff to determine initial and ongoing eligibility for families applying for and receiving Working Connections Child Care assistance in Washington State. <u>Click here</u> for a link to the **Division of Child Care and Early Learning** in the Economic Services Administration of DSHS.

2006 Revisions

Revision #	Category / Section	Issued
<u>32</u>	Overpayments - B.Establishing an Overpayment Overpayments - C.Fraud	6-23-06
<u>31</u>	Social Service Payment System (SSPS)	5-22-06
<u>30</u>	A. Eligible Consumers of WCCC	4-10-06
<u>29</u>	B. What Makes Up a Family?	4-10-06
<u>28</u>	B. In-Home/Relative Providers	5-19-06

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INTRODUCTION

Administrative Code (WAC) and general procedures for workers to follow when determining eligibility for people who want subsidized child care to work, look for work or become prepared for work in Washington State. The primary audience for the WCCC Manual is financial service specialist staff in local Community Service Offices (CSOs) and Home and Community Services (HCS) offices of the Department of Social and Health Services (DSHS) in the state of Washington.

ORGANIZATION: The WCCC Manual is organized into specific categories. Some of the larger categories are separated into sections. The majority of the categories reflect the various elements that are used in determining a person's eligibility for child care

Within each category or section web page there is a distinct organizational structure.

Purpose - describes what is contained in the category or section

"WAC-in-a-box" - Administrative rules for the category or section

GUIDELINES - General information that may be needed to explain the reasons for a particular rule.

WORKER RESPONSIBILITIES - Specific instruction or information needed by a financial worker when determining eligibility. Content may include:

- Information about how to perform certain eligibility steps
- Examples of how the rules or policies are applied in more complicated situations
- Charts
- Other content which assists the worker make the correct eligibility determination

FEATURES OF THE WCCC MANUAL

TABLE OF CONTENTS: The Table of Contents (TOC) displays the name of every category and section of the WCCC Manual. The TOC also displays the WAC number and title for most WAC contained in the manual. A hyperlink from each listing will take the reader directly to the item in the manual.

WASHINGTON ADMINISTRATIVE CODE (WAC): The WAC are the rules which govern determination of eligibility for Washington State. The WAC is under the authority of the Statute Law Committee, Office of the Code Reviser - on the web at http://slc.leg.wa.gov.

SITE MAP: The site map lists all of the web pages within this web site with a hyperlink to each page. Some pages are for the purpose of storing obsolete information in case it's needed for hearings at a later date such as "Archived Page List" and the "Previous version" links placed in current pages. Some pages are only available through the Site Map or this page - such as how to download and install the Adobe Acrobat Reader or instructions for using the "Find on this page" function of the browser to search through a particular web page.

The Site Map provides a streamlined means of getting to a manual section. It lists just the names of the Categories and special sections in the manual with a link to the Category or, for those categories with multiple sections, the Category TOC.

USEFUL INFORMATION

BROWSERS: The manual is checked on Microsoft Internet Explorer 5.0 and Netscape Communicator 4.7. If you are using an older version of either of these browsers or a different product for a browser you should have little difficulty viewing the web pages in this site. If you do experience problems, we will soon be providing the web pages as Adobe Acrobat Portable Document Format* (.pdf) and Microsoft WORD (.doc) files. For other readability issues, please contact us and we will provide the content in another format.

*For more information, go to "What Are PDF Files?"

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SETTINGS:

Screen resolution: The manual is designed to display best on computer monitors in general use in DSHS CSOs and HCS offices. These monitors have a standard resolution of 640 X 480 pixels. The web site uses tables set to 85% of screen size for all content. As a result, monitors set to a higher screen resolution will display as significant amount of white space to the right of the text on any specific page.

Text size: If you are using Microsoft Internet Explorer 4.0 and above and you want larger or smaller letters on your screen, click on "View" in the top line of the screen, then click on "Text Size" to change to larger or smaller font sizes. If you are using Netscape Communicator/Navigator 4.7 and above, click on "View" and select "Larger" or "Smaller".

HOW TO FIND WORDS AND PHRASES IN THE WCCC MANUAL

To quickly find specific references in the WCCC Manual website, the "Find" function of the browser is the most useful tool.

There are currently three web pages in the WCCC Manual web site that contain information from all pages in the web site. These pages are the <u>Table of Contents</u> or <u>Rule (WAC)</u>

To use the "Find" feature on one of the pages listed above:

- Click on "Edit" in the tool bar
- Click on "Find on this page".
- A dialog box will appear. Type in the word or phrase you a looking for. (Note: This function works best if you are not too specific use a keyword instead of a whole phrase.) The program will search through the web page you are looking at for the word or phrase you've typed in. (A web page can be several paper pages long.)
- If the word or phrase is in the web page, it will appear as a highlighted word on the screen.
- If the instance of the word isn't what you're looking for, click on "Find next" in the dialog box.

Note:

Sometimes the highlighted word may be hidden under the dialog box. If that happens, just click on the top bar of the box, and holding down the mouse button, drag the dialog box to another place on the screen. Release the mouse button and you can continue with your search.

Once you have found the word or phrase in the context of your search, click on the hyperlink and you will go directly to the WCCC Manual web page where the word or phrase is used.

VIEWING PAGES IN ADOBE ACROBAT READER

<u>Click here</u> for instructions on how to download and install Adobe Acrobat Reader. You may want to use this free application from the Adobe Company to view and print pages from the WCCC Manual website in a style that looks like the paper copy.

PUBLICATION and CONTACT INFORMATION

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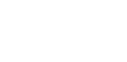


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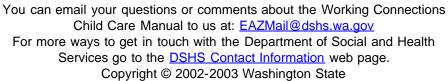
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REVISION HISTORY LIST

The Working Connections Child Care (WCCC) Manual is updated when Washington Administrative Code (WAC) are changed to reflect new formal program policies or when staff procedures are changed to more effectively implement program policies. This list provides a history of the changes made to the manual since its initial publication in October 2002.

If you click on a link to Read More you will open the detail list in a separate browser window. Close the window to return to this list. Return to <u>WCCC Table of Contents</u>

Contact Information: Division of Child Care and Early Learning Program Policy 360-725-4675

Rev. #	Issued	Category - Section	Summary
32	6-23-06	B. Establishing an Overpayment C. Fraud	Added language on three-year look-back period. Added language regarding provider fraud.
31	5-22-06	Social Service Payment System (SSPS)	Section was updated to reflect the new process of paying in-home/relative providers directly.
30	4-10-06	A. Eligible Consumers of WCCC	Changes made to the section related to WAC 388-290-0020. Clarifying Information, #2 Citizenship/Non Citizen: Children and Consumers.
29	4-10-06	B. What Makes Up a Family?	Changes made to the section related to WAC 388-290-0015. Clarifying Information, #7 has been updates and example #3 has been added.
28	5-19-06	B. In-Home/Relative Providers	The word ensure has been removed from the section.
27	12-1-05	C. Protective Payees for Child Care	Special Circumstances, protective payees We will no longer need to assign payee so this WAC and directions in this section was removed.
26	12-1-05	B. In-home / Relative Providers	Providers section B WAC 388-290-0130 Simplified language. Removed 4-6 and placed in other WAC. Clarifying Information and Worker Information from these sections was moved

			to the corresponding WAC.
			WAC 388-290-0135 Simplified language removed language regarding providers needing to remain awake while children sleep.
			WAC 388-290-0138 New WAC regarding Inhome/relative provider responsibilities.
			WAC 388-290-0140 Removed some repeat vie language that exists in other WAC. Added #4 from another WAC and added language "live-in" to partner. Removed that the provider could not live in the same household. Added #5 from another WAC. Corrected the name and address of the background list.
			WAC 388-290-0155 corrected the name and address of the background list. Under Clarifying Information #4 and 5 add some language regarding not disclosing the providers ADATSA or GAU/SSI status to consumer. Also added the WAC numbers that can be used to deny these providers.
II.	III.		
25	12-1-05	F. Provider Rate Structures	Payments section F WAC 388-290-0240 Removed language regarding the consumer paying the provider. Payments will be made directly to the inhome/relative provider. Simplified other language.
25	12-1-05	F. Provider Rate Structures A. Determining Overpayments	Payments section F WAC 388-290-0240 Removed language regarding the consumer paying the provider. Payments will be made directly to the inhome/relative provider. Simplified other
		A. Determining	Payments section F WAC 388-290-0240 Removed language regarding the consumer paying the provider. Payments will be made directly to the inhome/relative provider. Simplified other language. Overpayments WAC 388-290-0271 language was simplified and some more detail added for clarify. Removed sections regarding paying the provider directly or keeping attendance records. Payments will be made directly to
		A. Determining	Payments section F WAC 388-290-0240 Removed language regarding the consumer paying the provider. Payments will be made directly to the inhome/relative provider. Simplified other language. Overpayments WAC 388-290-0271 language was simplified and some more detail added for clarify. Removed sections regarding paying the provider directly or keeping attendance records. Payments will be made directly to the in-home/relative provider. Detail was added in Clarifying Information about when a consumer receives an

			changed to match the in-home relative provider is now responsible for attendance keeping.
23	12-1-05	Hearings.	Hearings Added/changed words to make it more simple and clear. Added in-home/relative providers.
22	12-1-05	C. Rights and Responsibilities - Consumers and DSHS	Approvable consumers section C WAC 388-290-0030 some wording was simplified. Language added to clarify when care can be used. Removed language regarding consumers keeping records and paying providers. Payments will be made directly to the in-home/relative provider. WAC 388-290-0032 some working was simplified and information changed to make it more accurate and removed information that was repetitive from other WAC. WAC 388-290-0035 changed "and" to "or" in "able or available".
21	12-1-05	A. Eligible Consumers of WCCC	Approvable consumer section A Simplified language regarding when a consumer can received WCCC when in a WorkFirst Sanction or Child SafetyNet status. Changed "and" to "or" in "able or available" and changed "residents" to "living in". Corrected Example 3 under WAC 388-290- 0020.
20	11-1-05	In-Home / Relative Providers	Updated and Clarified existing procedures, removed old and added new procedures
19	10-1-05	Statewide Rate Increases	Updated what Clarify existing procedures, remove old and add new procedures
18	10-1-05	Infant Bonus	Removed the Infant Bonus WAC and added information on how to pay this bonus if care provided before November 1, 2005 but is input after November 1, 2005.
17	10-1-05	Provider Rate Structures	Changes reflect a new effective date for rates and rate increases. Also added the counties that are paid by a different Region's rates and information regarding Spokane County Rates. Corrected information in WAC 388-290-0180 about when rates are changed, this information is not in WAC. Section M addresses this information. Corrected information regarding age limits in Clarifying Information #6.
16	8-15-05	Approving Providers	Updated what Clarify existing procedures, remove old and add new procedures

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15	8-15-05	Payment Begin Dates Payment Reductions, Terminations and Increases	Updated what Clarify existing procedures, remove old and add new procedures
14	8-15-05	Eligible Consumers of WCCC	Updated what Clarify existing procedures, remove old and add new procedures
13	6-20-05	Payments - H. Registration and Field Trip Fees	Updated what field trip fees does not cover #3.
12	2-1-05	OVERPAYMENTS	Clarify existing procedures, remove old and add new procedures
11	2-14-05	PROVIDERS	Clarify existing procedures, remove old and add new procedures.
10	2-8-05	PAYMENTS PAYMENTS	Clarify existing procedures, remove old and add new procedures.
9	2-8-05	Income and Eligibility	Clarify existing procedures, remove old and add new procedures.
8	2-1-05	<u>SSPS</u>	Clarify existing procedures, remove old and add new procedures.
7	2-1-05	Special Circumstances	Clarify existing procedures, remove old and add new procedures.
6	2-1-05	Hearings.	Placed in it on Chapter, clarify existing procedures, remove old and add new procedures.
5	9-23-2004	Copay	Clarify existing procedures, remove old and add new procedures.
4	8-17-2004	A. Eligible Consumers of WCCC	Clarify existing procedures, remove old and add new
		B. What Makes Up a Family?	procedures.
		C. Consumers and Department Rights and Responsibilities	
		D. Allowable Activities for WCCC Consumers	
3	9-2-03	A Determining If There Is An Overpayment	Clarify existing procedures, remove old and add new procedures.
		B Establishing an Overpayment	Clarify existing procedures, remove old and add new procedures.
		C Fraud	Clarify existing procedures, remove old and add new procedures.
2	6-2-03	Approvable Consumers and Activities A Eligible Consumers of WCCC	Adds clarifying information on <i>In-Loco Parentis</i> as approvable consumers
		D Allowable Activities for WCCC Consumers	Language added that reinforces the policy of not allowing subsidies to employees of Family Child Care Homes when their child attends the same facility.
		Providers B In-Home / Relative Providers	Language added to reflect WAC changes for benefit start dates for in-home / relative providers after all criminal history information is received and clarified background check procedures.
		Special Circumstances D Section Deleted	Families that Work and Extended Hours Child Care programs eliminated.
1	3-1-03	Approvable Consumers and Activities	Revised for clarity

B What Makes up a Family?	Revised for clarity
D. Allowable Activities for WCCC Consumers	Added information on Post-employment services. Added examples for self-employment
<u>Copayments</u>	Copayments increase due to budgetary restrictions
Income and Eligibility A Income that is Counted	Clarified how Work Study income is counted.
B. Defining and Using Income	Examples added
Payments A. Begin Dates	Examples added.
F Provider Rate Structure	Provider rates WAC revised to delete non-standard hours bonus
H Non-Standard Hours Bonus - Deleted	Non-standard Hours Bonus eliminated due to budgetary restrictions
L Private and Third Party Payments	Examples added
Subsidized Child Care	Therapeutic Child Care program eliminated due to budget restrictions



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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

OVERPAYMENTS

B. ESTABLISHING AN OVERPAYMENT

Revised: June 23, 2006

The Division of Finance, Office of Financial Recovery (OFR), is responsible for the collection of debts owed to the department.

Three-Year Look-Back Period for Provider Overpayments

In April 2006, DSHS directed all child care provider overpayments not go back more than three years. This three-year look-back period began November 15, 2005. The three-year look-back period is applied to the first of the month after the overpayment is established in WCAP (see Establishing an Overpayment below). This policy will remain in effect for the Department of Early Learning (DEL).

The three-year look-back period applies to:

- All child care providers, including in-home/relative providers.
- Overpayments found during case reviews, state audits, local audits, Payment Review Program (PRP) audits and other overpayment discovery processes.

The three-year look-back period does not apply to:

- Client overpayments.
- Any overpayment the Division of Fraud Investigations (DFI) determines fraudulent.
- Errors discovered by a provider and turned into the office (referred to as "self-reported").
- The modified overpayment date. Apply the three-year look-back period to the original establishment date.

WORKER RESPONSIBILITIES

- 1. Review the potential overpayment for possible fraud elements and follow the Working Connections Child Care Manual Fraud section for DFI referrals as necessary.
- 2. Apply the three-year look-back period to the overpayment, using the first day of the month following the month the overpayment is established in WCAP.
- 3. Document actions in WCAP. Include if the three-year look-back period needed to be applied and if it affected the time period of the overpayment. You can refer to the Child Care Provider

Overpayments-Change in Practice memo dated June 2006 for support when you apply the three-year look-back period.

EXAMPLE 1:

You discover an overpayment August 1, 2005.

- 1. The potential overpayment time period is December 1, 2000 through June 30, 2005 (according to the previous practice of using a five-year look-back period).
- 2. You establish the overpayment in WCAP May 10, 2006.
- 3. Based on the overpayment establishment date in WCAP of May 10, 2006, apply the three-year look-back period to June 2006. The overpayment covers June 1, 2003 through June 30, 2005.
- 4. No overpayment for December 1, 2000 through May 31, 2003 is established.
- 5. You modify the overpayment July 1, 2006. The modification reduces the amount of the overpayment. Continue to apply the three-year look back period to the original establishment of the overpayment in May 2006, not the modified date of July 1, 2006.
- 6. Document the use of the three-year look-back period.

EXAMPLE 2:

An auditor discovers an overpayment May 1, 2006.

- 1. The potential overpayment is just for September 2001.
- 2. On the date of discovery, the overpayment is outside the three-year look-back period.
- 3. No overpayment is established.
- 4. Document the use of the three-year look-back period.

EXAMPLE 3:

A supervisor discovers an overpayment June 15, 2006.

- 1. The potential overpayment is for October 2004 through May 2006.
- 2. A worker establishes the overpayment in WCAP July 10, 2006.
- 3. Based on the overpayment establishment date in WCAP of July 10, 2006, apply the three-year look-back period to August 2006. The overpayment covers October 2004 through May 2006.
- 4. Document the use of the three-year look-back period.

Forms required by the Office of Financial Recovery (OFR)

- 1. Complete the following forms in WCAP:
 - a. DSHS 18-399(X) Social Service Incorrect Payment Computation and either:

- b. DSHS 18-398(X) Client Overpayment Notice for consumer overpayments; Or
- c. DSHS 18-398(A) Vendor Overpayment Notice for licensed provider overpayments.
- 2. All overpayment forms are automatically sent to OFR through the Document Management System (DMS), when processed in WCAP. After the forms are saved in WCAP, they are assigned to OFR's DMS "to-do" list. Do not send a copy of the forms to OFR by mail.

establishing an overpayment

- 1. The date of establishment for an overpayment is the date the required overpayment forms (see #2 from Required Forms above) are completed in WCAP and sent to OFR (via DMS).
- Complete the Social Service Incorrect Payment Computation form, DSHS 18-399(X) and the Client Overpayment Notice, DSHS 18-398 for consumer overpayments, or the Vendor Overpayment Notice DSHS 18-398(A) for vendor overpayments. Document in the WCAP notes screen the reason and details of the overpayment.
- 3. The overpayment covers the dates of service and not the date the overpayment notices were completed by the department. Notification of an SSPS overpayment to the DSHS Tax Desk or Accounting Services is not necessary when a Client Overpayment Form is submitted to OFR. OFR sends this information directly to the Office of Accounting Services.
- 4. **DO NOT** forward a copy of the overpayment notices to the consumer or to the vendor/provider. OFR will forward overpayment notices via certified mail. The forms will be sent to OFR through DMS when they are saved in WCAP.

overpayment disputes

- 1. If a consumer or provider objects to the department's overpayment decision, they may file a fair hearing request per <u>WAC 388-290-0260</u>.
- 2. Overpayment disputes resulting from PRP overpayments are handled by PRP. Refer the consumer or provider to the number on their overpayment notice.

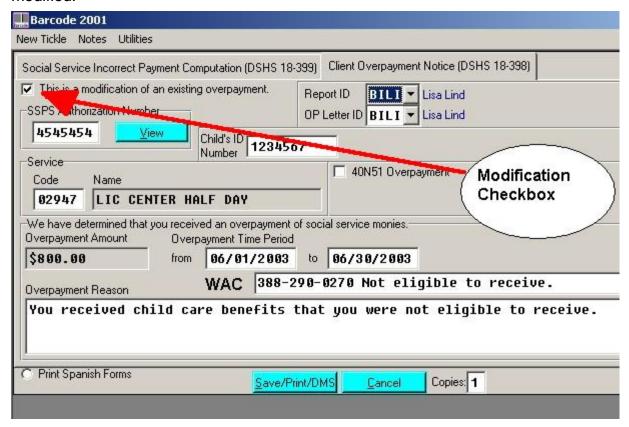
Editing overpayments

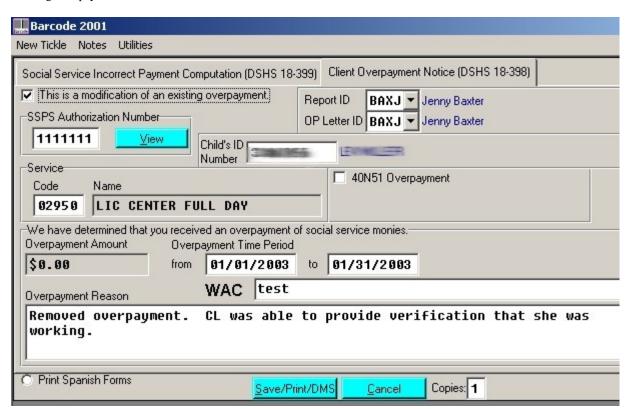
Once an overpayment is saved it is an established overpayment and receives an overpayment tracking number on the bottom right of the forms. This tracking number identifies one overpayment from another. To correct a previously established overpayment:

- Access the original overpayment from the WCAP edit overpayment option, be sure the box for modifications is checked on the overpayment notice (found on the top left of the notice).
- Edit both the computation form and the notice if needed. On the overpayment forms, clearly state the reason for the modification whether it is a change in dates, amount, reason, removal of the entire overpayment, etc.
- Resend the forms to OFR through DMS by using the Save/Print/DMS button.

Document the reasons for the changes in the WCAP notes screen.

The modified overpayment forms retain the same overpayment tracking number from the original overpayment. OFR can track the overpayments and subsequent modifications with this number. Once an overpayment is saved, it cannot be deleted from WCAP or removed from DMS. It can only be modified.









Working Connections Child Care (WCCC) Manual

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OVERPAYMENTS

C. FRAUD

Revised: June 23, 2006

See WAC 388-446-0001 (Cash and medical assistance fraud.)

What is fraud and how is it discovered?

- Fraud occurs when an individual obtains benefits by unlawful practices. This could include
 withholding information or providing erroneous information about a child care provider,
 household composition, income, activity or children needing child care. Information can be
 provided by the consumer to the department by paper, on-line or by telephone and is
 documented in WCAP.
- 2. Fraud can also occur if a **provider** submits false information to get **paid** for services they are not eligible for or did not provide.
- 3. Indicators of fraud can be found at any point in time when handling a case on a routine basis, determining eligibility, reviewing attendance or payment records, or receiving a report from a member of the public.

Under what circumstances is a fraud referral made?

 When processing an overpayment, always determine the cause of the overpayment. A referral to DFI is appropriate in any circumstance where the evidence in the case record shows a deliberate withholding or falsifying of information by the consumer or provider.

2. Examples include:

- a. An application showing the absent parent is not in the home; they were **not** listed as a member of the household. The AW later learns they **were** in the home when the application was submitted.
- b. An application showing three children needing in-home/relative care. The AW later learns only one of the three children live in the home and needs care.
- c. The consumer provides income information that later proves to be much lower than the actual income. The consumer can provide the information by self-report, an employer letter, etc.

d. The provider supplies attendance records for a child you have evidence did not attend on the days in question.

Division of Fraud Investigations (DFI) and the Fraud Early Detection program (FRED)

- 1. The Division of Fraud Investigations (DFI) is in the position of investigating overpayment cases for evidence of fraud. These DFI investigations can result in fraud charges being brought against consumers and providers involved in fraudulent activity. This is dependent upon the case record evidence provided to DFI and the findings of DFI's investigation.
- 2. The Fraud Early Detection program (FRED) is under the direction of DFI and provides criminal investigators when activities are required that go beyond the scope of the child care worker's authority. The purpose of FRED is to:
 - a. Provide a cost effective measure for reduction of errors:
 - b. Save benefit funds for families requiring assistance;
 - c. Reduce investigation and prosecution of recipients by resolving questionable circumstances prior to the authorization of benefits.
- 3. FRED investigators assist the department in the following ways:
 - a. Obtain information requested by the child care worker (the worker should use locally established procedures for contacting the Fred investigator);
 - b. Use interviews with consumers and third parties (called collateral contacts) to resolve questions or inconsistencies;
 - c. Report findings to the child care worker;
 - d. Make recommendations regarding criminal prosecution;
 - e. Participate in Fair Hearings, if necessary. Always notify the investigator of an upcoming hearing.

How is a fraud referral made?

- 1. For consumer fraud, use the proper referral form, DSHS 02-182 (X) DFI Referral. Designate the cause as intentional and enter the overpayment information in the child care section.
- 2. Attach copies of all evidence, including forms containing questionable information reported via the telephone by the consumer, and copies of false documents provided by the consumer.
- 3. Attach copies of all overpayment forms submitted to the Office of Financial Recovery (OFR).
- 4. For provider fraud, refer the case and necessary documents to your DCCEL regional contact for review. Not all overpayment or faulty attendance will be provider fraud. DCCEL HQ staff will work with the licensing staff to determine which cases are referred to DFI.





You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
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Working Connections Child Care (WCCC) Manual

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SOCIAL SERVICE PAYMENT SYSTEM (SSPS)

Revised: May 22, 2006

The Social Service Payment System (SSPS) was conceived and developed in the late 1970's by the Department of Social and Health Services (DSHS) to authorize the delivery and/or purchase of social services performed for clients.

Payments authorized through SSPS provide essential social services such as:

- · Residential support services for developmentally or functionally disabled adults
- Respite care for disabled adults
- · Child care for families in need
- Foster care and group home care for children
- Adoption support services

SSPS collects data regarding social service clients, vendors, services, and payments. Data is tabulated and summarized, and monthly and annual reports are generated for DSHS field offices, regional offices, and state headquarters offices.

SSPS Website

A new <u>SSPS website</u> is available through the intranet and houses a variety of useful pages. The site is used to gather pertinent information regarding SSPS services and changes to those services.

Useful information on this site includes:

- General Information
- Current News
- Invoice Express
- Direct Deposit
- SSPS Calendar
- SSPS FAQ's (Frequently Asked Questions)
- SSPS Cold Reports

Provider File Numbers

1. All licensed / certified child care providers must have an SSPS provider number to receive payment. The Division of Child Care and Early Learning (DCCEL) licensing staff are responsible to obtain provider numbers from SSPS for providers once they have completed the licensing or certification process. Only licensing staff have the authority to request changes to information for a licensed / certified provider in the SSPS Provider File.

After verifying the validity of an out-of-state provider's eligibility, the Regional Child Care Coordinator can request a provider number for a licensed/registered/certified provider. For more information see Providers, section C (Out-of State).

- 2. For in-home / relative care, the in-state or out-of-state provider must have a valid Social Security number (SSN) or Employer Identification Number (EIN) to obtain an SSPS provider number and receive payment.
- 3. The DSHS 06-097 Provider File Action Request (PFAR) form is used to obtain the in-home / relative provider number from the SSPS system. Prior to requesting a provider number, staff must do a complete search of the provider file to make sure the provider is not already in the system. A complete search will help avoid creating duplicate providers in the provider file. Staff should also follow directions for filling out the form as outlined at the SSPS Central Provider File site.

The WCAP houses the PFAR under 'Output' and once completed, can be sent electronically to the SSPS Provider File Unit for processing. The e-mail address for the unit is providerfileunit@dshs.wa.gov. Staff will receive e-mail notification of additions, changes to specific provider files, and incorrect tax identification numbers.

Social Service Notice

For specified payment services, SSPS produces the Social Service Notice, DSHS 14-259. The notice describes additions, changes, or terminations processed on an authorization. It is sent directly to the provider.

Copies of the Social Service Notice are housed in the COLD system under the report SPS01N30S. Staff can access and make copies of the notice if the payee requests a replacement.

Billing invoices

1. Billing invoices for authorized child care services are generated by SSPS. An invoice is detailed accountings of the services that have been authorized for each individual, including begin and end dates of the service. The provider completes the invoice with the required information and either mails the invoice to SSPS or uses the automated Invoice Express system. The provider then receives payment via either paper warrant or direct deposit.

Billing instructions are on the reverse side of the invoice. Many providers are not aware of these instructions and may make unintentional billing errors. For licensed / certified providers, the DSHS 22-877, Child Care Subsidies: A Booklet For Licensed and Certified Child Care Providers, explains billing procedures. The DSHS 22-223, A Guide to In-Home / Relative Child Care explains billing procedures for in-home / relative providers. Both publications can be found at the DCCEL publications page.

SSPS Billing Cycle

- 1. If the regular SSPS deadline is met, SSPS mails invoices a few days before the end of the month. When the invoice is printed on the supplemental run, it is mailed the day after it is printed.
- 2. It is important providers wait until the last day of the month to fill out their invoice. This allows the provider to bill using the entire month of attendance. When the invoice is mailed, DSHS sends the child care payment to the provider 10-12 days after the completed invoice is mailed to SSPS.

NOTE:

Invoices should not be mailed back to SSPS if Invoice Express has been used.

If the provider has not received a warrant and SSPS indicates it was mailed from state office, first verify for the correct address. After 10 days, have the provider complete an "Affidavit of Lost, Stolen or Destroyed Warrant," DSHS 09-013. The 10-day period allows time for the warrant to be returned to SSPS if there is a problem with mail delivery. CSOs have access to the Office of the State Treasurer, On-Line Warrant Inquiry, which will indicate if the warrant has been cashed. CSOs may gain access to this screen by contacting ISSD Data Security.

Invoice Express

Invoice Express allows provider to call 1 (888) 461-8855 and enters the required information over the phone. Payment processing for invoices through Invoice Express usually occurs that same day, although disbursement of the actual warrant occurs according to previous schedules, i.e. warrants for the regular invoice run are sent after the last day of the month; warrants for supplemental invoice runs are sent as soon as the invoice is processed.

The following sites for staff and providers contain more information on Invoice Express:

- Staff http://asd.dshs.wa.gov/SSPS/IVR/IVR.htm
- Providers http://www1.dshs.wa.gov/msa/ssps/invoiceexpress.htm

NOTE: Invoices should not be mailed back to SSPS if Invoice Express has been used.

Direct deposit

Providers who chose Direct Deposit (also called Electronic Funds Transfer, or EFT) will have their SSPS payments directly deposited to their bank accounts, removing the possibility of warrants being lost in the mail. Providers can submit an on-line application for Direct Deposit. The following sites for staff and providers contain more information on Direct Deposit:

- Staff- http://asd.dshs.wa.gov/ssps/INFO/dd.htm
- Providers- http://www1.dshs.wa.gov/msa/ssps/DDapply.htm

Provider File Numbers

- All child care providers must have an SSPS provider number to receive payment. The Division of Child Care and Early Learning (DCCEL) licensing staff are responsible to obtain provider numbers from SSPS for providers once they have completed the licensing or certification process. Only licensing staff have the authority to change information for a licensed / certified provider in the SSPS Provider File.
- 2. For in-home / relative care, the provider must have a valid Social Security number in order to obtain an SSPS provider number and receive payment.

When an undocumented consumer with documented children requests WCCC using an in-home / relative provider, the SSN of the oldest child needing care is used. The undocumented parent(s) should be designated as such on the household screen in the WCAP.

3. The DSHS 06-097 Provider File Action Request form is used to obtain the provider number from the SSPS System. See the <u>SSPS Manual Basic Instructions</u> for more information. The manual can be found on-line at the <u>SSPS website</u>.

Federal Insurance Contribution Act (FICA) and Federal - State Unemployment Compensation Tax (FUTA)

- 1. FICA: The department provides a bookkeeping function for consumers using certain inhome/relative care. SSPS may withold both the provider's share and the consumer's share of Federal Insurance Contribution Act (FICA) or Old Age and Survivor's Insurance (OASI) tax on the provider-employee's wages. Payments are made quarterly to the Internal Revenue Service (IRS) on behalf of the provider (employee of the consumer) and consumer. The provider's share appears on the SSPS "S02" screen as an OASI deduction.
- 2. The WCAP automatically enters the correct "Yes/No" designation in the field for OASI deduction. Staff do not need to enter this information.
- 3. The following notices are sent directly to the in-home / relative provider from SSPS:
 - a. The W-2 form from DSHS Office of Accounting Services (OAS) is mailed in January following the end of each calendar year that the provider was paid above a threshold amount. For example, in 2005 the threshold amount will be \$1,500.00.
 - b. The "Provider Remittance Advice" is sent to the provider. The notice informs providers of the name of the consumer, the name of the child for who care was provided, the amount of the child care payment, the amount of taxes paid and a telephone number for SSPS. The remittance advice acts the same as a pay stub and is a legal document for tax purposes. Providers can use this item for pay and employment verification.
- 4. Forward questions regarding FICA to:

DSHS Office of Accounting Services MS 45842 Olympia, WA 98504-5842

- 5. **FUTA**: The department also pays FUTA taxes on behalf of consumers receiving in-home / relative care. This requires no action by the AW.
- 6. Forward questions regarding FUTA to:

DSHS Office of Accounting Services MS 45842 Olympia, WA 98504-5842

Withholding Errors

1. If FICA is withheld in error, the provider can request a refund from:

District Director Internal Revenue Service 915 2nd Avenue

- 2. OAS will review the provider's written statement regarding the circumstances that caused the incorrect amount on the W-2 form and will determine whether a payment correction must be made. When a payment correction is approved, OAS will:
 - a. Issue a revised W-2 form called a W-2C (corrected) form;
 - b. Return both the old and the new form to the provider.
- 3. 1099 forms are sent to licensed / certified child care providers who are paid from SSPS. The form is generated by SSPS. Direct questions about information on the 1099 form to OAS.





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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

A. ELIGIBLE CONSUMERS OF WCCC

Revised: April 10, 2006

Effective May 28, 2004

WAC 388-290-0005 Who is considered a consumer for the WCCC program?

For the purposes of this chapter, "you" and "your" refer to the consumer. If you apply for or receive WCCC, we consider you to be the consumer.

- 1. In WCCC, an eligible consumer is one of the following individuals who has parental control of one or more children, lives in the state of Washington, and is the child's:
 - a. Parent, either biological or adopted;
 - b. Stepparent;
 - c. Legal guardian verified by a legal or court document;
 - d. Adult sibling or step sibling;
 - e. Nephew or niece;
 - f. Aunt:
 - g. Uncle;
 - h. Grandparent; or
 - i. Any of the relatives in (f) through (h) of this subsection with the prefix great, such as great aunt.
- 2. You are not an eligible consumer when you:
 - a. Are the only parent in the household; and
 - b. Will be away from the home for more than thirty days in a row.

CLARIFYING INFORMATION

- 1. Adult recipients of SSI, Refugee Cash Assistance, or other types of non-TANF assistance payments may be eligible for WCCC if they meet the requirement in <u>WAC 388-290-0045</u> or <u>388-290-0055</u>.
- 2. **Legally non-responsible caretakers**, most often referred to as "non-needy relatives". These non-needy relatives have physical custody of the child but usually not legal guardianship or court-sanctioned custody arrangements. In order to receive WCCC, the "non-needy relative" must meet the:
 - a. Definition of "Consumer" in WAC 388-290-0005 and WAC 388-290-0015(1)(f), and
 - b. Activity requirements as outlined in WAC 388-290-0010(2).

In this situation the department does not take into account the income of the relative(s) or the ability and availability of the relative's spouse or partner.

EXAMPLE

Mona and Jack Smith are the married grandparents of twin boys. They have no court-ordered custody or legal guardianship. Mrs. Smith works full-time and Mr. Smith is retired. The Smith's apply for TANF and are approved for a child only TANF grant. Mrs. Smith needs WCCC for the hours that she is employed. Since the Smith's meet the definition of consumer (WAC 388-290-0005 and WAC 388-290-0015(1)(f)), determine a family size of two (the children only), and count only the TANF grant and any other income received by the children toward the WCCC eligibility and copayment. The AW does not need to consider the second consumer's (Mr. Smith) ability and availability to provide child care because of the non-needy relative status.

- 3. *In-loco Parentis*: The adult caring for an eligible child (under <u>WAC 388-290-0020(2)</u>) in the absence of the natural, adoptive or step parent(s) and is not a relative, court-ordered guardian or custodian. In order to receive WCCC, *the In-Loco Parentis* must:
 - a. Receive a Washington State Temporary Assistance for Needy Families (TANF) grant on behalf of the minor, and
 - b. Must meet the activity requirements as outlined in WAC 388-290-0010(2).

The department does not take into account the income of the *In-Loco Parentis* to determine eligibility or the copayment, or the ability and availability of the spouse or partner of the *In-Loco Parentis*. See the following example:

EXAMPLE

Mr. and Mrs. Jones have taken physical custody of a neighbor's child (an eligible child under <u>WAC 388-290-0020(2)</u>).

Mr. Jones works full-time (Sat. -Wed. 8 a.m.-3 p.m.), and Mrs. Jones does not work outside of the home. They apply for and receive TANF on behalf of the neighbor child. WCCC could be established for Mr. Jones' work hours since he is receiving a TANF grant on behalf of the child and the activity requirements are being met.

The AW does not need to take into account the Jones' income nor the ability or availability of Mrs. Jones to care for the child. Income eligibility and the copayment are based on the income of the child only.

4. Applicants who are temporarily absent from the home:

EXAMPLE 1

Ringo is a single father. He is taking a job outside of the state for 90 days and will be leaving his child

home with another person. Ringo is requesting WCCC for the 90-day time period.

Deny child care for this applicant.

EXAMPLE 2

Sarah is a single mother on TANF who must be out of the home for more than 30 days due to an approved WorkFirst activity. She is requesting child care for the approved activity.

Submit a Rule Exception Request (RER or ETR) through the current process for this type of case (parent in approvable WorkFirst activity that will require him/her to be out of the home for more than 30 days).

EXAMPLE 3

Randy is a single parent whose employer requires he attend a conference out of state for two weeks. He is leaving the child with his neighbor who works and would need to take the child to day care. Continue to approve the child care under Randy's WCCC case, as he remains the HOH and will be out of the home for less than 30 days on a work related activity. The neighbor may use Randy's approved child care provider.

Effective May 28, 2004

WAC 388-290-0010 What makes me eligible for WCCC benefits?

For the purposes of this chapter "we" and "us" refer to the department of social and health services. You may be eligible for WCCC benefits if:

- 1. Your family is described under WAC 388-290-0015;
- 2. You are participating in an approved activity under <u>WAC 388-290-0040</u>, <u>388-290-0045</u>, <u>388-290-0045</u>, <u>388-290-0055</u>;
- 3. You and your children are eligible under WAC 388-290-0020;
- 4. Your countable income, is at or below two hundred percent of the Federal Poverty Level (FPL) (under WAC 388-290-0065); and
- 5. Your share of the child care cost, called a copayment (under <u>WAC 388-290-0075</u>), is lower than the total DSHS maximum monthly payment for all children in the family who are eligible for subsidized care. We do not pro rate your copayment when care is provided for part of a month.

CLARIFYING INFORMATION

Consumers are not eligible for WCCC benefits when they:

- 1. Do not meet one or more eligibility requirements, including income eligibility limitations;
- 2. Provide information which is questionable or confusing;
- 3. Do not meet participation requirements for employment and / or the WorkFirst program;
- 4. Have a child care provider who does not meet department requirements in <u>WAC 388-290-0125</u>. If the consumer has more than one provider, benefits are denied only for the provider who does not meet department requirements; or

5. Have a family copayment that exceeds the department maximum rate(s) for the given type of care for all children in the family.

Effective December 1, 2005

WAC 388-290-0020 Are there special circumstances that might affect my WCCC eligibility?

- 1. You might be eligible for WCCC if you are:
 - a. An employee of the same child care center where your children receive care and you do not provide direct care to your own children during the time WCCC is requested;
 - b. In an activity needed to remove a WorkFirst sanction or, Child SafetyNet status;
 - c. A parent in a two-parent family and one parent is not able or available to provide care for your children while the other is working, looking for work, or preparing for work;
 - i. "Able" means physically and mentally capable of caring for a child in a responsible manner. If you claim one parent is unable to care for the children, you must provide written documentation from a licensed professional (see <u>WAC 388-448-0020</u>) that states the:
 - A. Reason the parent is unable to care for the children;
 - B. Expected duration and severity of the condition that keeps them from caring for the children; and
 - C. Treatment plan if the parent is expected to improve enough to be able to care for the children. The parent must provide evidence from a medical professional showing they are cooperating with treatment and are still unable to care for the children.
 - ii. "Available" means free to provide care when not participating in an approved work activity under <u>WAC 388-290-0040</u>, <u>388-290-0045</u>, <u>388-290-0050</u>, or <u>388-290-0055</u> during the time child care is needed.
 - d. A married consumer described under <u>WAC 388-290-0005</u> (1)(d) through (i). Only you or your spouse must be participating in activities under <u>WAC 388-290-0040</u>, <u>388-290-0045</u>, <u>388-290-0055</u>.
- 2. You might be eligible for WCCC if your children are legally residing in the country, are living in Washington state, and are:
 - a. Less than age thirteen; or
 - b. Less than age nineteen, and:
 - i. Have a verified special need, according to WAC 388-290-0220; or
 - ii. Are under court supervision.
- 3. Any of your children who receive care at the same place where you work (other than (1)(a) of this subsection) are not eligible for WCCC payments but can be included in your household if they meet WAC 388-290-0015. This includes if you work:

- a. In a family home child care in any capacity and your children are receiving care at the same home during your hours of employment; or
- In your home or another location and your children receive care at the same location during your hours of employment.

CLARIFYING INFORMATION

1. Two Parent Households:

If the second parent in the household is employed, participating in an approved WorkFirst activity, or unable to provide care, authorize child care only for the hours that both parents are unavailable.

EXAMPLE 1

The father in a two parent household is requesting WCCC for two mutual children. Before authorizing care, you must consider the ability and availability of both parents to provide care, since mom, dad, and the two children all belong to the same WCCC family.

EXAMPLE 2

Maryanne applies for WCCC. The household consists of Maryanne, her boyfriend Jack and their child Troy. Maryanne provides a statement from a doctor stating Jack has a back condition. The verification gives a diagnosis, estimated recovery time, any treatment or therapy expected, and an explanation of why Jack is unable to provide care to Troy for at least 3 months. You approve the care for 3 months and review his condition at that time.

EXAMPLE 3

Mary is a non-TANF consumer requesting WCCC for employment. Mary lives with her boyfriend Dan and they are **unmarried**. There are three children in the household. The youngest child is Dan's child from a previous relationship. The older two are Mary's from a previous relationship. Mary and the two oldest children are one family. Dan and the youngest child are a separate family. You do not have to assess Dan's ability and availability to provide care for Mary's two children, since they are not his mutual children and Dan is not considered part of Mary's WCCC family.

EXAMPLE 4

Paul and Martha receive TANF. Martha is exempted from WorkFirst by her case manager to care for a sick relative in her home per <u>WAC 388-310-0350(1)(d)</u>. Paul is in job search 40 hours a week. Paul and Martha are approved for WCCC. Care is authorized to cover Paul's participation in WorkFirst job search.

EXAMPLE 5

A non-TANF two parent household is requesting WCCC. Mom works 40 hours per week and Dad is receiving domestic violence counseling. Mom wants full-time child care for the children while she is at work. Written documentation is provided from a licensed professional stating Dad is currently unable to

care for the children. The document includes a treatment plan, the estimated length of the plan, and an explanation of why Dad is unable to care for his children. As long as the evidence from the medical professional indicates Dad is cooperating with the treatment and is still unable to care for the children, WCCC may be authorized to support Mom's work activity.

2. Citizenship / Non Citizen: Children and Consumers

In cases involving citizenship and alien status, the **child's status** determines eligibility for WCCC, not the consumer's. The parents who live in the household are still included in family size and their activity and income are counted regardless of their citizenship status. Children who are not legally residing in the U.S. are not eligible for WCCC benefits. See <u>WAC 388-290-0015</u> (1)(e) for family composition, <u>WAC 388-290-0010</u>(2) for allowable activities, and <u>WAC 388-424-0001</u> to determine citizenship and alien states. Accept the information on the application unless the Department has contradicting information.

EXAMPLE

A two parent family with 2 children applies for WCCC. The parents and one child are not US citizens. They are counted as a family of 4. Only one child is eligible for WCCC payments. When determining eligibility you consider both parent's schedules, income from employment and the eligible child's child care needs.

When a consumer does not have a SSN within the BarCode system, WCAP will assign unique identifier. This will consist of the first seven numbers of the consumer's ID number, preceded by either:

- a. "97" if the consumer is a negative number (is not known to ACES)
- b. "98" if the consumer's ID in an ACES assigned (positive) number.

3. Visiting Children

A child is considered living in Washington for the purpose of WCCC, when they visit a relative who is a Washington resident, such as for school breaks. The consumer can apply and may be eligible for WCCC during the time the child is "visiting". The child must still meet <u>WAC 388-290-0020(2)</u>.

4. Children who receive SSI or another type of income

A child receiving SSI or another type of non-TANF assistance is eligible for WCCC if the family is otherwise eligible. The child receiving SSI is counted toward the household size and the child's SSI income is also counted. See <u>WAC 388-290-0015</u>.

5. Child Care Locations

A consumer is not eligible to use a provider who cares for the consumer's child in the same home or location as the consumer's employment. This would include, but is not limited to, the following same location situations:

- Providing COPES care;
- Employed as an in-home/relative provider;
- Running a business out of the home and or land; and
- Employed at a Family Home Care provider.



Facing the Future



You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

B. WHAT MAKES UP A FAMILY?

Revised: April 10, 2006

Effective May 28, 2004

WAC 388-290-0015 How does the WCCC program determine my family size for eligibility?

We determine your family size by reviewing those individuals who live together in the same household as follows:

1. If you are:	We count the following individuals as part of the family for WCCC eligibility:
 a. A single parent, including a minor parent living independently; 	You and your children.
b. Unmarried parents who have at least one mutual child;	Both parents and all their children living in the household.
c. Unmarried parents with no mutual children;	Unmarried parents and their respective children living in the household as separate WCCC families.
d. Married parents;	Both parents and all their children living in the household.
e. Undocumented parents;	Parents and children, documented and undocumented, as long as the child needing care is a U.S. citizen or legally residing in the United States. All other family rules in this section apply.

f. A consumer as defined in WAC 388-290-0005 (1)(c) through (i);	The children only. (The children and their income are counted.)
g. A minor parent with children and live with a parent/guardian;	Only the minor parent and their children.
h. A family member who is out of the household because of employer requirements, such as the military or training, and is expected to return to the household.	You, the absent individual, and the children. Subsection (1)(b) and (d) of this section apply.
i. A family member who is voluntarily out of the household for reasons other than requirements of the employer, such as unapproved schooling and visiting family members, and is expected to return to the household.	You, the absent individual and the children. Subsection (1)(b) and (d) of this section apply as well as WAC 388-290-0020.
j. An incarcerated family member.	The absent individual is removed from the household. We count all remaining household members. All other family rules in this section apply.
2. If your household includes:	We count the following individuals as part of the family for WCCC eligibility:
a. Eighteen year old siblings of the children who require care and are enrolled in high school or general equivalency diploma (GED) program.	The eighteen year olds (unless they are a parent themselves), until they turn nineteen or complete high school/GED, whichever comes first. All other family rules in this section apply.
b. Siblings of the children requiring care who are up to twenty-one years of age and who are participating in an approved program through the school district's special	The individual participating in an approved program through RCW 28A.155.020 up to twenty-one years of age (unless they are a parent themselves). All other family rules in this section apply.

education department under RCW 28A.155.020.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. Married or unmarried TANF and non-TANF minor parents are considered a separate family when they, with their child, reside with a parent, or guardian.
 - a. The income of the grandparent or guardian is not counted toward household income.
 - b. The ability and availability of the grandparent or guardian to provide care is not considered.

EXAMPLE 1

Jack and Diane are the unmarried parents of Shady Tree. The three of them live with Diane's mother. Diane has 1 sibling still living at home. Jack, Diane, and Shady Tree are considered a separate family from Diane's mother and sibling. Consider only the income of Jack, Diane and Shady Tree for the purposes of eligibility and co-payment. Do not consider Diane's mother for ability or availability to provide care.

EXAMPLE 2

Tony is a single father of a one year old child. He and the child live with his father. Tony, his child and his father are all on a TANF grant together. Tony needs child care to attend his last year of high school.

Count only Tony and his child as part of the WCCC household and their income for eligibility and copayment purposes. Tony's father would not be considered for ability or availability to provide care for his grandchild.

2. WCCC family units are based primarily on how the child is related to the adults, not to other children.

EXAMPLE 1

Lucy and Kevin are unmarried parents. They have 2 mutual children and he has 1 child from a previous relationship. While living together, they are considered a family of 5. Kevin leaves the home with no indication he is returning. All the children remain with Lucy. Lucy is potentially eligible for WCCC for herself and 2 children. To receive WCCC for Kevin's child she would need to apply for and receive TANF as an *in loco parentis*.

EXAMPLE 2

Lucy and Kevin are unmarried parents. They have 2 mutual children and he has 1 child from a previous relationship. They are considered a family of 5. Kevin leaves the home for a non work related reason and expects to return to the household. All the children remain with Lucy. The family is considered a family of 5. All eligibility rules must be met, including WAC 388-290-0020 and WAC

388-290-0045

3. If a parent is out of the household due to an approved activity, their actual schedule does not have to coincide with the remaining parent's schedule. In these cases, allow for WCCC for the remaining parent's schedule if the family is income eligible.

EXAMPLE

Jason and Jennifer are approved for WCCC with children. She is in the military and is sent out on assignment. Jason's work schedule is Monday-Friday 8am-5pm. Jennifer works graveyard. We do not consider her work hours as she is not available for care and she is in an approved activity. Care is authorized using Jason's schedule only.

4. If a parent in a two parent home voluntarily leaves the home but has plans to return, they continue to be counted in the household number and all WCCC rules continue to apply to them.

EXAMPLE 1

Mary and Rick receive WCCC. Rick leaves his job to care for his mother in Alabama. Rick is still considered part of the household but his activity no longer meets WAC <u>388-290-0010(2)</u>. The family is no longer eligible for WCCC as Rick would be considered "available" for care per WAC <u>388-290-0020(1)(c)(ii)</u>.

EXAMPLE 2

Kerry and Steve apply for WCCC on 5/15. Kerry reports she is working but plans to quit work on 6/30 to attend college/training out of state for 60 days. Kerry is still considered part of the household when she leaves but her activity no longer meets WAC <u>388-290-0010(2)</u>. The family is no longer eligible for WCCC as of 6/30 as Kerry would be considered "available" for care per WAC <u>388-290-0020(1)(c)(ii)</u>.

5. If a parent is either removed from the country or is waiting to enter the country, that parent is not considered as part of the household and their income is not counted. If the second parent is sending money back to the WCCC consumer, consider it child support income for the WCCC consumer.

The worker should strongly remind the WCCC consumer they are required to report to WCCC as soon as the second parent enters the household. The consumer's eligibility should be redetermined to ensure the family remains eligible for WCCC.

EXAMPLE

Jerry and Maria are approved for WCCC and have two children. On February 20th, Maria reports Jerry was deported to Mexico and he is waiting to return to the country. Because he is no longer in the country, not by his choice, he is removed from the household and Maria's copayment is adjusted for March. Maria is advised to report when he returns to the country.

6. The employment earnings of a person described in WAC <u>388-290-0015</u> (2) are not counted toward the household's income.

EXAMPLE 1

Mary applies for child care while she is employed. She has two children - an 11-year-old and an 18-year old who are siblings. The 11-year-old requires before and after school care. The 18-year-old is

enrolled in high school and working part-time. Include the 18-year-old as part of the household until she has completed high school or turns 19 whichever comes first. Do not count the 18-year-old's employment earnings toward the household income.

EXAMPLE 2

Jack and Janet apply for care for their 9-year-old. They also have a 19-year-old at home. The 19-year-old is still enrolled in a special education program at the high school. He also works at a sheltered employment site. The 19-year-old is counted as a member of the household but his income is not counted. The family size is four.

7. Legal shared custody, visitation and informal custody arrangements: When a case arises where one or both parents apply for child care and the children either live in both households or visit (such as for spring break, summer, or overnight):

Gather as much information as possible from both parents about their agreed custody arrangement. Based on the information you receive, determine eligibility as you would for any WCCC applicant.

If a parent is paying child support and the child come to visiting them for the summer, allow the deduction for the child support paid and authorize WCCC if the family qualifies.

EXAMPLE 1

Nick and Gwen are divorced and have 3 children. Nick has primary custody and the children visit Gwen one week a month. Both Nick and Gwen work and are financially eligible for WCCC as separate households. Gwen pays child support to Nick.

Both parents can apply and be eligible for WCCC as separate households. The amount of care they are eligible for is based on their individual work schedules.

EXAMPLE 2

Joe and Lilly have mutual children but are not married and do not live together. Joe is eligible for 115 hours of care Monday-Wednesday. Approve WCCC for Joe for 22 units.

Joe reports that the children spend every Thursday and Friday with their mom who works Sunday-Wednesday. Lilly applies for WCCC and wants care for Thursday and Friday when she does not work. Deny Lilly as she does not work on the days she is requesting care.

EXAMPLE 3

Julie and Juan have 2 mutual children. The children live with Juan and receive WCCC. Julie, who lives in another town, will have the children during spring break week.

Julie works Monday through Friday. She applies for WCCC to cover the time she will be working and is determined eligible. Authorize child care for the week the children are with Julie.

See D. - <u>Allowable Activities for WCCC Consumers</u> for information about consumers who are selfemployed and who are not in approved activities.





You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PROVIDERS

B. IN-HOME / RELATIVE PROVIDERS

Revised: May 19, 2006

Effective May 19, 2006

WAC 388-290-0130 What in-home / relative providers can I choose under the WCCC program?

- 1. To be eligible as an in-home / relative provider the person must:
 - a. Be an adult who is a U.S. citizen or legally residing in the United States;
 - b. Meet the requirements in WAC 388-290-0135; and
 - c. Be one of the following adults providing care in the home of either the child or the adult:
 - A sibling living outside the child's home;
 - ii. An extended tribal family member according to chapter 74.15 RCW; or
 - iii. A grandparent, aunt, uncle, or great-grandparent, great-aunt or great-uncle.
- 2. An adult not listed in (1)(c)(i), (ii), or (iii) of this section must:
 - a. Meet the requirements in subsection (1)(a) and (b) of this section; and
 - b. Provide care in the child's own home.
- 3. If you use an in-home/relative provider you can:
 - Have no more than two in home/relative providers authorized for payment during your eligibility period at the same time (not including back up providers);
 - b. Have one back up provider (licensed or an in home/relative provider);

NOTE:

Sections of this WAC were moved to other WAC:

- WAC 388-290-0138 now contains information about WCCC paying for up to 6 children.
- WAC 388-290-0140 describes who can be a provider and that background checks are needed before payment can begin.

CLARIFYING INFORMATION

1. For individuals listed in WAC 388-290-0130(1)(c) a "step" relative also qualifies as a relative

provider as long as the relationship is not severed due to divorce.

2. WAC 388-290-0130 (1) and (2) outline the rules of where the in-home / relative provider must provide the care.

These rules, however, are not meant to restrict the provider from providing "activities for the children that are consistent with their developmental stages" (<u>WAC 388-290-0135</u> (5)(e)(ii)) outside of the home such as:

- Taking the child to museums, the park, bowling, the movies, play groups, etc.
- Taking the child to medical or therapeutic appointments.

EXAMPLE 1

Mark is an unrelated in-home provider for Bill's son, Jordan. Mark takes Jordan to the park each day then afterwards takes Jordan to his house and waits for Bill to pick Jordan up. Mark is eligible for WCCC payment while he provides care in Bill's home and at the park. He becomes ineligible for WCCC payment when he takes Jordan to his home, as it is not the child's home.

FXAMPIF 2

Mary applies to be the in-home/relative provider for her sisters Peggy and Stacy for the same hours. All three sisters live in different homes. Mary wants WCCC payment for both families while she takes Peggy's children to Stacey's house to provide care. As the eligible relative, Mary can provide care in her own home for both families. However, WCCC will not pay for her to take Peggy's children to Stacey's house or vice versa.

3. A consumer can have up to two primary in-home/relative providers at one time with open authorizations during their eligibility period. They can also have one back up provider; either a licensed or an in-home/relative provider. Consumers can change providers during their eligibility period to a new provider who meets the requirements in <u>WAC 388-290-0125</u>.

EXAMPLE

John wants to use three in-home/relative providers for his two children. He requests one provider for both children for 2 hours before school. This provider is only available in the morning. He requests two different providers after school to care for one child each for 2 hours. All three providers meet the requirements in 388-290-0125. John needs to choose two primary providers who will have care opened for 2 hours a day, 5 days a week. The third provider could be authorized as a back up provider for lesser hours when one of the other providers is not available.

WORKER RESPONSIBILITIES

Effective December 1, 2005

WAC 388-290-0135 When I choose an in-home / relative provider, what information must I give to the department?

When you choose in-home/relative child care, you must complete certain forms and give us the following:

- 1. The in-home/relative child care provider's legal name, address and telephone number;
- 2. A copy of the provider's valid Social Security card;
- 3. A copy of the provider's photo identification;

- 4. A completed background check authorization; and
- 5. A form supplied by us, completed and signed by you and the provider in which both of you attest to the following:
 - a. The provider is:
 - i. Of suitable character and competence;
 - ii. Of sufficient physical and mental health to meet the needs of the children in care. If we request it, you must provide written evidence that the in-home child care provider of your choice is of sufficient physical and mental health to be a safe child care provider;
 - iii. Able to work with the children without using corporal punishment or psychological abuse;
 - iv. Able to accept and follow instructions;
 - v. Able to maintain personal cleanliness;
 - vi. Prompt and regular in job attendance
 - vii. Informed about basic health practices, prevention and control of infectious disease, immunizations; and
 - viii. Able to provide constant care, supervision and activities based on the child's developmental needs.
 - b. The children are current on the immunization schedule as described in the National Immunization Guidelines, developed by the American Academy of Pediatrics and the Advisory Committee on Immunization Practices;
 - c. The home where care is provided is safe for the care of the children.

CLARIFYING INFORMATION

- Minor consumers, who are on a TANF grant with his/her relative, can use that adult as his/her in-home/relative provider. The provider must meet requirements outlined in <u>WAC 388-290-0130</u> and <u>WAC 388-290-0135</u>.
- 2. <u>WAC 388-290-0135</u> states photo identification for the provider is required. Photo identification can include items such as a driver's license, Washington State ID, or passport.
- 3. A valid address for the provider is mandatory as important tax documents are sent on a monthly and yearly basis to the provider. Let the provider know this is the reason for the address.
 - The reported address (given on the provider form) is sufficient. However, if there is reason to suspect the current address is not correct, then request verification.

Verification can include items such as:

- Landlord forms or shared living statements (can be used but cannot be required), or
- A dated piece of mail the provider recently received at the reported address.
- 4. WAC <u>388-290-0135(2)</u> states an in-home / relative provider must submit "A ...valid Social Security card...":
 - a. Valid can mean the SSN:
 - i. Really belongs to that person;
 - ii. Card and number are not fake and / or tampered with; and
 - iii. Can be used for employment.

b. If there is verifiable information indicating the card and/or number are not valid, the provider has not met the WAC requirement and cannot be approved as an in-home/relative provider. For example: A provider submits a card that indicates additional verification from the INS (Immigration and Naturalization Service) is needed in order for the provider to use the SSN for employment. The provider must submit this verification from the INS in order for the SSN to be considered valid.

Please Note: If a social security card says "Valid for work only with INS verification" the individual needs to obtain a separate Employment Authorization Document (EAD) in order to engage in employment. However, if the individual has a Green Card, he/she has a right to work without further documentation.

- 5. Written guidance about using in-home/relative care for the consumer is attached to the in-home/relative pending letter.
- 6. Additional printed resources for parents include:
 - DSHS 22-649 Winning Ways to Talk with Young Children
 - DSHS 22-114 A Family's Guide to Early Intervention Services in Washington State
 - DSHS 22-299 Brain Research Findings and Suggested Actions
 - DSHS 22-300 Rethinking the Brain New Insights into Early Development for parents, caregivers and policy makers
 - DSHS 22-302 Babies are Born Learning Make Every Moment Count
 - DSHS 22-486 Include Me: Guide to Inclusive Child Care, Child care for children and youth with special needs.

Effective December 1, 2005

WAC 388-290-0138 What responsibilities does my eligible in home/relative provider have? Your in home/relative provider must:

- 1. Report within ten days changes in their legal name, address or telephone number;
- 2. Report within twenty-four hours pending charges or convictions they have;
- 3. Report within twenty-four hours pending charges or convictions for anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home;
- 4. Bill WCCC only for care he/she provided;
- 5. Not bill WCCC for more than six children at one time for the same hours of care; and
- 6. Keep correct attendance records. Records must:
 - a. Show both days and times the care was provided;
 - b. Be kept for five years; and
 - c. Be given to us, within fourteen consecutive calendar days, if we ask for them.

CLARIFYING INFORMATION

- 1. A provider may want to care for more than 6 children at the same time, however, WCCC will only pay for 6. If one family has more than 6 eligible children, an ETR can be submitted.
- 2. Some providers will not be able to care for all the families due to issues such as schedule conflicts, the location of care, or the number of children they are requesting payment for. The families and the provider will need to be contacted to resolve for whom, when and where the provider does care.

EXAMPLE

Lisa is the relative provider for Becky and Holly. Becky and Holly both have 4 children. Lisa wants to care for all 8 children during the same time of the day. WCCC will pay Lisa for a maximum of 6 children. Lisa and the parents can decide which 6 children she is available to care for by completing Section 2 of Part 2: Provider Information (DSHS 14-417) If Lisa chooses to care for all 8 children, WCCC will still only pay for 6. Payment for the other 2 children is between Lisa and the parents.

3. For who is responsible for an overpayment, refer to the WAC 388-290-0274.

WORKER RESPONSIBILITY

Review each family's case needs carefully when the in-home/relative provider is caring for another family's children. When authorizing correct care to a provider caring for multiple families review, at a minimum, the:

- a. Relationship to the provider;
- b. Location of care;
- c. Schedules; and
- d. Number of children authorized for WCCC payment.

NOTE:

To search for families that a provider is caring for, access the "clients served by a provider" in WCAP under the Reports/Forms menu selection, or from the PV0 screen in SSPS WebConnect.

Character and Suitability of In-home / Relative Providers

Effective December 1, 2005

WAC 388-290-0140 When is my in-home/relative provider not eligible for WCCC payment?

We do not pay for the cost of in-home / relative care if:

- 1. Your provider does not meet the requirements in <u>WAC 388-290-0130</u>, <u>388-290-0135</u> or <u>388-290-0138</u>;
- 2. Your in home/relative provider has been convicted of, or has charges pending for crimes posted on the DSHS secretary's crime and action list for background checks for ESA. You can find the complete list at http://www1.dshs.wa.gov/pdf/esa/dccel/Crime_and_Backg_Chex.pdf;
- 3. We do not have background check results according to WAC 388-290-0143;
- 4. The provider is:

- a. The child's biological, adoptive or step parent;
- b. The child's nonneedy or needy relative or relative's spouse or live in-partner;
- c. The child's legal guardian or the guardian's spouse or live in-partner; or
- d. Another adult acting in loco parentis or that adult's spouse or live in-partner.
- 5. We do not have the results of all applicable criminal background checks under <u>WAC 388-290-0143(1)</u> and <u>388-290-0150</u>. An in home/relative provider is not an eligible provider (per WAC 388-290-0095 and 388-290-0100) prior to receiving these background results. Providers other than in home/relative providers you can use are described in WAC 388-290-0125; or
- 6. We determine your provider is not of suitable character and competence or of sufficient physical or mental health to meet the needs of the child in care, or the household may be at risk of harm by this provider, as indicated by information other than conviction information. We will use criteria, such as the following, when reviewing information about incidents/issues/reports/findings:
 - a. Recency;
 - b. Seriousness;
 - c. Type;
 - d. Frequency; and
 - e. Relationship to the direct care of a child including health, mental health, learning, and safety.

CLARIFYING INFORMATION

- 1. All background check results are needed before any care is authorized. This includes the results of those living with the provider who are age 16 or older.
- 2. The payment begin date is not backdated if the CBI is returned to the consumer to be completed.
- 3. "Partner" refers to someone who is living as a couple with the relative, legal guardian, or in loco parentis consumer and is acting as the other parental role model. Workers are not expected to research in depth the personal relationship of the "partner" to the consumer.

WORKER RESPONSIBILITIES

- 1. In order to assist in the background check process:
 - a. Explain to the consumer the process and time involved in doing a background check. Remind the consumer they can use a licensed provider while waiting for the inhome/relative provider to be approved;
 - b. Ask the consumer if there is anyone age 16 or older living with the relative provider when care is done in the relative's home. This will allow the worker to send the correct number of

- Background Authorization forms;
- c. Remember if the applicant on the Background Authorization is 16 or 17 years old, the form must be signed by the minor's parent/guardian.
- d. Screen the Background Authorization form for completeness and legibility before processing it. The Background Authorization form is a legal document, signed under penalty of perjury; **no one** except the person whose signature is on the bottom of the form may add or delete information.
- e. Do not deny the case if the background check process takes more than 30 days.
- 2. When payment is open to a provider and there is no current background results (current meaning within the last 2 years) for either the provider or people over the age of 16 who live with the provider and care is done in the provider's home:
 - a. Give the consumer ten days notice of payment termination;
 - b. Send them a new background authorization form (and Part II if needed); and
 - c. Document the action taken in the consumer's case notes.

Effective May 28, 2004

WAC 388-290-0143 Who must have a background check for the WCCC program and how often is the check done?

- 1. A background check must be completed for:
 - a. All in-home/relative providers who apply to care for a WCCC consumer's child; and
 - b. Any individual sixteen years of age or older who is residing with a provider when care occurs outside of the child's home.
- 2. A background check must be completed for individuals listed in subsection (1)(a) and (b) of this section at least every two years;
- 3. Additional background checks must be completed for individuals listed in subsection (1)(a) and (b) of this section when:
 - a. Any individual sixteen years of age or older is newly residing with a provider when care occurs outside of the child's home;
 - b. We have a valid reason to do a check more frequently;
 - c. An in-home/relative provider applies to provide care for a family such as when:
 - i. A break in service occurs to the current consumer;
 - ii. There is a break in consumer eligibility; or
 - iii. A provider is currently providing care and there are no prior background results for this provider.
- 4. We do not need to request a new background check for an individual in subsection (1)(a) or (b) if:
 - a. We have results that were received no more than ninety days prior to the current

requested start date of care; and

b. The results indicate that there is no record.

CLARIFYING INFORMATION

If a provider is doing care for the same family or a new family, do not process a new background authorization if the background result meets requirements in WAC <u>388-290-0143 (4)</u>.

EXAMPLE

Chris is using Polly as his in-home/relative provider. On May 15th, the background check results indicate "No Record". A new consumer, Becky, wants to use Polly as her in-home/relative provider in the evenings. Polly applies to be a provider for Becky's children on July 1st and tells you she is also a provider for Chris and just completed a background authorization. You check the Background Inquiry database or Chris' electronic case record for the background results and confirm the check is less than 90 days old, and is a "No Record". Polly can be approved as a provider for Becky's case without completing a new background check.

Effective May 28, 2004

WAC 388-290-0145 Why is a background check required and will I be notified of the results?

- 1. We require the background check to:
 - a. Help safeguard the health, safety, and well-being of children;
 - b. Reduce the possible risk of harm from persons who have been convicted or have charges pending of certain crimes having access to WCCC children; and
 - c. Help you make informed decisions about individuals who have access to your children.
- 2. We notify you, the WCCC consumer:
 - a. Whether we can approve the provider for the WCCC program; and
 - b. Of the following results from the background check:
 - i. No background information is found given current sources of information;
 - ii. Background information is found, but the information will not disqualify the individual being checked; or
 - iii. Background information is found that disqualifies the individual being checked.

Effective May 28, 2004

WAC 388-290-0150 What information does the background check contain and where does it

come from?

- 1. The background information includes, at a minimum, criminal convictions and pending charges.
- 2. Additional sources may include:
 - a. Child/adult protective service case information; and
 - b. Civil judgments, determinations, or disciplinary board final decisions of abuse or neglect.
- 3. We obtain background information at a minimum, from the Washington state patrol under chapter 10.97 RCW via the background check central unit (BCCU).
- 4. Additional sources of the background information may be obtained from:
 - a. Child/adult protective service case files;
 - Other states and federally recognized Indian tribes;
 - c. The department of corrections and the courts;
 - d. Law enforcement records of convictions and pending charges in other states or locations if:
 - i. The individual being checked has lived in another state; and
 - ii. Reports from credible community sources indicate a need to investigate another state's records
 - e. The individual being checked self-discloses information.

Effective December 1, 2005

WAC 388-290-0155 What happens after the WCCC program receives the background information?

After we receive the background information we:

- Compare the background information with convictions posted on the DSHS secretary's list of disqualifying convictions for economic services administration (ESA). You can find the complete list http://www1.dshs.wa.gov/esa/dccel/policy.shtml;
- 2. Review the background information using the following rules:
 - a. We give the same weight to a pending charge for a crime as a conviction;
 - b. If the conviction has been renamed we give the same weight as the previous named conviction. For example, larceny is now called theft;
 - c. We give convictions whose titles are preceded with the word "attempted" the same weight as those titles without the word "attempted"; and

- d. We do not consider the crime a conviction for the purposes of WCCC when:
 - i. It has been pardoned: or
 - ii. A court of law acts to expunge, dismiss, or vacate the conviction record.
- 3. Notify you whether or not we are able to approve the provider for WCCC.
- 4. Allow you, the consumer, to decide character and suitability of the provider when an individual is not automatically disqualified due to the background information from the record of arrests and prosecutions (RAP) sheet.
- 5. Deny or stop payment when the background information disqualifies the individual being checked.
- 6. Assist you in finding other child care arrangements.

Effective May 28, 2004

WAC 388-290-0160 What convictions would cause the WCCC program to permanently disqualify my in-home/relative provider?

- 1. If your provider or an individual listed in <u>WAC 388-290-0143(1)</u> has a background containing a permanently disqualifying conviction posted on the DSHS secretary's list of disqualifying convictions for ESA, we permanently disqualify the person as an in-home/relative child care provider for WCCC. You can find the complete list at http://www1.dshs.wa.gov/esa/dccel/.
- 2. If the conditions in WAC <u>388-290-0167(1)(a)</u> and (b) are met, the disqualifying background of an individual sixteen years of age or over living with the provider may not permanently disqualify the provider.

Effective July 1, 2002

WAC 388-290-0165 Is there other background information or convictions that will disqualify my in-home/relative provider?

- 1. We can disqualify your in-home/relative provider if the individual being checked has a background containing information other than conviction information that we determine:
 - a. Makes the individual not of suitable character and competence or of sufficient physical or mental health to meet the needs of the child in care: or
 - b. Puts the household at risk for harm.
- 2. If an individual being checked has a background containing a five year disqualifying conviction posted on the DSHS secretary's list of disqualifying convictions for ESA, your provider is disqualified as an in-home/relative child care provider for WCCC for five years after the

conviction date. You can find the complete list at http://www1.dshs.wa.gov/esa/dccel/.

- 3. If an individual being checked has:
 - A conviction listed in subsection (2) of this section, and it has been more than five years;
 or
 - b. Any conviction other than those posted on the DSHS secretary's list of disqualifying convictions for ESA we will allow you to determine the provider's character, suitability, and competence by reviewing important information such as the:
 - i. Amount of time that has passed since the conviction;
 - ii. Seriousness of the crime that led to the conviction;
 - iii. Individual's age at the time of conviction;
 - iv. Individual's behavior since the conviction;
 - v. Number and types of convictions in the individual's background; and
 - vi. Individual's verification, if any, of successful completion of all court-ordered programs and restitution.
- 4. If conditions in <u>WAC 388-290-0167(1)(a)</u> and (b) are met, the disqualifying background of an individual sixteen years of age or over living with the provider may not disqualify the provider.

Effective July 1, 2002

WAC 388-290-0167 What happens if my in-home/relative provider, who provides care in their home, is disqualified based solely on the disqualifying background of an individual living with that provider?

- 1. If we disqualify your provider based solely on the disqualifying background of an individual living with that provider, we require that:
 - a. Child care occurs in the child's home away from the disqualified individual, if you wish to continue using that provider; and
 - b. The parent and provider sign an agreement with us indicating that:
 - i. Care occurs in the child's home; and
 - ii. There is no contact between the child and disqualified individual during child care hours.
- 2. The parent may choose a licensed provider or submit an application for a different inhome/relative provider.
- 3. If we become aware that the parent and provider are not meeting the conditions in subsection

(1)(a) and (b) of this section:

- a. We terminate care without advance and adequate notice;
- b. You need to find a different provider; and
- c. You may be subject to an overpayment under WAC 388-290-0270.

CLARIFYING INFORMATION

- 1. DSHS staff take several steps to assist parents in determining whether an in-home / relative provider is suitable. However the parent / guardian has ultimate responsibility to determine whether the in-home / relative provider is the most appropriate person to care for their child.
- 2. The consumer and provider are not eligible for any child care payments prior to the date all applicable background check results are received by the department. The "received date" is the date DSHS receives the information from the Washington State Patrol. That date is printed on the results letter or listed in the background inquiry data base.
- 3. By signing the DSHS 14-417 WCCC Application, Part 2, Section 4, the consumer attests the inhome / relative provider meets the criteria under <u>WAC 388-290-0135</u> at the time child care is authorized.
- 4. An individual provider on ADATSA (Alcohol and Drug Addiction Treatment and Support Act) at the time of application for WCCC does not meet suitability requirements and will not be approved as an in-home / relative child care provider. Please note you may not give the details to the consumer regarding this denial. The most we can disclose is the provider did not pass the background check. You can offer to discuss it with the provider. WAC 388-290-0135 and WAC 388-290-0140 can be used for denial reasons.
- 5. An individual provider receiving General Assistance (GAU/X) or Supplemental Security Income (SSI) must be evaluated for suitability to provide care before WCCC is authorized. Receipt of SSI/SSA means a disability has been validated by another reliable source and we want to determine whether the provider is likely to be able to fulfill the duties as outlined in Part II of the application. The provider does not need to disclose the disability but it may be important to know if the disability would impair the provider from doing tasks such as the following:
 - · Picking up or holding a child
 - Using a phone to call in an emergency
 - Identifying when a situation would be considered an emergency
 - Driving (if transporting the child--Is there a valid driver's license)
 - Staying awake while the child is in need of supervision
 - Identifying when a situation needs adult supervision
 - Disciplining a child appropriately when needed, etc...

If it is determined that a letter of recommendation is needed, ask for one from someone who knows the provider. Be very specific about what the provider's duties would be while watching the children so the person writing the letter can speak to those duties. Please note you may not give the details to the consumer regarding this denial. The most we can disclose is the provider did not pass the background check. You can offer to discuss it with the provider. WAC 388-290-

0135 and WAC 388-290-0140 can be used for denial reasons.

6. The DSHS 09-891A, "Important Notice to Parents Using Child Care," prints automatically along with the DSHS 09-653, Background Authorization, from the WCAP. The notice gives the consumer guidance when reading the criminal history record and how the history relates to character and suitability of the provider. You can search for the form here.

WORKER RESPONSIBILITIES

- 1. Ensure that a DSHS 09-653 Background Authorization form is received from individuals required to have a background check under <u>WAC 388-290-0143</u>. Once the provider completes and submits the form to the department, file a copy in the consumer case record (hard file or the electronic case record).
- 2. Do not, at any time, fill in missing information for the applicant if the background authorization form is incomplete or illegible in any way. The form becomes invalid if anyone other than the applicant fills in the applicant's information.

To process a rejection letter for an incomplete or illegible form:

- a. Use the Rejection Letter (DSHS 10-385) in WCAP. Fill in the appropriate check box indicating which item is causing the rejection.
- b. Locally print the form and attach a copy of the Background Authorization Form (DSHS 09-653) submitted by the applicant.
- c. Send both forms to the consumer so the provider can make the corrections.
- d. Process the form once it is complete and correct.
- 3. Do not disclose any non-conviction information about the provider to the consumer unless the provider has signed the DSHS 17-063 or another signed release of information.

Background Inquiry Results

The consumer is meant to be the primary audience for the background inquiry result's content and instructions. Background inquiry results are received via the Background Check Inquiry database now in WCAP. The Background Check Inquiry database will hold all results of the background checks for a provider including a copy of the Record or Arrests and Prosecution (RAP) sheet. As the system is populated with data, staff can use this system to look up dates of prior checks.

Staff enter the provider/applicant data into the Background Check Inquiry database and send it directly to the BCCU (Background Check Central Unit). In most cases, a response will be received within 30 seconds with one of the following messages:

1. "Provider has no record":

When no record is discovered, WCAP will enter the "No Record" result in the consumer's WCAP Notes and it is also automatically logged and saved in the Background Check Inquiry database. The consumer will not receive notification of these results. Proceed with authorizing child care at this time.

2. "This CBI has been sent to BCCU. The tracking number is XXXX. You will receive a tickle when the results are available":

One of the following results will be issued from this search:

a. Record (DSHS 10-384):

This indicates the applicant has a record that may be of concern to the WCCC consumer

when making a hiring decision, however, the applicant is not disqualified. The "Record" result may include information from the Washington State Patrol (WSP), Department of Corrections (DOC), out-of-state information, or other sources, including the applicant's self-disclosure.

The result of this search is logged and saved in the Background Check Inquiry database. A result letter is automatically imaged into the electronic case record and sent via centralized mail to the consumer*. If the result does not come back within 30 seconds, a tickle will be generated when the results are available. The result letter will be imaged and sent even if the tickle is not worked.

When there is only a record result, assume the consumer wants to use the provider and process the case for payment. The consumer does not need to give the department a verbal or written statement about wanting to use the provider.

b. Disqualification (DSHS 10-386):

This indicates disqualifying information is found and the provider is not eligible for payment. The "Disqualification" result may include information from the WSP, DOC, out-of-state information, or other sources, including the applicant's self-disclosure.

The result of this search is automatically logged and saved in the Background Check Inquiry database. A result letter and termination letter are automatically imaged to the electronic case record and sent via centralized mail to the consumer*. If the result does not come back within 30 seconds, a tickle will be generated when the results are available. The result letter will be imaged and sent even if the tickle is not worked.

The consumer is still eligible for care but must choose a different provider. Give the consumer time to choose a new provider. Provide the consumer with the contact information for the Child Care Resource and Referral Agency at 1-800-446-1114. Submit a new Background Authorization form for a new in-home/relative provider or process payment for a licensed/certified provider, per the consumer's request.

c. Thumbprint needed (DSHS 10-383):

This indicates the system cannot perform a search on the applicant and return results without a thumbprint.

When the "Thumbprint needed" result is returned, print both the Thumbprint Request Letter and the WSP thumbprint form from the WCAP. Send both of these letters to the consumer. The consumer must have the applicant complete the forms according to the directions and submit them to the WSP.

WSP will process the forms and return the results to the BCCU. The BCCU will then send the results via the Background Check Inquiry database and a tickle will be generated when the results are received. Process the results according to 2 a or b of this section. The final result letter will be sent even if the tickle is not worked.

*Please note: These items must be sent from the local office when the consumer is coded with needing items in languages other than English or Spanish.

When a Person living with the provider is disqualified

- 1. When a provider is disqualified due to the disqualifying background of an individual living with the provider, the provider is disqualified from providing care where the other disqualified individual lives. If a parent wants to use the disqualified provider, DSHS requires the parent and provider sign an agreement (<u>DSHS Form 7-080</u>) with DSHS indicating:
 - a. Care will occur in the child's home; and

- b. There will be no contact between the child and disqualified individual during child care hours.
- 2. A signed copy of the parent / provider agreement (DSHS Form 7-080) must be on file. Do not authorize care prior to receiving the completed agreement.
- 3. If the parent is unwilling or unable to meet either of the two conditions in 1. above, they may choose a licensed provider or submit an application for a different in-home / relative provider.
- 4. If DSHS becomes aware the parent and provider are not meeting conditions in 1. above, terminate care without advance and adequate notice. The parent must find a different eligible provider to continue to receive WCCC. The parent could also be subject to an overpayment.
- 5. If an individual living with the provider is disqualified, a consumer **cannot** file for hearing. However, a consumer **can** file for hearing if their provider is disqualified based on their personal background.





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Economic Services Administration

Working Connections Child Care (WCCC) Manual

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Working Connections Child Care (WCCC) Manual

Search All DSHS manuals for:

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

Revised: April 10, 2006

Effective May 28, 2004

WAC 388-290-0001 What is the purpose of the working connections child care program?

The purpose of working connections child care (WCCC) is to:

- 1. Help families with children pay child care costs for approvable activities to find jobs, keep their jobs, and get better jobs; and
- 2. Consider the health and safety of children while they are in care and receiving child care subsidies.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 04-08-134, effective 5/28/04

Previous Version: WSR 04-08-021, effective 3/29/04. (Initial Distribution - Rev. #00)

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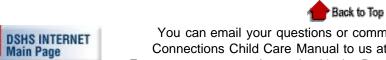
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Economic Services Administration

Working Connections Child Care (WCCC) Manual

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APPROVABLE CONSUMERS AND ACTIVITIES

C. RIGHTS AND RESPONSIBILITIES - CONSUMERS AND DSHS

Revised: December 1, 2005

Consumer Rights
Consumer Responsibilities
DSHS responsibilities

Also see Terminating Eligibility - B. - Fair Hearings

Effective May 28, 2004

WAC 388-290-0025 What rights do I have when I apply for or receive WCCC benefits?

When you apply for or receive WCCC benefits you have the right to:

- 1. Be treated politely and fairly without regard to race, color, creed, religion, sex, presence of any sensory, mental or physical disability, sexual orientation, political affiliation, national origin, religion, age, gender, disability, or birthplace;
- 2. Have WCCC eligibility determined within thirty days from your application date per WAC <u>388-290-0100(2)</u>;
- 3. Be informed, in writing, of your legal rights and responsibilities related to WCCC benefits;
- 4. Only have your information shared with other agencies when required by federal or state regulations;
- 5. Get a written notice at least ten days before we make changes to lower or stop benefits except as stated in WAC <u>388-290-0120</u>;
- 6. Ask for a fair hearing if you do not agree with us about a decision per WAC 388-290-0260.
- 7. Ask a supervisor or administrator to review a decision or action affecting your benefits without affecting the right to a fair hearing;
- 8. Have interpreter or translator service within a reasonable amount of time and at no cost to you;
- 9. Choose your provider as long as the provider meets the requirements in WAC <u>388-290-0125</u>; and
- 10. Ask the fraud early detection (FRED) investigator from the division of fraud investigations (DFI) to come back at another time. You do not have to let an investigator into your home. You may ask the investigator to come back at another time. This request will not affect your eligibility for benefits. If you refuse to cooperate (provide the information requested) with the investigator, it could affect your benefits.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington

State Code Reviser's web site.

Current Version: WSR 04-08-134, effective 5/28/04

CLARIFYING INFORMATION

If a consumer does not cooperate with DFI, decide if you have enough information to determine eligibility or continue current eligibility. If not, you can request further information from the consumer by sending a pending letter (on an unapproved case) or a request for information letter (on an approved case). Follow denial, termination, or approval procedures accordingly.

Effective December 1, 2005

WAC 388-290-0030 What must I do when I apply for or receive WCCC benefits?

When you apply for or receive WCCC benefits you must:

- 1. Give us correct and current information so we can determine your eligibility and authorize child care payments correctly;
- 2. Choose a provider who meets requirements of WAC 388-290-0125;
- 3. Pay, or make a plan to have someone pay, your WCCC copayment directly to your child care provider;
- 4. Leave your children with your provider while you are in WCCC approved activities. If you are not in an approved activity and you want to use the provider, you must make a plan to pay the provider yourself if the provider wants payment.
- 5. If you use an in home/relative provider, make sure care is being provided in the right home per WAC 388-290-0130.
- 6. Cooperate (provide the information requested) with the quality assurance review process to remain eligible for WCCC. You become ineligible for WCCC benefits upon a determination of noncooperation by quality assurance and remain ineligible until you meet quality assurance requirements or thirty days from the determination of noncooperation.
- 7. Cooperate with the fraud early detection (FRED) investigator. If you refuse to cooperate (provide the information requested) with the investigator, it could affect your benefits.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04

2. Consumers must cooperate with quality assurance. Consumers are ineligible for WCCC until they cooperate or up to a maximum of 30 days. If the consumer reapplies, they may still be in non-cooperation with quality assurance and be eligible for WCCC. You must decide if the information requested by quality assurance is needed to determine new eligibility. Is so, you must request the information needed. If it is not received deny the case following denial procedures. If you do receive the information, inform quality assurance. Special note: A consumer can become ineligible for WCCC another 30 days if another issue arises with quality assurance and they again do not cooperate.

Effective May 28th, 2004

WAC 388-290-0031 What changes do I need to report when I apply for or receive WCCC?

- 1. Notify WCCC staff, within five days, of any change in providers;
- 2. Notify your provider within ten days when we change your child care authorization;
- 3. Provide notice to WCCC staff within ten days of any change in:
 - a. The number of child care hours you need (more or less hours);
 - Your household income, including any TANF grant or child support increases or decreases;
 - c. Your household size such as any family member moving in or out of your home;
 - d. Employment, school or approved TANF activity (starting, stopping or changing);
 - e. The address and telephone number of your in-home/relative provider;
 - f. Your home address and telephone number; and
 - g. Your legal obligation to pay child support.
- 4. Report to your child care authorizing worker, within twenty-four hours, any pending charges or conviction information you learn about your in-home/relative provider.
- 5. Report to the child care authorizing worker, within twenty-four hours, any pending charges or conviction information you learn about anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-021</u>, effective 5/28/04

Effective December 1, 2005

WAC 388-290-0032 What are the consequences if I do not report changes within the specified time frames?

If you fail to report any changes as required in WAC <u>388-290-0031</u> within the stated time frames, we may establish an overpayment per <u>WAC 388-290-0271</u> or you might have to pay more than your normal share of child care costs, such as:

- 1. Paying a higher copayment;
- 2. Paying for extra hours of care when your activity requires more than ten hours a day of care;
- 3. Receiving an overpayment for the number of days your child was absent including the absences the licensed/certified or DSHS seasonal contracted day care provider is allowed to bill (see publication <u>Child Care Subsidies</u>, <u>A Booklet for Licensed and Certified Child Care Providers</u>, <u>DSHS 22-877</u>). An overpayment for absent days can occur when care is used when you are not eligible for WCCC and can be up to five days a month;

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-021</u>, effective 5/28/04

CLARIFYING INFORMATION:

1. If consumers do not report information as stated, they may not be eligible for reimbursements and could receive overpayments.

EXAMPLE:

Daisy is approved for WCCC February 1 through July 31 with a \$200.00 copayment. Her income is

reduced beginning in March but she does not report the change until May 15th. Daisy did not report the change timely per WAC <u>388-290-0031(3)(b)</u>. You review the income and child care need. If her copayment is decreased, the change effective date is June 1. She is not reimbursed the copayment difference for May because she did not report timely.

 Paying a higher copayment refers to a consumer not being reimbursed if they do not report income decreases timely. A copayment for a consumer is not increased during their eligibility period except for as noted in WAC <u>388-290-0085</u>. See COPAYMENT section for more information.

WORKER RESPONSIBILITIES:

- When a source other than the consumer reports information, such as the provider or a neighbor, you must still confirm the report with the consumer. You can call the consumer or send a <u>Request for Information letter (DSHS 07-076)</u>. The consumer is still responsible to report changes within the stated timelines.
- If the provider calls to report they are no longer providing care you can terminate payment per the provider's request. This does not terminate the consumer's eligibility. When this occurs, contact the consumer by calling or sending a DSHS 14-417 Part 2 form and possibly a <u>Background Authorization form (DSHS 09-653)</u>.
- 3. If you find out information from another government source, you do not have to verify the information with the consumer.

EXAMPLE:

A consumer is eligible for WCCC January 1 through June 30. While reviewing the consumer's reapplication you find in SEMS their child support payments stopped in March. The consumer did not report this information, but the **state was aware of the change**. You can re-determine the consumer's copayment for April-June based on this decreased income.

Effective December 1, 2005

WAC 388-290-0035 What responsibilities does the WCCC program staff have?

The WCCC program staff are responsible to:

- 1. Determine your eligibility within thirty days from the date you applied (application date as described in WAC <u>388-290-0100(2)</u>).
- 2. Allow you to choose your provider as long as they meet the requirements in WAC <u>388-290-0125</u>;
- 3. Review your chosen in home/relative provider's background information.
- 4. Authorize payments only to child care providers who allow you to see your children whenever they are in care;
- 5. Only authorize payment when no adult in your WCCC family is "able or available" to care for your children (under WAC <u>388-290-0020</u>).
- 6. Inform you of:
 - a. Your rights and responsibilities under the WCCC program at the time of application and reapplication;
 - b. The types of child care providers we can pay;

- c. The community resources that can help you select child care when needed; and
- d. Any change in your copayment during the authorization period except under WAC <u>388-290-0120(5)</u>.
- 7. Respond to you within ten days if you report a change of circumstance that affects your:
 - a. WCCC eligibility;
 - b. Copayment; or
 - c. Providers.
- 8. Provide prompt child care payments to your child care provider.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04

Previous Version: Previous Version: WSR 02-12-069, effective 7/1/02

WORKER RESPONSIBILITIES:

Staff must determine eligibility within 30 days of the date of application. Take the following steps if a client has failed to provide the necessary information to determine eligibility:

- 1. Send a pending letter describing exactly what items are needed. Allow for at least 12 days for a client to return the information or contact the office (12 days allows for extra days needed due to letters being mailed from Olympia by the central mail process).
- 2. Send a denial notice if the consumer does not supply the information needed.
- 3. Repend the application if the consumer requests additional time per WAC 388-458-0020.





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APPROVABLE CONSUMERS AND ACTIVITIES

D. ALLOWABLE ACTIVITIES FOR WCCC CONSUMERS

Revised: April 10, 2006

Consumers who are TANF recipients
Consumers who are not TANF recipients
Self-Employed Consumers
Consumers who are not in approved activities

Effective May 28, 2004

WAC 388-290-0040 If I receive a temporary assistance for needy families (TANF) grant, what activities must I be involved in to be eligible for WCCC benefits?

If you receive a temporary assistance for needy families (TANF) grant, you may be eligible for WCCC benefits, for activities in your individual responsibility plan (IRP), for up to sixteen hours maximum per day for your hours of participation in the following:

- 1. An approved WorkFirst activity under WAC <u>388-310-0200</u>;
- 2. Employment or self employment. We consider "employment" or "work" to mean:
 - Engaging in any legal, income generating activity that is taxable under the United States
 Tax Code or that would be taxable with or without a treaty between an Indian Nation and
 the United States; or
 - b. Working in a federal or state paid work study program. You may receive WCCC for paid work study and transportation hours (not for the time you are in an unapproved activity).
- 3. Transportation time between the location of child care and your place of employment or approved activity;
- 4. Up to ten hours per week of study time before or after regularly scheduled classes or up to three hours of study time per day when needed to cover time between approved classes; and
- 5. Up to eight hours per day of sleep time when it is needed, such as if you work nights and sleep days.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR 02-12-069, effective 7/1/02

Effective May 28, 2004

WAC 388-290-0045 If I don't get a temporary assistance for needy families (TANF) grant, what activities must I be involved in to be eligible for WCCC benefits?

If you do not receive TANF, you may be eligible for WCCC benefits for up to sixteen hours maximum per day for the hours of your participation or enrollment in the following:

- 1. Employment or self employment under WAC <u>388-290-0050</u>. We consider "employment" or "work" to mean:
 - Engaging in any legal, income generating activity that is taxable under the United States
 Tax Code or that would be taxable with or without a treaty between an Indian Nation and
 the United States; or
 - b. Working in a federal or state paid work study program. You may receive WCCC for paid work study and transportation hours (not for the time you are in an unapproved activity), unless you meet requirements in subsection (2) of this WAC;
 - VISTA volunteers, Americorps, and Washington Service Corps (WSC) if the income is taxed.
- 2. High school or general equivalency diploma (GED) program until you reach your twenty second birthday.
- Same day job search if you are a TANF applicant;
- 4. The food stamp employment and training program under chapter 388-444 WAC;
- 5. Adult basic education (ABE), English as a second language (ESL), high school/GED, vocational education, or job skills training or other program under WAC 388-310-1000, 388-310-1000, and you are:
 - a. Working:
 - i. Twenty or more hours per week; or
 - ii. Sixteen or more hours per week in a paid federal or state work study program.
 - b. Participating in post secondary education for no longer than thirty-six months. Child care for post secondary education in this section is limited up to thirty-six months maximum regardless of the length of the school program. The thirty-six months includes months you attended post secondary education, supported by WCCC, while receiving TANF.
- 6. WCCC may be approved for activities listed in WAC <u>388-290-0040</u> (3) through (5), when needed.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 **Previous Version:** WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. College work study: If the consumer wants child care authorized:
 - a. For both class time and work study hours, they must participate in work study at least 16 hours per week.
 - b. Only for the time they are in work study, there is no minimum hour requirement.
- 2. Education and training programs:
 - a. Consumers who are working 20 hours or more each week, 16 hours each week if the

employment is work study, may receive child care to participate in education and training programs. A consumers can combine work study and work hours to equal a minimum of 20 when the minimum of 16 hours of work study are not met.

- b. The community or technical college must be accredited and the courses must be part of a vocational program that leads to a degree or certificate in a specific job or skill. If the consumer is:
 - TANF, the activity must be approved by the WorkFirst program specialist (WFPS). A
 TANF client, is limited to participate in a voc ed program for a maximum of 12
 months.
 - ii. Non-TANF, they must attend an accredited community or technical college. The consumer may be asked to turn in their school schedule to verify their vocational education. The classes must meet WAC 388-290-0045(5). For a non-TANF consumer, the maximum amount of care authorized for education and training is a total of 36 months (This includes any monthe while on TANF).

We do not monitor for satisfactory progress in educational activities. If there is a question about actual attendance in the classes, request the WCCC consumer (student) provide an official school attendance document. If the documentation is not received, the AW can take appropriate action such as: processing an overpayment, adjusting the authorization, or sending a termination. If the supplied information is questionable, confusing, or outdated, request official school enrolment and schedule documents.

- 3. **Employment:** Consumers do not have to actually file taxes for their employment to be considered employment. However the activity must be legal, income generating, and the income taxable.
 - a. According to WAC <u>388-290-020(1)</u> Consumers "might be eligible for WCCC" if they are employed at a child care **center** and not providing direct care to their own children.
 - A consumer does not need to make minimum wage to be eligible for WCCC.
 - c. Consumers who request child care just for employment do not have to work a minimum number of hours per week. For example: An applicant who only works 12 hours a week may receive WCCC. This includes consumers who are requesting child care for work study hours only.
 - d. Refer to the self employment under the Clarifying Information under WAC <u>388-290-0050</u>. TANF consumers must have their self employment plan approved by their WFPS to be considered for WCCC eligibility.
 - e. Working for a WCCC consumer as a In home/Relative child care provider is considered employment. The child care provider can apply for WCCC.
- 4. Food Stamp Employment and Training (FS E&T) participants: Referred by Employment Security staff after they have been determined eligible. FS E&T activities consist of job search and educational activities deemed appropriate by Employment Security staff. See chapter 388-444 WAC.
- 5. **High School/GED completion:** High school and GED (HS/GED) programs administered through high schools (Office of Superintendent of Public Instruction, OSPI) or the community

and technical colleges (Community Trade and Economic Development, CTED) are accepted by and transferable to higher education programs in Washington. Therefore, WCCC can be authorized for consumers who are enrolled in HS/GED programs administered by OSPI or CTED.

HS/GED program participants do not need to meet the work requirement when they are:

- a. TANF clients who are 18 and 19 years old and temporarily deferred from work requirements due to participation in HS/GED activities; or
- b. Non-TANF consumers completing a high school or a GED program who are under 22 years of age. They do not need to be employed. This includes consumers with child only grants.

We do not monitor for satisfactory progress in educational activities. If there is a question about actual attendance in the classes, request the WCCC consumer (student) provide an official school attendance document. If the documentation is not received, the AW can take appropriate action such as: processing an overpayment, adjusting the authorization, or sending a termination. If the supplied information is questionable, confusing, or outdated, request official school enrolment and schedule documents.

6.

Internships and practicums:

- a. **TANF recipients:** See WAC <u>388-310-1000</u> (2)(c) WorkFirst Vocational education.
- b. **Non-TANF recipients** will be eligible for WCCC while participating in an internship or practicum, (not limited to 12 months) if the internship or practicum is linked to Vocational Education as defined in WAC <u>388-310-1000</u> (1) and:
 - i. Paid and equals 20 or more hours a week, or
 - ii. **Unpaid** and the consumer has outside employment of 20 or more hours a week, or 16 or more hours in a Work Study job, and the internship or practicum.
- 7. **IRP activities:** WAC <u>388-310-0200</u> lists the approved WorkFirst activities. Section, (2)(I) states: "Other activities identified by your case manager on your individual responsibility plan that will help you with situations such as: drug and / or alcohol abuse, homelessness, or mental health issues". If the case manager has included approved activities such as: medical appointments, AA meetings, or looking for housing in the IRP: WCCC can cover those activities as long as the consumer meets other eligibility requirements. The WFPS may list some activities on the IRP for tracking only this does not mean the activity is "approved/approvable". If a consumer has a history of inconsistent participation or lack of participation in the WorkFirst program a shorter time period may be authorized or a tickle may be set for the component end date.

EXAMPLE

Mark is a single parent and a mandatory TANF WorkFirst participant and has 2 children (8 and 2). He is currently has a back problem and is scheduled for surgery. He is unable to work at this time. His case manager includes his Doctor appointments and other medical needs in his IRP as approved activities. Mark is eligible for WCCC for the approved activities listed in his IRP.

NOTE: A consumer may claim or a Doctor state the consumer is unable to care for their child at

all. In such cases, a referral to Children's Administration may be appropriate to see if there are any programs the consumer may be eligible for. WCCC may not be an appropriate program for this family.

- 8. **Post-Employment services:** These services are designed to help keep current and former WorkFirst participants employed, attached to the labor market and gaining skills to help them increase their wages. (See <u>WorkFirst chapter 4.1</u>)
- 9. Same day job search: 'Same Day Job Search' refers to approving a TANF applicant for WCCC during their application period for same day job search. It does not refer to the length of eligibility for the job search child care. Refer to the following guidelines when authorizing care for same day job search:
 - a. If the TANF case is put into pending, authorize the care for no longer than the end date of that pending period.
 - b. If we have history that indicates this applicant has not shown stable activity or participation, a 2-4 week time period may be appropriate. Remember that the client will be subject to a review by the case manager at 4 weeks and 12 weeks if they have not found a job yet.
 - c. Requests for benefits for TANF must be processed within 30 days of receipt. This 30 day window could be used as a guideline for the child care authorization since most of these cases will have had a determination made for benefits by that time.

NOTE:

Consider deadline days and review timelines any time care is approved for a short time period or does not end on the last day of the month.

- Sanction-DCS: The consumer is in sanction due to non-cooperation with the Division of Child Support, but still has a child on the TANF grant. These recipients must still meet WorkFirst participation requirements. WCCC can cover approved activities as listed in the consumer's IRP.
- 10. **Sanction-WorkFirst:** The consumer is In WorkFirst sanction or Child SafetyNet Payment status, and is:
 - a. In their cooperation period and meeting WorkFirst requirements prior to being placed back on the TANF grant.
 - b. Working. The consumer can get WCCC for work related hours even if they are not working enough hours to remove the sanctions or Child SafetyNet.
- 11. **Tribal TANF approved activities or employment:** Certain tribes in Washington have chosen to offer TANF grants and manage their own type of WorkFirst program. A tribal member receiving tribal TANF must participate according to the specific Tribal requirements. These requirements may not be the same as those for WorkFirst participants. Tribal TANF recipients may receive child care from the tribe or DSHS. This is called "dual eligibility".

When the Tribal TANF recipient requests child care from DSHS, the recipient is subject to WCCC rules regarding family, income, copayments, etc. and:

- a. Tribe must inform DSHS of the approved hours of Tribal "WorkFirst" participation; or
- b. Recipient, if employed, must provide DSHS with the employment information.

EXAMPLE

Jack and Susan are married Tribal TANF recipients and both have approved Tribal IRPs that include 48-month training plans. Neither are employed. Jack and Susan are requesting WCCC for the IRP activity.

Jack and Susan are meeting WCCC activity requirements because they are in approved Tribal TANF activities. However, the AW would need to look at other WCCC rules, regarding family size, income, etc. to determine if Jack and Susan are eligible for WCCC.

The tribe may elect to pay the family's copayment, and/or the difference between the department's rate and the provider's rate, if the provider's rate is higher.

12. VISTA volunteers, Americorps and Washington Service Corps (WSC): These applicants may receive WCCC if they are receiving taxable income from VISTA, Americorps or WSC and are otherwise eligible.

Self Employment

See WAC 388-310-1700 WorkFirst - Self-employment.

See WAC 388-450-0085 How we count your self-employment income

Effective May 28, 2004

WAC 388-290-0050 If I am self-employed, can I get WCCC benefits?

You may be eligible for WCCC benefits for up to sixteen hours maximum per day when you are self employed.

- 1. We consider "employment" or "work" to mean engaging in any legal, income generating activity that is taxable under the United States Tax Code or that would be taxable with or without a treaty between an Indian Nation and the United States;
- 2. You are eligible for the calculation discussed in subsection (4)(a) of this section one time only, for one self employment venture. If you change self employment, any months left up to the first six months are covered by child care according to subsection (4)(a)(i) of this section.
- 3. If you get TANF and are self employed:
 - a. You must have an approved self employment plan under WAC 388-310-1700;
 - b. The amount of WCCC you get for self employment is equal to the number of hours in your approved plan; and
 - c. Income from self employment while you are receiving TANF is determined by WAC <u>388-</u> 450-0085.
- 4. If you don't get TANF at the time of application for WCCC and it is a:
 - a. New self employment business (established less than six months):
 - i. The hours of care you are eligible to receive for the first six months is based on your report of how many hours are needed, up to sixteen hours per day; and
 - ii. Your self employment income is based on WAC 388-290-0060.
 - b. For a self employment business (established for six months or more) the number of hours

of care you are eligible to receive is based on whichever is more:

- i. Your work hours reported in your business records; or
- ii. The average number of monthly hours equal to dividing your monthly self employment income by the federal or state minimum wage (whichever minimum wage is lower).
- c. After the first six months, the number of hours of WCCC you can get each month is based on the lesser of subsections (4)(b)(i) or (ii) of this section.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 **Previous Version:** WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

TANF recipients pursuing self-employment must:

- 1. Be working at least 32 hours a week at the business;
- 2. Have business income that is equal to the minimum wage (state or federal, whichever is higher) times 32 hours a week after the business expenses are subtracted; and
- 3. Have their self-employment plan approved by the local business resource center.

Non-TANF recipients pursuing self-employment must:

- Have an established income generating business which the consumer has been engaged in for 6
 or more months at the time of application. The consumer must meet the income guidelines for
 WCCC. If the consumer can verify the self-employment business has been established for the
 last 6 months, it is considered a new self-employment business.
- 2. Consumers are allowed the calculation in <u>388-290-0050(4)(a)</u> one time only (per household). If there is a gap between applications or a change in the type of self-employment, the next time they apply for WCCC as a self-employed consumer, their hours and income are calculated as described in <u>388-290-0050(4)(c)</u>. The self employment activity information can be entered into the "FLAG" screen in WCAP to keep track of when this allowable calculation has been used.

EXAMPLE 1

Jack has received WCCC for his self-employment for the past 6 months. His case is up for review and he is indicating that he has no income from the self-employment activity. Jack is not eligible for continuing child care.

Jack reapplies for WCCC in the future and reports the same self-employment activity. He believes that the first-six-month rule for self-employment should be applied for this new application.

Jack is not eligible to receive WCCC based on the first-six-month rule. The number of hours of child care he can receive is based on WAC <u>388-290-0050(4)(b)</u>.

EXAMPLE 2

William is self-employed as a gardener from April-September (6 months) and he has received WCCC for this activity. He works as an employee at an auto shop from October-March (6 months) and he also received WCCC for this activity. William now is self-employed as a mechanic and he believes

the first-six-month rule for self-employment should be applied to this new self-employment.

William is not eligible to receive benefits based on the first-six-month rule. The number of hours of child care he can receive is based on WAC <u>388-290-0050(4)(c)</u>.

EXAMPLE 3

Martha is a self-employed massage therapist and receives WCCC. After 4 months she calls to report she is no longer working as a massage therapist and requests her WCCC to close. Three months later she calls to apply for WCCC and reports she is self-employed as a Tupperware salesperson. She can receive WCCC according to WAC <u>388-290-0050(4)(a)</u> for two months.

consumers in activities that are not approved

Effective May 28, 2004

WAC 388-290-0055 If I am not working or in an approved activity right now, can I get WCCC benefits?

When care is approved in the situations described in subsections (1) and (2) of this section, the child needs to attend for the provider to bill.

- 1. We can authorize WCCC payments for a child's attendance in child care for up to fourteen consecutive days when you're waiting to enter an approved activity under WAC <u>388-290-0040</u> or <u>388-290-0045</u>.
- 2. We can authorize WCCC payments for a child's attendance in child care for up to twenty-eight consecutive days if you or the other parent in the household experience a gap in your approved activity.
- 3. Your household may be eligible for payment described in subsection (2) of this section:
 - a. Twice in a calendar year;
 - b. For the same number of units open while you were in the approved activity, not to exceed two hundred thirty hours a month;
 - c. If you report the loss of activity or employment timely following WAC 388-290-0031; and
 - d. If you receive WCCC immediately before the loss of employment or approved activity, and:
 - i. Your employment, or the approved activity, will resume within that period; or
 - ii. You are looking for another job.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. If the consumer uses any care during an authorized "gap" it is counted as one of their two allowable "gaps" per year.
- 2. Care is authorized at the same type of unit and number of unit, not to exceed 22, as the consumer was previously authorized. For example, if the consumer was approved for 15 half days, authorize a total of 15 half days for the "gap" activity.
- 3. Occasionally, consumers may request child care coverage for an activity not listed in WAC.

Handle these requests by exploring with the consumer other child care resources such as from Division of Vocational Rehabilitation or Child Protective / Welfare Services. Additionally, the process of submitting a <u>Rule Exception Request</u> or RER (DSHS 05-010) is available.

EXAMPLE 1

Mike is a single parent with 3 children. The family qualifies for WCCC and the children are each authorized for 22 full days. Mike broke his leg and will not be able to return to work for at least 6 weeks. He wants WCCC to cover the time he is off work. WCCC can not be authorized. The "gap" WAC would only apply if he was going back to work within 28 days.

EXAMPLE 2

Maria has a medical condition and she will need to temporary stop working. She thinks she will be back to work in about 2 or 3 weeks. Authorize WCCC to cover the "gap".

Maria used child care for the 28days. At the end of the 28 days she is still not able to return to work. This is not an overpayment to Maria but the WCCC authorization should be discontinue. If Maria still wants WCCC she may request a Rule Exception Request.





You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
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Working Connections Child Care (WCCC) Manual



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COPAYMENTS

Revised: September 23, 2004

This category contains the following information:

- Calculating the copayment
- Minimum copayments
- Payments by a third party
- Copayments and the Social Service Authorization (DSHS 14-154)
- Splitting and pro-rating copayments

Calculating the Copayment

Effective May 28, 2004

WAC 388-290-0075 What steps does the WCCC program take to determine my family's WCCC eligibility and copayment amount?

- 1. The WCCC program takes the following steps to determine your WCCC income eligibility and copayment:
 - a. Determine your family size (under WAC 388-290-0015); and
 - b. Determine your countable income (under WAC 388-290-0065).
- 2. If your family's countable income falls within the range below, then your copayment is:

YOUR INCOME:	YOUR COPAYMENT IS:
At or below 82% of the FPL	\$15
From 82% to 137.5% of the FPL	\$50
	The dollar amount equal to subtracting 137.5% of FPL from countable income, multiplying by 44%, then adding \$50.
Income above 200% of the FPL, you are not eligible for WCCC benefits.	

3. We do not pro rate the copayment when you use care for part of a month.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04

Previous Version: WSR 04-08-021, effective 4/29/04

Previous Version: WSR 03-06-045, effective 3/1/03 (Emergency)

Previous Version: WSR 02-14-067, effective 8/1/02

CLARIFYING INFORMATION

The Working Connections Child Care program requires that all families pay a portion of the child care costs. This is called a "copayment".

- 1. The minimum copayment is \$15 a month and any increase varies according to the family size and income.
- 2. The copayment does not vary with:
 - a. The number of children in care;
 - b. The amount of care required; or
 - c. The type of care a parent selects.
- 3. The copayment is automatically deducted from the DSHS payment.
- 4. The consumer must pay the copayment directly to the provider.
- 5. A family becomes ineligible for WCCC if they:
 - a. Fail to pay the copayment to the provider; and
 - b. Fail to make satisfactory arrangements to pay.

EXAMPLE

Kim has two children. Her expected average monthly income is \$2,500. She pays \$300 in child support for a child who does not live with her. Take the following steps to determine the child care copayment:

- 1. \$2,500 is the "expected average monthly income". Kim's countable income is \$2,200 or (\$2,500 300).
- 2. Kim's countable income, \$2,200, is the figure used to determine her monthly copayment amount. Since her countable income is over 137.5% (\$1,796) and less than 200% (\$2,612) of the FPL for a family of three, Kim's copayment is calculated by subtracting 137.5% of the FPL from the countable income, multiplying by 44%, and then adding \$50. (\$2,200 1796) x 44% + \$50). Therefore, Kim's regular monthly copayment to her child care provider is \$228.

WORKER RESPONSIBILITIES

If a reimbursement for an incorrect copayment amount is needed refer to the Reimbursement section of the manual.

Effective May 28, 2004

WAC 388-290-0085 When might my WCCC copayment change?

- 1. Once we determine that you are eligible for WCCC benefits, your copayment could change when:
 - a. Your monthly income decreases;
 - b. Your family size increases;
 - c. We make an error in your copayment computation;
 - d. You did not report all income, activity and household information;
 - e. You are no longer eligible for the minimum copayment under WAC 388-290-0090;
 - f. We make a mass change in benefits due to a change in law or program funding; or
 - g. You are approved for a new eligibility period.
- 2. If your copayment changes during your eligibility period, the change is effective the first of the month following our becoming aware of the change.
- 3. We do not increase your copayment during your current eligibility period when your countable income remains at or below two hundred percent of the FPL, and:
 - a. Your monthly countable income increases; or
 - b. Your family size decreases.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington

State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR <u>04-08-021</u>, effective 4/29/04 Previous Version: WSR 03-06-045, effective 3/1/03 - Rev. 1

CLARIFYING INFORMATION

1. If the consumer remains at or under 200% of the FPL due to an income increase or family size decrease, the copayment is **NOT** increased during their established eligibility period. However, the copayments can be decreased.

EXAMPLE 1

Jean is authorized for child care June 1st - Nov. 30th with a \$50 copayment. She receives a \$1.00 an hour raise on July 1st. The AW recalculates Jean's new countable income and it does not exceed 200% of the FPL. Jean's situation does not meet any of the criteria in WAC 388-290-0085 for refiguring her copayment. The copayment will remain at \$50 until the end of her eligibility period, Nov. 30th, unless future changes required a copayment change.

EXAMPLE 2

Jason was authorized for child care from January 1st to May 31st with a \$75 copayment. On March 13th, Jason reports that he was married on March 2nd. His new wife, who is working, has one child who needs child care.

Using the new household size and income the family's eligibility and copayment would need to be redetermined. If the family remains income eligible, the copayment does not increase during the remaining months of the current eligibility period.

EXAMPLE 3

A consumer's copayment was established at \$50 for 5/1 to 10/31. On July 15th, the worker discovers that the copayment was calculated incorrectly and it originally should've been \$250 per month. The copayment should be increased to the \$250 effective 8/1 with advance and adequate notice to the consumer. An overpayment to the consumer is established for the months of May, June and July.

EXAMPLE 4

A reapplication was completed on 7/15/02 for 8/1-1/31 with a \$50 copayment. The consumer did not know at the time of the reapplication they would be starting a new job 8/1. The consumer reports this change July 25th. The consumer's continued eligibility is redetermined based on the new income information. The new income would cause the copayment to be \$125 instead of the \$50. The copayment is not increased since the consumer did not withhold this information as it was not available at the time of the reapplication. Since the eligibility period has already been established, the copayment will remain at \$50 until 1/31 unless the consumer meets the criteria in WAC 388-290-0085 for a copayment change.

EXAMPLE 5

Daisy is approved for WCCC until July 31, 2004 with a \$200 copayment. Daisy receives a raise April 10th, but she does not report the increased income until May 15th. You determine she remains eligible for WCCC with the increase in income and inform her that her copayment at her next review will most likely increase. No change is made to Daisy's current copayment due to her income increase during this eligibility period.

EXAMPLE 6

Same situation as in Example 5, but Daisy's increase in income makes her ineligible for WCCC. Daisy is sent a termination notice, following advance and adequate notice procedures, and she is assessed an overpayment from April 10th, the date she began receiving the raise.

Minimum Copayments

Effective May 28, 2004

WAC 388-290-0090 When do I pay the minimum copayment?

You pay the minimum copayment:

- 1. If your countable monthly income is at or below eighty two percent of the FPL;
- 2. If you are a minor parent, and are:
 - a. Receiving TANF; or
 - b. Part of your parent's or relative's TANF assistance unit.
- 3. For the first full month following the month you get a job or apply for WCCC and we pay benefits:
- 4. If there is a break of at least thirty days in your WCCC benefits due to your activity ending; or
- 5. If you received child care benefits within the last thirty days immediately prior to the eligibility period and you do not meet the qualifications in subsections (1) through (4) of this section, your

copayment will be computed according to WAC 388 290 0075.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR <u>04-08-021</u>, effective 4/29/04

CLARIFYING INFORMATION

The intent of applying the minimum copayment for the **first full month following the month of application/benefits** to the WCCC program is to provide relief to families just applying for WCCC or the newly employed. Although the WAC language does not directly specify, the intent is also to allow for the minimum copayment in the first month of benefits.

The rule is not intended as a one-time lifetime limit for families. The minimum copayment rule can be applied again if a consumer has a break in their WCCC of more than 30 days due to their approved activity ending.

EXAMPLE 1

Mrs. Jones (non-TANF) has received child care from April-August. She received the \$15 copayment in April (her first month) and May (the first full month following her eligibility according to WAC 388-290-0090(3)).

Mrs. Jones' eligibility was due to end on August 31st. She was sent a reapplication packet and asked to return it on or before August 15th. Mrs. Jones didn't return the packet and child care was terminated effective August 31st. Mrs. Jones finally sends the reapplication packet in on October 10th. From the reapplication packet, it is determined she has not worked for 45 days but now has new employment. Mrs. Jones is determined eligible for WCCC and is allowed the minimum copayment again for October and November.

EXAMPLE 2

Same example as above, but Mrs. Jones remained at her same place of employment. Her break in WCCC was due to her not returning her reapplication information. She is not eligible for the minimum copayment rule.

Non-TANF minor parents

Non-TANF minor parents can be assessed a copayment above the minimum amount. See <u>WAC 388-290-0075</u>. All non-exempt income would be verified and counted toward eligibility and the copayment, as with other non-TANF families.

Third Party Copayments

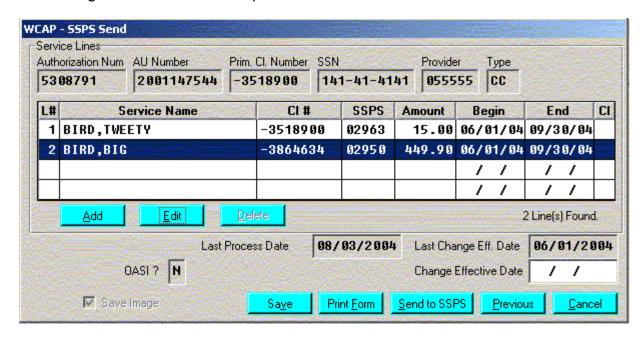
The child care consumer may make arrangements for someone else, such as a "third party", to pay a portion of or all of the copayment directly to the child care provider.

This arrangement would not be considered income received by the parent and is not counted towards household income.

Copayments and the Social Service Authorization (DSHS 14-154)

SSPS **only** deducts the copayment from the overall child care payment when it is included on a Social Services Authorization (DSHS 14-154) that has other service lines specific to payment for care.

For this reason, many workers set up the copayment(s) to be on the first several lines, followed by a payment for daily care. WCAP defaults to entering the copayment on the first line of an authorization. See the figure below as an example.



Splitting Copayments

1. The WCCC program does not advocate splitting copayments as customary practices. However, there may be unusual circumstances in a child care case that call for splitting the copayment. A consumer may also request their copayment be split among providers.

EXAMPLE

Juanita has been determined eligible for WCCC with a \$250 copayment. She has 2 children who require care; a school-age child and an infant.

The school-age child requires half-day care only in the afternoon at an after-school program. The total cost of care for the school-age child is \$158.24 (\$9.89 x 16 days per month).

The infant requires half-day care at a family home. The total cost of care for the infant is \$224 (\$14.00 x 16 days per month).

The copayment may be split as follows:

School-age Child						
Line 1	2963	\$125.00/ea	1	\$125.00		
Line 2	2947	\$9.89/da	16	\$158.24		
Infant						
Line 1	2963	\$125.00/ea	1	\$125.00		
Line 2	2948	\$14.00/da	16	\$224.00		

2. If a consumer has both a licensed and in-home / relative care provider, it is not necessary to split the copayment unless this is a specific request by the consumer. Additionally, the copayment is not required to be assigned to the licensed provider exclusively. The consumer must be given a choice of assigning the copayment to either provider.







You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
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Working Connections Child Care (WCCC) Manual



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INCOME AND ELIGIBILITY

A. WHAT INCOME IS COUNTED?

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B. DEFINING AND USING INCOME

WAC 388-290-0065 How does the WCCC program define and use my income?







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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

INCOME AND ELIGIBILITY

A. COUNTING AND DISREGARDING INCOME

Revised: February 8, 2005

Effective May 28, 2004

WAC 388-290-0060 What income does the WCCC program count when determining eligibility and copayments?

The WCCC program counts income as money you get from:

- 1. A TANF grant, except when exempt under WAC 388-290-0070(1)(h);
- 2. Child support payments;
- 3. Supplemental Security Income (SSI);
- 4. Other Social Security payments, such as SSA and SSDI;
- Refugee assistance payments;
- 6. Payments from the Veterans' Administration, disability payments, or payments from labor and industries (L&I);
- 7. Unemployment compensation;
- 8. Other types of income not listed in WAC 388-290-0070;
- 9. VISTA volunteers, Americorps, and Washington Service Corps (WSC) if the income is taxed;
- 10. Gross wages from employment or self employment. Gross wages includes any wages that are taxable. "Self employment income" means your gross income from self employment minus allowable business expenses in <u>WAC 388 450 0085</u>;
- 11. Lump sums as money you get from a one time payment such as back child support, an inheritance, or gambling winnings; and
- 12. Income for the sale of property as follows:
 - a. If you sold the property before application, we consider the proceeds an asset and do not count as income:

- b. If you sold the property in the month you apply or during your eligibility period, we count it as a lump sum payment as described in WAC 388-290-0065(3).
- c. Property does not include small personal items such as furniture, clothes, and jewelry.

CLARIFYING INFORMATION

- 1. In addition to income listed above in WAC 388-290-0060, count garnished wages (with the exception of paid child support) when figuring a consumer's eligibility and copayment.
- 2. "Sale of property" refers to real estate (land or buildings).
- 3. Count the income in kind when it is listed on the paycheck and taxed.

EXAMPLE

Diane works as a rental agent at an apartment complex. As part of her wages, she is allowed an apartment on site with a rental value of \$500. On her paycheck it notes that her earned wages are \$1500 and her rental allowance is \$500.00 for a total of \$2000gross wages. Her paychecks shows that the \$500 rental allowance is removed from her gross wages before taxes are deducted. The rental allowance is not taxed on her paycheck and is disregarded when determining her total gross wages.

4. Deductions not listed as disregarded income per WAC 388-290-0070 are counted towards total gross income.

Effective May 28, 2004

WAC 388-290-0070 What income types and deductions does the WCCC program disregard when figuring my income eligibility and copayment for WCCC benefits?

- 1. The WCCC program does not count the following income types when figuring your income eligibility and copayment:
 - a. Income types as defined in <u>WAC 388-450-0035</u>, <u>388-450-0040</u>, and <u>388-450-0055</u>;
 - b. Compensatory awards, such as an insurance settlement or court ordered payment for personal injury, damage, or loss of property;
 - c. Adoption support assistance and foster care payments;
 - d. Reimbursements, such as an income tax refund;
 - e. Diversion cash assistance;
 - f. Income in kind that is untaxed, such as working for rent;

- g. Military housing and food allowance;
- h. The TANF grant for the first three consecutive calendar months after you start a new job. The first calendar month is the month in which you start working;
- i. Payments to you from your employer for benefits such as medical plans;
- j. Earned income of a WCCC family member defined under WAC 388-290-0015(2);
- k. Income of consumers described in WAC <u>388-290-0005(1)(c)</u> through (i);
- I. Earned income from a minor child who we count as part of your WCCC household; and
- m. Benefits received by children of Vietnam War veterans who are diagnosed with all forms or manifestations of spina bifida (except spina bifida occulta).
- 2. WCCC deducts the amount you pay for child support under court order, division of child support administrative order, or tribal government order, from your other countable income when figuring your eligibility and co pay for the WCCC program.

CLARIFYING INFORMATION

other income that is not counted

- 1. Income received by TANF and Non-TANF WCCC recipients through Work study (Federal, State, or WorkFirst) is not counted towards eligibility and copayments.
- 2. In addition to the income listed in WAC 388-290-0070, we do not count:
 - a. A "third-party" payment, such as full or partial payment of the copayment by someone else;
 - b. Money received indirectly, such as rent, utility, mortgage, car, or medical payments, etc. instead of a direct child support payment; and

More information is available in the Eligibility A-Z Manual: <u>WAC 388-450-0015</u> Excluded and Disregarded income.

EXAMPLE 1

Joe has 2 children, receives TANF and is working part-time. On July 5th he finds a new job. Joe reports his new job to the AW on July 12, and requires child care starting the following day (the 13th). Exempt Joe's TANF grant in figuring the copayment for the 1st three consecutive months after Joe starts his job (July, August, and September).

NOTE:

If the consumer changes employers, we do not count the TANF income for the first 3 months of

employment for each new job. This applies only when the consumer changes employers, not to breaks in employment or accepting a different job with the same employer.

EXAMPLE 2

John is employed at McDonald's on 72nd St. and has had his grant exempted for three months (Jan, Feb. and Mar.). He is still receiving a partial TANF grant in May. He stops working for 3 weeks in April and then begins working at the McDonald's downtown in May. John's TANF grant is exempted for another 3 months (May, June, and July).

EXAMPLE 3

Henry is employed at Company A and has had his grant exempted for three months (June, July and Aug.). Some months later, Henry has a temporary break in employment due to a slow-down in business. Henry does not work for two weeks. When he returns to work at Company A, his grant is not exempted and is counted as part of his gross income, as he did not have a change of job or employer.



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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

INCOME AND ELIGIBILITY

B. DEFINING AND USING INCOME

Revised: February 8, 2005

Effective May 28, 2004

WAC 388-290-0065 How does the WCCC program define and use my income?

We use your countable income when determining your eligibility and copayment. Your countable income is the sum of all income listed in WAC <u>388-290-0060</u> minus any child support paid out (through a court order, division of child support administrative order, or tribal government order).

- 1. To determine your income we:
 - a. Determine the number of months, weeks or pay periods it took your family to earn the income and divide the income by the number of months, weeks or pay periods to get an average monthly amount; or
 - b. Use the best available estimate of your family's current income when you begin new employment or if you don't have an income history to make an accurate estimate of your future income, we may ask your employer to verify your income.
- 2. If you receive a lump sum payment (such as money from the sale of property or back child support payment) in the month of application or during your WCCC eligibility we:
 - a. Divide the lump sum payment by twelve to come up with a monthly amount; and
 - b. Add the monthly amount to your expected average monthly income for the month it was received and the remaining months of the current authorization period;
 - c. You must meet income guidelines for WCCC after the lump sum payment is applied to remain eligible for WCCC.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 **Previous Version:** WSR <u>04-08-021</u>, effective 4/29/04 **Previous Version:** WSR <u>02-01-135</u>, effective 1/19/02

CLARIFYING INFORMATION

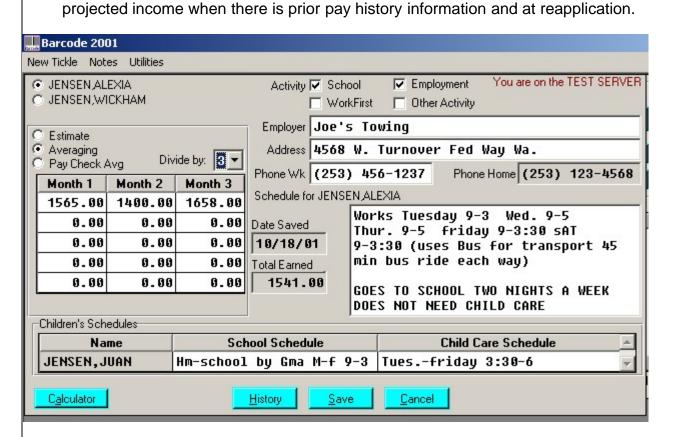
There are two types of income discussed in this section:

- Ongoing wages / salary
- One-time and lump sum payments

Ongoing wages / salary

- 1. Verification of income is done at application, reapplication and when changes are reported during the eligibility period. Verification can:
 - a. Pay stubs for the 3 most recent months of employment or a current pay stub showing year-to-date earnings
 - b. A written employer statement indicating the gross wages earned and hours of employment;
 - c. A note in the client case record indicating the employer was contacted (by mail or telephone) and the gross wages and hours were verified; or
 - d. The DSHS 07-042B--Self Employment Income Report or other written verification indicating gross income for self-employment; or
 - e. From other source such as SEMS, ACES, SSI, statement of child support paid by non-custodial parent, etc.
- 2. If there is not recent income history, the verification can be self reported (for new employment), or an employer statement.
- 3. Use the following WCAP functions to calculate earned income:

 The "Averaging" function within the activity / schedule screen of WCAP is best suited to give



- Allows worker to input any combination of totals for up to 3 months and have that information divided by up to 3.
 - EXAMPLE: The worker could enter up to 8 paychecks for month 1; 2 paychecks in month 2, and 1 paycheck for month 3 and use the drop down menu to divide by 3.
- The "divide by" must match the number of months that income is entered for.
 - **EXAMPLE**: If a consumer supplies 2 months worth of income the worker must divide by 2 rather than 1 or 3.

- "Total earned" amount = All income for months entered divided by the number # indicated in "Divide by" field.
- "Total Earned" amount transfers to the income screen.

EXAMPLE 1

Deryl, a non-TANF consumer, applies for child care in March. Deryl has been working as a substitute teacher for the past five months. He expects no changes in his employment situation "anytime soon" and the school district confirms this. Deryl doesn't keep all his pay stubs, but his employer reports his past gross earnings to be \$1200 in December, \$1400 in January, and \$1325 in February. Use the "Averaging" function to enter his last three months of income and divide by three.

Deryl's income is averaged across multiple months because historical wage information is available. Deryl's expected average monthly income is about \$1293 (the average of the 5 months of income above).

EXAMPLE 2

Candy is self-employed and has been receiving WCCC for the past year and a half. Her case is due for reapplication on 9/30. Candy has had an unusual dip in business over the past 3 months. Candy's last three months of income would not provide the best estimate of future income. Income from the past 9 months could actually be totaled and divided by 9 to get an estimate of future income. Her new eligibility and copayment can be based on more than the last 3 months of income.

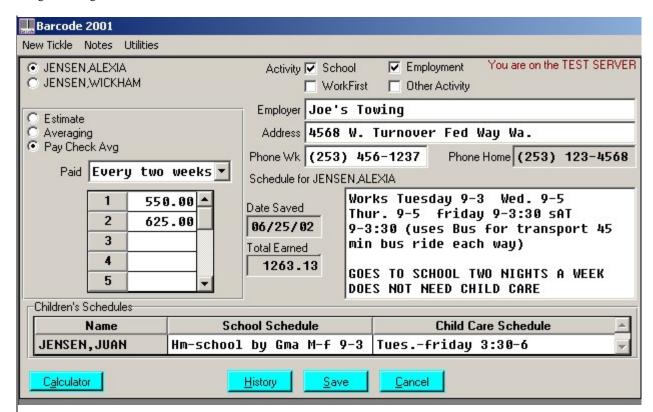
EXAMPLE 3

Stacey is an approved self employed WCCC consumer. At her reapplication she turns in the self employment form 07-042B. She also supplies some receipts to verify her deductions. Stacey reports she has a gross income of \$1,500 for May, \$1,600 for June and \$2,500 for July. She had work related deductions of \$300 each month. Use the averaging function and enter \$1,200, \$1,300 and \$2,200 for each month. Her average income for the last three months is \$1,567.

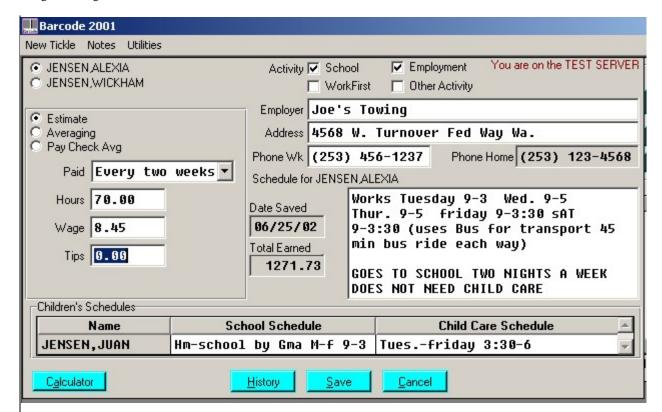
EXAMPLE 4

Using Example 3 above, Stacey turns in receipts she has received from her clients and the gross income for May-July is as noted above. She does not claim any deductions. You allow a \$100 standard deduction for each month (per memo dated November 29, 2001). Use the averaging method and enter \$1,400, \$1,500 and \$2,400. Her expected average monthly income is \$1,767.

b. The "Pay Check Averaging" function within the activity / schedule screen of WCAP is best used to average multiple paychecks for a single month.



- "Paid" drop down box lists payment cycles as weekly, every two weeks, two times a month, and monthly.
- Allows up to 15 paycheck entries.
- Paycheck entries are added together, divided by the total number of entries and the result is multiplied using current calculations: 4.3 if paid 1x a week; 2.15 if paid every 2 weeks; 2 if paid 2x a month; and 1x if paid monthly.
- "Total Earned" amount transfers to the income screen.
 - c. The "Estimate" function within the activity / schedule screen of WCAP is best suited to give projected income when there is new employment and no current pay history or the income changes and their future income is anticipated to be different than actual earned income. This function should not be used at reapplication when pay history or an employer statement of actual gross earnings could be used to determine expected average monthly income.



- "Paid" drop down box lists payment cycles as weekly, every two weeks, two times a month, and monthly.
- "Hours" total should coincide with payment cycle, for example: 25 hours weekly, 70 hours every 2 weeks, 80 hours 2x a month, or 165 hours a month.
- "Total Earned" amount = ("Wage" x "Hours") x 4.3 if paid 1x a week; 2.15 if paid every 2 weeks; 2 if paid 2x a month; and 1x if paid monthly.
- "Tips" amount will be multiplied by "Paid" and added to the monthly total.
 - Example: \$50.00 in tips x 4.3; 2.15, etc. + "Total earned."
- "Total Earned" amount transfers to the income screen.

EXAMPLE 1

Robert, a new WCCC applicant, reports that he will start a new job on July 15. The department receives an employer statement that indicates Robert will be paid once a month. He will receive \$0.00 in July, approximately \$1500 in August and approximately \$3000 in September. To figure the expected average monthly income using the WCAP, choose "paid" one time a month. Enter the approximate number of hours to be worked in a month, and the hourly wage. Given the following figures (165 hours a month X \$18.00 an hour) X one payment cycle a month, the expected average monthly income will be \$2970. Use the \$2970 figure to determine eligibility for the program beginning July 15 and the ongoing copayment.

EXAMPLE 2

Regina's case is up for reapplication on 2/28. Over the past three months she was on a reduced work week due to a physical injury. She is now returning to her normal schedule on 3/1 at her previous wages. Regina's last three months of income would not provide the best estimate of her expected average monthly income. Her wages and hours can be re-verified with the employer.

4. Using the last 3 months of income is a general practice or standard for determining eligibility.

You can accept less verification or more verification, as the case needs.

EXAMPLE 1

A family that is self-employed shows a net loss of income at reapplication. At previous reapplications they have had enough income to warrant full time child care hours. The family can verify their income for the last 12 months (instead of just the last 3 months). You can divide this income by 12 then apply WAC 388-290-0050 to the amount to determine the number of child care hours allowed.

EXAMPLE 2

At reapplication in October, Bill turns in only his most current pays stub. You can use Bill's year-to-date (YTD) total gross income to determine his expected average monthly income amount by dividing the number of:

- a. Months the pay stub covers; or dividing
- b. Pay periods the pay stub covers and multiplying it by how often Bill is paid a month.

Bill's YTD total gross income is \$15,875.37. You know that Bill is paid twice a month and his stub covers 17 pay periods. You calculate his income as follows:

Bill's average pay stub total is \$15875.37÷17=\$933.85

Bills average monthly total income is \$933.85*2=\$1867.70

5. Lump Sum payments

Examples of lump sum payments are back child support, gambling winnings, an inheritance, or money from property sales. Lump sum payment totals are divided by 12 months, considered expected average monthly income and only counted against the month it is received and the remaining months in the current eligibility period. Income tax returns, cash diversion payments, TANF Early Exit bonuses and other payments listed in WAC 388-290-0070 are not countable lump sum payments.

A consumer may be determined ineligible at application or reapplication due to a lump sum payment received the month they apply. When this occurs, the consumer is ineligible only for the month they apply. The lump sum payment is not counted towards eligibility if they apply the following months.

EXAMPLE 1

Mary Lou is a non-TANF consumer receiving child care. Her expected average monthly income is \$1032. Her countable income is also \$1032. Her WCCC copayment is \$50. She is authorized for care from May 1 to September 30.

Mary Lou reports that on June 5th she received a lump sum payment of \$4,800 for back child support. The AW averages Mary Lou's lump sum over 12 months (\$4,800÷12 = \$400), and \$400 is added to Mary Lou's average monthly-expected income. In addition, she is now receiving her regularly scheduled child support payments of \$300 per month. This raises her countable income to \$1,732 (\$1,032 + 400 + 300). While Mary's income has increased significantly, she remains eligible for WCCC and her copayment remains the same through the current authorization period (See WAC 388-290-0085).

The lump sum amount divided by 12 (\$400) is counted toward the period of June 5th to September 30th. No amount of the lump sum is counted toward income for the next eligibility period.

EXAMPLE 2

In the previous example, Mary Lou was still eligible for child care.

If Mary Lou's lump sum payment had put her over 200% of the FPL for her family size, she would be ineligible only for the remaining months of the current eligibility period. She reports the lump sum on June 5th. Given a ten-day notice, she would be ineligible June 15th through September 30th. She could reapply for child care in October.

EXAMPLE 3

In the same case as examples 1 and 2, Mary Lou does not report the change. The worker discovers it at Mary Lou's reapplication in September. Take the lump sum payment and apply it to her income in June to determine if she remains under 200% of the FPL from June 16th-September 30th. If she is over the program eligibility, process an overpayment. No amount of the lump sum payment received in June is counted towards her new eligibility period if she applies for care after September.

EXAMPLE 4

Mary Lou applies for WCCC in May. She reports a lump sum payment received in May. The payment is divided by 12 and applied to her expected average monthly income. The total income places her over 200% of the FPL. Mary Lou is denied WCCC for May but could re-apply for eligibility starting June 1st.

WORKER RESPONSIBILITIES

- 1. When available income verification is from pay stubs, an employer statement of gross wages earned (not expected schedule or hourly wage), or a W-2 from previous months, determine expected monthly income by totaling the amount earned and averaging the amount over the number of months in which it took to earn the income.
 - a. Averaging method; or
 - b. Income averaging method.

Consider whether the consumer is paid weekly, twice a month, every two weeks, or monthly when entering pay check averaging information.

- 2. When there is no previous wage information available, such as pay stubs or a W-2, the consumer may provide an employer's statement (verbal or written) that shows current hourly wage. Determine the expected average monthly income by:
 - a. Multiplying weekly income by 4.3 if the consumer is paid once a week;
 - b. Multiplying bi-weekly income by 2.15 if the consumer is paid every two weeks;
 - c. Multiplying semi-monthly income by 2 if the consumer is paid twice a month; or;
 - d. Using monthly income if the consumer is paid once per month.

- 3. Allow the consumer to itemize or use the standard 100.00 deduction when they are self-employed. The Clarifying Information under WAC 388-450-0085 lists examples of deductions. Please see memo from November 29, 2001.
- 4. Take into consideration the following when determining expected average monthly income if the consumer has commission or overtime pay in addition to an hourly / monthly wage:
 - a. Is the commission pay on-going, and
 - b. Does the amount vary due to seasonality of the industry?

EXAMPLE 1

Sara works in retail and averages 34 hours a week and \$1400 a month (gross). During Nov., Dec., and Jan., she averaged 50 hours a week and received commission on her sales. Her reapplication was due in December. Looking at Sara's recent income, the AW must determine if the increased income in Nov. Dec., and Jan. would have made Sara ineligible. If not, no action is taken.

Determine future eligibility beginning January 1st. Sara's overtime and commission pay has ended and she will resume her 34-hour a week schedule. Future eligibility based on Sara's normal 34-hour work-week.

EXAMPLE 2

Chuck receives both a base wage and commission each month. His commissions vary considerably. The AW must include the commissions when determining expected average monthly income. Averaging past earned commissions over the time it took to earn them would give the AW an accurate idea of how much to count toward the average monthly expected income.

5. If the consumer has bonus pay in addition to an hourly / monthly wage, take into consideration the payment schedules bonuses may take such as a regular scheduled payment (such as monthly or quarterly) or at certain times of the year (such as during the holidays). Count all bonuses as income regardless of the method of distribution (either as ongoing income or lump sum payments).

The difficulty with bonuses begins when there is not a way to predict how much the bonuses will be. Use the following as a guideline when dealing with employee bonuses:

Bonuses paid on a monthly schedule:

Treat like ongoing wages/salary according to the WCCC handbook. If previous bonuses have been received, average the amount and apply to the monthly countable income. Bonuses without any pay history are projected based on employer information and applied to monthly countable income. If the bonus payment schedule is monthly.

Bonuses received on any other time schedule other than monthly:

Treat as a lump sum payment and apply lump-sum payment process to determine monthly countable income.

EXAMPLE 1

Patsy's employer pays out bonuses on a monthly schedule based on the previous months profit. At

her reapplication, her pay stubs show she received a bonus for 2 of the last 3 months. Take the total bonus amount and divide by 3 to determine the amount to add to her monthly income.

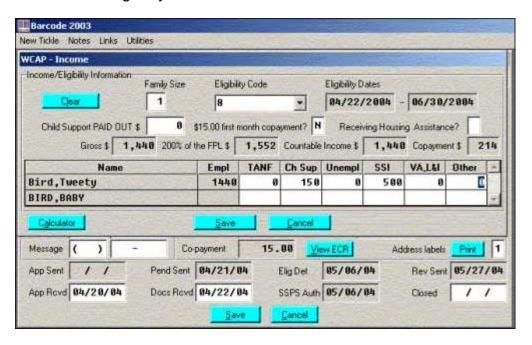
EXAMPLE 2

Patsy's employer pays out bonuses twice a year based on the company's profits. At reapplication, one of her stubs shows she received a bonus of \$3,000. Divide the bonus by 12 to determine the amount to add to her monthly income.

NOTE:

Commission and bonus pay can be included as part of the "total income" by placing the amount in the "Other" column on the Income Eligibility or by adding it to the averaging or pay check averaging functions on the Activity/Schedule screen in the WCAP.

6. Countable income includes earned income and unearned income. All countable income is entered on the Income/Eligibility Information screen.



- 7. To determine countable income and eligibility:
 - a. Subtract verifiable child support paid out (including arrears) from the expected monthly income.
 - b. Determine whether the family is income eligible by comparing countable income to 200% of the FPL. If countable income exceeds 200% of the FPL for their family size, the family is ineligible for WCCC.

NOTE: The WCAP determines eligibility and copayment when you enter the necessary information. The WCAP program should be used at all times.

- c. If eligible, send the consumer the <u>DSHS 07-066(X)</u>, The Award / Change Letter. A copy is automatically imaged into the electronic case record (ECR).
- d. If ineligible, send the consumer the DSHS <u>15-247(X)</u>, Working Connections Child Care Denial/Termination Notice. A copy is automatically imaged into the ECR. A copy is automatically imaged into the ECR.





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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

HEARINGS

Revised: December 1, 2005

Effective December 1, 2005

WAC 388-290-0260 Who has a right to ask for a hearing and how do they ask for one?

- 1. WCCC consumers have a right to request a hearing under chapter 388-02 WAC on any action affecting WCCC benefits except for mass changes resulting from a change in policy or law.
- 2. Licensed or certified child care providers or in-home/relative providers can request hearings under chapter 388-02 WAC and RCW 43,20B.675 only for WCCC overpayments.
- 3. To request a hearing you, the licensed/certified provider, or in-home/relative provider:
 - a. Contacts the office which sent them the notice; or
 - b. Writes to the Office of Administrative Hearings, PO Box 42489, Olympia WA 98504-2488; and
 - c. Makes the request for a hearing within:
 - i. Ninety days of the date a decision is received for consumers; or
 - ii. Twenty-eight days of the date a decision is received for providers (per RCW 43.20B.675).

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

In a child care hearing, supporting documents may be crucial to the department's case. You may need to include canceled warrants, signed invoices, service authorization screen printouts and/or the service invoice screen printouts. Further details on how to obtain this information is in the SSPS Manual.

Effective May 28, 2004

WAC 388-290-0265 When can I get WCCC benefits pending the outcome of a hearing?

- 1. If you are a WCCC consumer, you can receive WCCC pending the outcome of a hearing if you request the hearing:
 - a. On or before the effective date of an action; or

- b. No more than ten days after we send you a notice of adverse action. "Adverse action" means an action to reduce or terminate your WCCC, or to set up a protective payee to receive your WCCC warrant for you.
- 2. If you lose a hearing, any WCCC you use between the date of the adverse action and the date of the hearing or hearing decision is an overpayment to you, the consumer.
- 3. If you are a WCCC consumer, you may not receive WCCC benefits pending the outcome of a hearing if you request payment to a provider who is not eligible under WAC 388-290-0125.
- 4. If you are eligible for WCCC, you may receive child care benefits for another eligible provider, pending the outcome of the hearing.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

CLARIFICATION

WAC <u>388-290-0265</u> does not require DSHS to continue benefits beyond the current authorization period if the client is:

- · No longer eligible, and
- Has filed for a hearing.

EXAMPLE 1

Carrie became ineligible for care on 5/15. Care was terminated correctly before the original eligibility end date, which was 6/30. Carrie requested a hearing timely. Care can be extended to the original eligibility end date but not beyond.

EXAMPLE 2

Shawn submitted a reapplication for services beginning 7/1. The reapplication was processed and we determined the client would no longer be eligible as of the original eligibility end date, 6/30. Shawn filed for a hearing timely. Eligibility is not extended past the original end date.





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Working Connections Child Care (WCCC) Manual

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[WCCC TOC]

OVERPAYMENTS

Revised June 23, 2006

A. <u>DETERMINING IF THERE IS AN OVERPAYMENT</u>

WAC 388-290-0270 What is a WCCC overpayment and what can be included?

WAC 388-290-0271 When might I be assessed and overpayment?

WAC 388-290-0273 When would my provider be assessed an overpayment?

B. ESTABLISHING AN OVERPAYMENT

C. FRAUD





Facing the Future

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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

OVERPAYMENTS

A. DETERMINING OVERPAYMENTS

Revised: December 1, 2005

Effective May 28, 2005

WAC 388-290-0270 What is a WCCC overpayment and what can be included?

- 1. A WCCC overpayment:
 - a. Occurs when you or a provider receives benefits or payment from WCCC that you or they are not eligible to receive;
 - b. Is written by us and expected to be paid back by you or the provider; and
 - c. Is written for the month care is billed for, not the month it is paid or the month the overpayment is written.
- 2. When setting up an overpayment, we reduce the WCCC overpayment by the amount of the WCCC underpayment when applicable.
- 3. In areas not covered by this section, you are subject to chapter 388-410 WAC (Benefit errors).
- 4. Payments made through departmental error fall under subsection (1) of this section.
- Absent days can be added to an overpayment, either yours or the provider's, when care is used or billed when you were not eligible for WCCC per WAC <u>388-290-0032</u> or care is billed incorrectly.

CLARIFYING INFORMATION

 Absent days the provider is allowed to bill are not included in the overpayment to the consumer or to the provider unless the absent days were billed based on care the consumer used when the consumer was not eligible for the benefit. Check the <u>provider booklet</u> for information on how to bill absent days.

EXAMPLE

The consumer's approved activity ends May 20th and they continue to use care without reporting the change to the department. The department discovers this June 2nd and sends a ten-day termination letter effective June 12th. The consumer stops using care on June 5th. The provider is allowed to bill 5 absent days if the child attended 1 day in June. Although this is not a benefit the consumer receives directly, the payment for the absent

days is a result of the consumer using care they were not eligible for. The consumer overpayment is for all the days the consumer used and the provider appropriately billed.

2. Unless the overpayment is for the copayment, the copayment amount is not included in the overpayment calculation because DSHS does not make this payment.

EXAMPLE

The copayment is assessed at \$15.00 for July 1st, the first two months of eligibility and \$200.00 for the rest of the eligibility period through December 31st. The authorization is not adjusted to increase the copay timely and the September invoice prints with the \$15.00 co-payment. The worker discovers this October 15th, before deadline, and corrects the copayment amount on the authorization to \$200.00 effective October 1st. There is an overpayment of \$185.00 assessed to the:

- a. Provider if the consumer paid the \$200.00 for September; or
- b. Consumer if they did not pay the \$200.00 for September.
- 3. Holiday(s) are treated as absent days if the child has left care within the month unexpectedly and a holiday occurs after their last day of attendance.

EXAMPLE

Junior leaves care on October 14th, prior to his scheduled authorization end date. After his last day of attendance, there are two state holidays. Count these as absent days because they occur after he left care. Junior's total absent days for the month of November is 10, the provider should bill no more than 17 units.

Effective December 1, 2005

WAC 388-290-0271 When might I get an overpayment?

You get WCCC overpayments whether you are a current or past WCCC consumer, when we make payment for WCCC benefits and:

- 1. You are no longer eligible or you are eligible for a smaller amount of care, such as using care for an unapproved activity or for children not in your WCCC household;
- 2. You fail to report information to us that results in an error in our determination of:
 - a. Your eligibility;
 - b. The amount of care authorized; or
 - c. The amount of your copayment.
- 3. Your provider is not an eligible provider per WAC 388-292-0140;
- 4. Your child is not eligible per WAC 388-290-0015 or 388-290-0020.

CLARIFYING INFORMATION

1. The AW establishes the overpayment to the consumer for care used and billed when the consumer:

- Was ineligible for part or all of the child care benefits, or
- Used an unapproved or ineligible in-home/relative provider.

Example 1

A consumer is working and is approved for WCCC. Their employment ends May 15th and they do not report this to the department. On August 4th the department discovers the consumer is not in an approved activity, and a ten-day termination notice is sent effective August 14th. All care used and billed from May 16th through August 14th is an overpayment to the consumer.

Example 2

A consumer is using a licensed/certified center. The child turns 13 and she continues to use the provider because the provider has a waiver. The consumer has not received approval for Special Needs Payment. All care billed from the child's 13th birthday is an overpayment to the consumer.

2. Consumers (TANF or non-TANF) approved for activities (such as work, job search, community jobs, IRP activities, or school) may use their child care (licensed or in-home/relative care) for family support activities (such as medical appointments, illness or injury) as long as their approved activity is still active (for employment, they would need to continue to receive income). Please see WORKER RESPONSIBILITIES FOR MORE INFORMATION.

EXAMPLE 1

Beth is approved for WCCC for WorkFirst job search. She is authorized for 22 full day units. Her scheduled attendance days are Monday-Friday. She reports sick to job club Thursday and Friday and uses the child care. As long as Beth remains eligible for job search she does not receive an overpayment for using child care on a scheduled job search day that she did not participate due to an illness.

EXAMPLE 2

Kate is working and is approved for 22 full day units. Her scheduled work week is Monday-Thursday. She is unable to work due to an injury. She reports sick to work and uses the child care Wednesday-Friday. Beth does not receive an overpayment for using child care for a scheduled work day that she did not work due to the injury, but would receive an overpayment for using care on a non-work day. In this case, she would receive an overpayment for Friday.

EXAMPLE 3

Janice is working and is approved for 22 full day units. Her scheduled work week is Monday-Friday. She has two children in child care. She is attending counseling for herself and one child. She leaves the other child in child care while attending the counseling sessions. Beth does not receive an overpayment for using child care for a scheduled work day that she did not work due to a counseling appointment.

EXAMPLE 4

Barbi was employed until she became ill and was released from work. After she is released from employment, she continues to uses child care due to her illness. Barbi is not eligible for child care for her illness once her employer terminated her. Any care used after her employment ended would be an overpayment.

WORKER RESPONSIBILITIES

You **do not** need to verify every day a consumer misses work due to medical appointments (including counseling), illness or injury. As long as the consumer is still employed they may use care for sick days and medical appointments (including counseling appointments). The consumer's verbal statement of why they missed work and used child care can be accepted. You may need to verify the consumer's statement:

- To be sure the consumer is still employed if the absence from work because extensive; or
- If someone reports that the consumer was using the child care for something other than a family support activity as described under the clarifying information above.

Effective December 1, 2005

WAC 388-290-0273 When would my licensed or certified provider or DSHS contracted Seasonal Day Camp get an overpayment?

- 1. We establish WCCC overpayments for your licensed or certified child care provider and DSHS contracted seasonal day camps, when your provider:
 - a. Billed and received payment for WCCC services not provided;
 - b. Does not have attendance records that comply with licensing requirements (refer to WAC 388-295-7030, 388-296-0520, and 388-151-460 for attendance record requirements).
 Only attendance records meeting WAC requirements will be accepted for attendance verification;
 - c. Billed and received payment for more than they are eligible to bill;
 - d. Billed and received payment and the provider is not eligible based on WAC <u>388-290-0125</u>; or
 - e. Is caring for a child outside their licensed allowable age range without a waiver.
- 2. The WCCC program staff may request documentation from your provider when preparing to establish an overpayment. Your provider has fourteen consecutive calendar days to supply any requested documentation.

- 4. Provider/vendor overpayments include:
 - a. Payment to the licensed/certified provider they are not eligible to bill for per the <u>provider</u> <u>booklet</u> (DSHS 22-877(x));
 - b. Payment to the licensed/certified provider at a rate higher than the provider's customary rate.

Example 1

A licensed/certified family home provider cares for a child over the age of 12 and there is no licensing waiver. The overpayment is established to the provider for all days billed from the child's 12th birthday.

Example 2

A consumer's last day of attendance was July 31st. The provider bills 5 absent days on the August invoice. The overpayment is established to the provider, as the provider was ineligible to bill for any days in August.

Example 3

A child starts care on May 15th. There are only 12 possible billing days left in the month in a Monday-Friday activity schedule. On the invoice, the provider bills for 17 days. Following attendance and holiday rules, the provider over billed by 5 days. An overpayment for 5 units is established to the provider.

Effective December 1, 2005

WAC 388-290-0274 When would my in home/relative provider get an overpayment?

- 1. We establish WCCC overpayments for your in home/relative provider when your provider:
 - a. Billed and received payment for WCCC services not provided;
 - b. Does not have attendance records that comply with attendance records based on WAC 388 290 0138. Only attendance records meeting WAC requirements will be accepted for attendance verification:
 - c. Billed and received payment for more than they are eligible to bill;
- The WCCC program staff may request documentation from your provider when preparing to establish an overpayment. Your provider has fourteen consecutive calendar days to supply any requested documentation.

In-home/relative providers will be responsible for overpayments resulting from billing and receiving payment they are not eligible for. This can include billing and receiving payment for more:

- · Hours than they provided; or
- Than 6 children for the same time periods.

Monitoring child care payments and authorizations

- 1. The department is responsible to review monitoring reports and to evaluate information as needed for possible overpayment action.
- 2. The following staff monitor case activities:
 - a. The Division of Child Care and Early Learning (DCCEL);
 - b. The Social Service Payment Systems staff (SSPS);
 - c. The Administrative Services Division, Operations Review/Consultation (by request only);
 - d. The Office of the State Auditor;

- e. Division of Employment Assistance Program;
- f. CSO/CSC staff; and
- g. The Payment Review Program (PRP).
- Monitoring activities may include reviews of case records in WCAP, documents in DMS, SSPS
 reports, E-JAS on-line case information, ACES, SEMS, on-site visits to a child care facility or
 home and, telephone and/or written communication with DSHS staff, consumers, providers and
 licensors.

WORKER RESPONSIBILITIES

Discovering overpayments

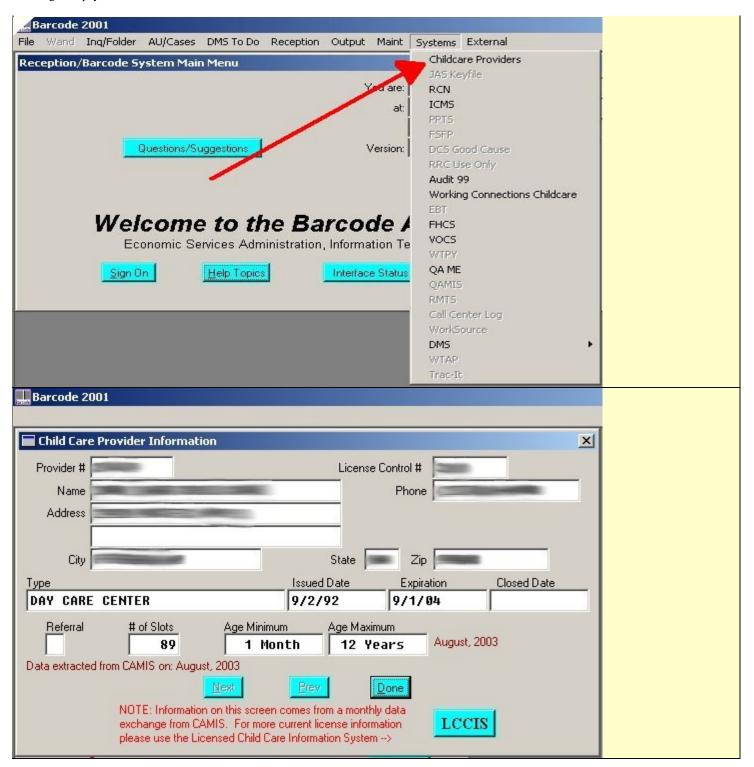
Use the following methods to discover possible overpayments:

- 1. Read SSPS reports including:
 - a. SSPS 031 (Provider Listing by Paid Service Report);
 - b. SSPS 032 (Worker Service Report);
 - c. 40N40 (Client Payment Detail Listing Report) and the;
 - d. 40N51 (Child Care Payment Alert).

These reports are available on the SSPS COLD Report System.

- 2. Ask the following questions when reviewing for possible overpayments:
 - a. Is the licensed/certified provider consistently claiming the maximum number of units authorized, (i.e., 22 full-days, 22 to 30 half days per month)?
 - b. Is the provider billing for more children than the provider's licensed/certified capacity allows? (Licensed/certified capacity can be found from the Barcode main menu screen under Systems and Child Care Providers)
 - c. Is the authorization for in-home/relative care consistently billed for the maximum authorized units per month?
 - d. Is the in-home/relative provider claiming for WCCC payment for more than 6 children for the same time period (overlapping days and hours)?

EXAMPLE			



- d. Does the authorized payment exceed the DSHS rate for the child's age or geographic area?
- e. Is there a service code that does not match the provider type (i.e. the 2950 for full-time center care is authorized for a family home)?
- f. Is a child age 13 years or older being authorized for care? (Only children age 13 and older who have special needs or who are under court supervision can be authorized for child care). If the provider is licensed/certified, they must have a waiver. Or is there a 12 year old in a licensed/certified family home authorized for care without a waiver?

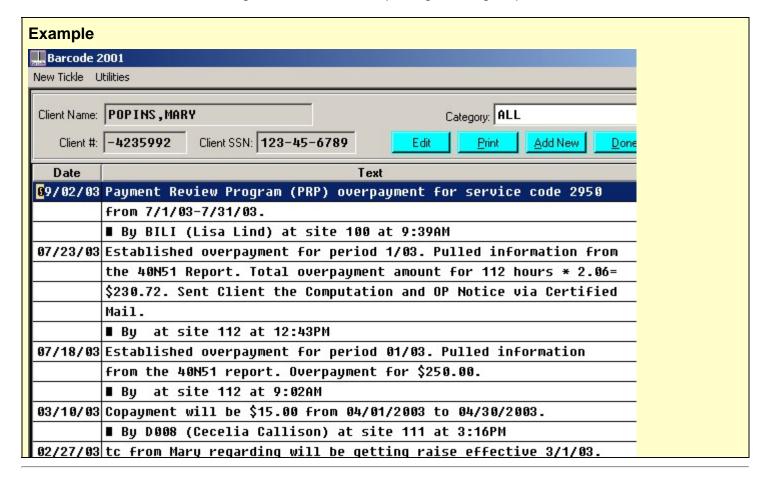
g. Are there duplicate authorizations and payments for a child?

EXAMPLE

A child's name is listed on the SSPS Payment Alert Report SPS40N51 more than once for the same dates or overlapping dates. Explore whether there is an error in the authorization or if there has been an inappropriate duplicate billing. If so, an overpayment is established to the payee (consumer or provider). If the authorizations are ongoing and correct, then the duplicate service needs to be closed and re-opened with a "9" code.

- 3. Review information in the case record to determine:
 - a. If the need for child care is clearly supported in the case file including household composition and approvable activities;
 - b. Total hours of care needed:
 - c. If the income was determined correctly; and
 - d. The copayment was applied correctly.
- 4. Review the SSPS authorization documents to note if the authorization is accurate, including:
 - a. Service code(s);
 - b. Reason codes(s);
 - c. Children's ages;
 - d. Authorization periods;
 - e. Total hours of care approved; and
 - f. Rate of payment, including correct copayment authorized.
- 5. When reviewing a case, check the SSPS S02 screen, and if necessary for in-home/relative care the S01 screen, for payment history going back 6 months. If you need to review billing older than 6 months, check the <u>SSPS COLD system</u> to find out how much child care was actually billed. When there is minimal billing, yet the consumer's request is for full-time child care, determine if the number of hours need to be decreased. If the maximum in-home/relative care is continually billed or the licensed/certified provider continually bills 30 half-day units, review with the consumer and/or provider the hours/days attended and compare with the approved consumer schedule.
- 6. When a reviewer, other than the AW, DFI or PRP, discovers a possible child care overpayment, the reviewer notifies the appropriate supervisor of the:
 - a. Information needed to evaluate the potential overpayment; and,
 - b. Require a response back to the reviewer.
- 7. If the reviewer is from PRP, they will process the overpayment. Overpayments completed by PRP will be electronically documented in WCAP case notes and overpayment screens. OFR

sends the consumer/provider an overpayment notice directing them to call a toll free number if they have questions. Field staff are not required to answer questions regarding PRP overpayments. If the field staff is called with a question regarding a PRP overpayment, refer the caller to the toll free number from their form. Hearing requests generated from PRP overpayments will go through OFR. PRP will represent the department at the Hearing. DSHS staff will continue assisting consumers in completing hearing requests as needed.



Verifying overpayments

To verify an overpayment, do one or more of the following:

- 1. Gather, analyze and verify all the necessary information;
- 2. Contact the consumer and/or provider to request an explanation of what may have caused the overpayment;
- 3. Verify the consumer's scheduled hours of participation in an approved educational, training, WorkFirst or employment activity.
- 4. Request the consumer verify child care attendance when a dispute arises with the provider's reported attendance.
- 5. Review the licensed/certified provider's attendance records (as a last resort) if discrepancies, omissions, or inconsistencies are noted while reviewing the case. Licensed/certified child care centers and licensed family homes must keep daily attendance records per WAC <u>388-295-7030</u> for centers and WAC <u>388-296-0520</u> for homes and WAC <u>388-151-460</u> for school age facilities. If the provider cannot produce attendance records in accordance with the WAC's, call the CPS

intake line and make a report. This information is passed on to the DCCEL Licensor. If the provider is required to have the parent sign in and out, consider as much information on the attendance form as possible to determine if an overpayment is needed.

EXAMPLE

Happy Tots is requested to turn in their attendance records for a possible overpayment for child Barney. On two days Barney's mom signed him in, but forgot to sign him out. It is clear that Barney did attend child care that day. You may accept Barney's mom's sign in as verification that he did attend care. Since the provider is not following their WAC requirements, make a report to CPS re

- 6. Review in-home/relative care attendance records. The in-home/relative care attendance keeping requirement is noted WAC 388-290-0138 and is included on the in-home/relative award letter sent from WCAP (letter 07-075) and on the <u>DSHS 14-417(X) WCCC Application</u>, <u>Part 2</u> that is required to be signed by the consumer and the in-home/relative provider and kept in the consumer's Electronic Case Record (ECR). The <u>DSHS 06-59(X) Report of Child Care</u> may be supplied to the consumer and provider for hourly record keeping. This form is optional.
- 7. Review waivers for children who are not covered by the provider's license. Most waivers are for children over the maximum age limit or under the minimum age limit and not covered by their license. Providers incur an overpayment for dates of service not listed on the waiver. This includes the time period prior to the waiver approval date and the last date the provider was allowed to bill for the child.





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PAYMENTS

WAC 388-290-0105

A. PAYMENT BEGIN DATES				
WAC 388-290-0095	If I receive temporary assistance for needy families (TANF) and I am determined eligible for WCCC, when do my benefits begin?			
WAC 388-290-0100	If I do not receive temporary assistance for needy families (TANF) and I am determined eligible for WCCC, when do my benefits begin?			
B. DETERMINING MONTHLY HOURS OF CARE				
C. DETERMINING UNIT OF CARE AUTHORIZED FOR LICENSED CARE PROVIDERS				
D. MULTIPLE PROVIDERS				
E. 24-HOUR CARE				
F. PROVIDER RATE STRU	CTURES CTURES			
WAC 388-290-0180	When are the WCCC program subsidy rates in this chapter effective?			
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WAC 388-290-0190	What does the WCCC program pay for and when can the program pay more?			
WAC 388-290-0200	What daily rates does DSHS pay for child care in a licensed or certified child care center or DSHS seasonal contracted day camps?			
WAC 388-290-0205	What daily rates does DSHS pay for child care in a licensed or certified family home and child care?			
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G. SPECIAL REQUIREMEN	<u>ITS</u>			
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WAC 388-290-0245	When can the WCCC program authorize payment of fees for registration?			
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I. INFANT BONUS				
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How do I reapply for WCCC when my eligibility period is ending?

K. PRIVATE AND THIRD-PARTY PAYMENTS

L. PAYMENT REDUCTIONS, TERMINATIONS AND INCREASES

M. Statewide Rate Increases







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PAYMENTS

Refer to the following link for information on how far back a provider may request payment. http://iesa.dshs.wa.gov/dccel/docs/0111_N_Provider_Billing_Time_Limit.PDF

A. PAYMENT BEGIN DATES

Revised: August 15, 2005

Effective May 28, 2004

WAC 388-290-0095 If I receive temporary assistance for needy families (TANF) and I am determined eligible for WCCC, when do my benefits begin?

When you receive TANF, and are eligible for WCCC, your benefits begin when your eligible provider (under <u>WAC 388-290-0125</u>) is caring for your children and you are participating in approved activity under <u>WAC 388-290-0040</u> or <u>388-290-0055</u>.

Effective May 28, 2004

WAC 388-290-0100 If I do not receive temporary assistance for needy families (TANF) and I am determined eligible for WCCC, when do my benefits begin?

- If you do not receive TANF and are eligible for WCCC your benefits begin as described in WAC 388-290-0055 (1) or the date you apply for WCCC and the following requirements are met:
 - a. You have turned all your information in within thirty days of your application date;
 - b. You meet all eligibility requirements; and
 - c. Your eligible provider (under WAC 388-290-0125) is caring for your children.
- 2. Your application date is whichever is earlier:
 - a. The date your application is date stamped as received; or
 - b. The date your application is entered into our automated system as received.
- 3. If you fail to turn in all your information within thirty days from your application date you must

re-start your application process.	Your begin date	e for benefits is	s described in	subsection (2) of
this section.				

CLARIFYING INFORMATION

- 1. When a consumer requests back-payment for child care already provided, backdate child care payments only when a WorkFirst consumer reports their employment or WF activity timely (within 10 days of start) and were not informed of child care benefits available to them.
- Consumers have until the next business day if the end date/due date falls on a non-business day. <u>WAC 388-458-0020</u> addresses this issue. While this is not a WCCC WAC, WCCC will accept this process.
- 3. Child care benefits may be authorized retroactively if requested paper work appears to be lost or misplaced by DSHS. The client or provider must supply DSHS with documentation showing the requested items were actually mailed, faxed, or dropped off at a DSHS office. Ask the client or provider to supply the information again and backdate the child care appropriately.
- 4. Verbal confirmation of an authorization is not a guarantee of payment and should not be given to a provider before the authorization (DSHS 14-154) has been sent to SSPS. If the provider wants immediate proof of the authorization:
 - a. They can call the Working Connections Information Phone (please give the provider the consumer's application number if they need help); or
 - b. You can fax a copy of the SSPS Authorization (Data Input Sheet) or leave it at the reception desk for pick up. Confidential consumer information should be blacked-out before sending.

EXAMPLE 1

Jack, a TANF recipient, picks up a paper application for child care from a community college on May 5th. Jack began his approved work search activity on May 10th. He returns the application to the department on June 20th and it is date-stamped. Jack is determined eligible for the program on June 22nd and it is determined that his provider, who began care on May 10th, is approvable.

Payment for child care is effective May 10th.

EXAMPLE 2

Mary, a non-TANF recipient, calls the department on August 20th and requests an application for child care. The worker is able to complete the application with Mary over the phone the same day. A paper application is sent to Mary for review with a request for verification of income and provider information. She has been given ten (10) days to complete and return the items. Mary returns the items on August 30th and the application is date-stamped the same day. Mary is determined eligible on September 15th.

Payment for child care is effective August 20th as long as Mary is using an eligible provider.

Sue calls to the department and requests an application on June 1st. She returns it on June 10th when it is date-stamped. Sue is determined eligible for the program on June 15th. She does not have an approvable provider begin care until July 3rd.

Payment for child care is effective the 3rd of July.

EXAMPLE 4

Jason applies on 1/1 and turns in all requested information by 1/25 (he has met the WAC requirements). The case is processed on 2/15; well over 30 days after the application date.

Payment for child care is effective 1/1.

EXAMPLE 5

Kirk applies over the phone on 1/1 but for some reason a pending letter is not sent until 1/28. He provides the dept. with the requested information on 2/8.

Since the department delayed Kirk's ability to turn in paperwork within 30 days of applying, payment for child care is effective 1/1, as long as Kirk is using an eligible provider.

- 5. When a consumer indicates on an application for financial benefits (such as TANF or medical) they want child care, consider this their child care application. Take the following steps:
 - a. Enter the received date in WCAP as the date the financial application was received;
 - b. Enter information from the financial application into the WCAP system;
 - c. Determine eligibility or send a pending letter asking for more information;
 - d. Send Part 2 and criminal background forms if the consumer is determined eligible or is pended.

EXAMPLE

Misty applies for Food Benefits on February 3, and indicates on her application that she also needs child care. Enter February 3 as the received date and enter information from the application into WCAP using known information from ACES and the application. After completing the application the AW determines Misty could be eligible for WCCC, but you are missing her income. Send Misty a pending letter requesting information needed to complete her case. Include Part 2 and criminal background forms in case she chooses an in-home/relative provider.

6. A consumer "restarts" their application process when they do not turn in all information needed to determine eligibility within 30 days of their application date. Review the previously submitted application to determine if applicant is eligible. If eligibility cannot be determined because the application is too old or the situation has changed, request a new application from the applicant.

EXAMPLE 1

- 6/15 an application is turned in
- 6/20 a pending letter is sent due 7/2 requesting income
- 7/3 a denial letter is sent for no response
- 7/20 the requested income is received

Determine if the application received 6/15 and the income received 7/20 are enough to determine

the consumer is eligible for WCCC. If so, the eligibility begin date is 7/20.

EXAMPLE 2

- 6/15 an application is turned in
- 6/20 a pending letter is sent due 7/2 requesting income
- 7/3 a denial letter is sent for no response
- 7/20 the requested income is received

Determine if the application received 6/15 and the income received 7/20 are enough to determine the consumer is eligible for WCCC. If not, send a new application to complete or process an application over the phone. The new application start date is still 7/20. If the application is sent, include a pending letter informing the consumer what needs to be completed on the application. The consumer has 30 days from 7/20 to complete the application process.



Facing the Future



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Working Connections Child Care (WCCC) Manual



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PAYMENTS

B. DETERMINING MONTHLY HOURS OF CARE

Revised: February 1, 2005

WORKER RESPONSIBILITIES

- 1. Determine monthly hours needed according to the schedules listed on the application or provided by the consumer. Review the following:
 - a. The number of hours the consumer is working or involved in other WorkFirst activities (including travel and study time);
 - b. The ability and availability of the second parent in the family to provide care;
 - c. The child's school or Head Start / ECEAP schedule; and
 - d. The consumer's need for sleep time, if applicable (according to <u>WAC 388-290-0040</u> for TANF and Non-TANF).
- 2. When the consumer consistently works the same number of hours per day, five days per week, multiply the number of hours per day by 22 to arrive at the total monthly hours (22 being the average number of work days in a month). This method is also used to figure total monthly hours for in-home / relative care.

EXAMPLE

Care is consistently needed 5 days per week, 5 hours per day (includes travel time). Five hours a day X 22 equals 110 hours per month.

- 3. When a consumer consistently works 10 hours per day, 5 days per week and is using in-home / relative care, automatically authorize 230 hours per month (10 hours per day X 22 days a month only equals 220 hours). Authorizing 230 hours allows for variations in the actual number of work days per month (19-23). There is no need to make monthly adjustments to this total.
- 4. The maximum number of hours authorized for in-home / relative care is 230 hours per month. When a consumer requires more than 230 hours per month of in-home / relative care, see Payments F. Rate Structure "Special Requirements".
- 5. Multiply the number of hours per week by 4.3 to arrive at total monthly hours when the consumer's schedule is:

- a. Five days or less per week and the daily hours are inconsistent; or
- b. Less than 5 days a week and the hours are consistent.

Care is consistently needed 3 days per week. The consumer works an average of 9 hours on Monday, 6 hours on Tuesday and 8 hours on Wednesday. (These hours include travel time).

Compute monthly hours as follows:

9+6+8 = 23 total hours per week

x 4.3 weeks

= 98.9 total hours per month

Round up to 99 hours per month. Always round up to the next whole number.

EXAMPLE 2

Midge works three days a week, 9 hours each day and has 30 minutes travel a day. Compute monthly hours as follows:

9.5+9.5+9.5= 28.5 total hours per week

x 4.3 weeks

= 1222.55 total hours per month

Rounding up to 123 hours per month. Always round up to the next whole number

6. Averaging monthly totals may not be possible due to partial months of care and changes in schedules. Add separate monthly totals and authorize according to the following example.

EXAMPLE

The consumer starts work on August 10th, and child care is required through September 3rd, 9 hours per day, 5 days per week. On September 4th, hours will change to 2.5 hours per day because the child starts school. Make separate monthly calculations as follows:

August

From Aug. 10th to 31st

9 hours per day

x 16 days

= 144 hours for August

September

From Sept. 1st to 3rd

9 hours per day

x 3 days

= 27 hours

From Sept. 4th to 30th 2.5 hours per day

x 20 days

= 50 hours

27 + 50 = 77

= 77 hours for September

Authorize a total of 77 hours total from September 1-30.

7. Some consumers may have an "on call" schedule. The status can be verified with the employer and the amount of care authorized can be based on historical information if this is available.

If no historical information is available, a conservative estimate can be made and the consumer can call if more days/hours are needed. Consider the type of work and the type of care when deciding how many hours to authorize

EXAMPLE 1

John works "on-call". His work hours vary significantly. He submits weekly pay stubs for the past 2 months that show the following total hours:

Month 1	Month 2	
12	22	
+ 15	+ 19	
+ 20	+ 20	
+ 18	+ 22	
= 65	= 83	65 + 83 = 148 total hours
		÷ 8 weeks
		= 18.5 hours per week
		X 4.3 weeks per month
		= 79.55 hours per month.

Rounding up to the next highest number = **80**

The authorization is based on 80 hours per month, plus any travel and/or sleep time needed and the child's schedule.

EXAMPLE 2

Janie is a substitute teacher. Confirm with the employer that she is on call. The district reports they typically use a substitute 2-3 days a week. Authorize Janie's care as 26 half days a month. This will allow her up to 13 full work days. Advise Janie to contact the office if it appears she will need more days so that her authorization can be adjusted.

8. Re-evaluate the hours needed when there are changes in the consumer's, child's, or other parent's / adult's schedule.

Effective May 28, 2004

WAC 388 290 0082 WHEN I AM APPROVED, HOW LONG IS MY ELIGIBILITY PERIOD?

We can approve you for a period up to six months. Your eligibility can end prior to your end date as stated in WAC <u>388-290-0110</u>.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington

State Code Reviser's web site.

Current Version: WSR 04-08-134, effective 5/28/04 Previous Version: WSR 04-08-021, effective 4/29/04.

Determining the Length of the Authorization Period

- 1. The maximum eligibility period for WCCC is six months. Payment authorizations can be for periods of less than six months. Authorize child care for less than six months when:
 - a. The consumer's employment history is unstable or is expected to be short term; or
 - b. The amount of authorized child care is expected to change,
- 2. Care can be authorized for up to 6 months even if the consumer's schedule is expected to change. Use the "alert" system in the WCAP or TRAC-IT programs as reminders to check a consumer's activity. This is especially useful for TANF consumers as E-Jas and ACES can be checked to see if the consumer's situation has changed.

EXAMPLE 1

Susan and Tom are both employed and they have three children. Susan has very steady employment, but Tom's work history shows that his jobs usually last for no more than 2-3 months. Because Tom's work history has been unsteady, the AW should authorize child care for no more than 2-3 months.

EXAMPLE 2

Bruce is a WorkFirst participant. He is scheduled to attend job club. His component end date is 4 weeks out. Since it is very likely that Bruce will be extended for job search or assigned another activity, his case is approved for 6 months. Set alerts to check his participation. If Bruce stops participating prior to his eligibility end date, a ten day termination letter is sent and his care is closed.







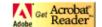
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PAYMENTS

C. DETERMINING UNITS OF CARE AUTHORIZED FOR LICENSED CARE PROVIDERS

Revised: February 1, 2005

CLARIFYING INFORMATION

- 1. "Unit of Care" refers to the type of care authorized. This includes "half-day" or "full-day" licensed care. It also refers to the actual number of units authorized (1-30).
- 2. Payment to a licensed provider is authorized at the full-day or half-day rate based on the best estimate of the required monthly number of child care hours. Work and/or school or training schedules, wage stubs, etc., may be included when determining this estimate. See Payments B. Determining Monthly Hours of Care
- 3. Child care is allowed for the actual hours the consumer is working and/or in an approved training course, study time, and travel to and from the work or school site. In addition, if a parent works the 'grave-yard' shift, sleep time is allowed when there is no other parent available.
- 4. All providers are required to maintain attendance records that document the actual times and hours a child is in care.
- 5. The number of monthly hours determines the type of unit (half days or full-days) to authorize. The type of unit is determined as follows:
 - a. 001 109 hours per month half-day care;
 - b. 110 220 hours per month full-day care.

6. Half-Day Care:

- a. Authorize 22 half-day units for children who consistently need five days of care per week and the number of hours per month are between 1 109.
- b. The maximum number of half-day units that can be authorized is 30. Most school-age children in half-day care (before and after school) require 30 units to cover school closure days when a full-day of care may be needed.
- c. Two half-day units may be combined to cover one full-day of child care (i.e., school closure days).

- d. The provider can bill up to five absence days a month only if 22 or more half-days are authorized.
- e. Authorize less than 22 half-day units per month for children who consistently need less than five days per week but still need between 1-109 hours of care per month.
- f. If a school age child needs less than 22 half-days a month, allow for 1 extra half day a week, or up to 5 more half-days, to allow for school closure/holidays.
- g. Some schedules may add up to over 109 hours but would still be authorized as half days.

Rick requires a total of 78 hours of care per month including travel time (4 days a week). This total falls within the half-day unit category. To find the number of half-day units to authorize, multiply 4 days per week X 4.3 weeks. The total is 17.2 days per month. Authorize 18 units of half-day care per month.

EXAMPLE 2

Amy works 6 days a week and needs 4.8 hours of care each day. The total monthly hours equals 123.84 hours. Although her total hours are over 109, it would be correct to authorize 27 half-days since she never uses more than 5 hours of care.

7. Full-Day Care:

- a. The maximum number of units to be authorized at the full-day rate is 22. For authorizations requiring more than 22 units of full-day care or 230 monthly hours, see Payments F. Rate Structure "Special Requirements".
- b. When the total monthly hours for licensed care are 110 or more (up to 220) authorize 22 units of care regardless of the actual number of days needed. The provider can bill up to five absence days a month only if 22 full days are authorized.

EXAMPLE 1

Jolene works three days a week 10 hours a day, Monday-Wednesday. She needs 11 hours of care each day. Her total monthly hours needed are 190. Authorize 5 full-days a week. The provider counts every Thursday and Friday as absent days.

EXAMPLE 2

Linus needs care Tuesday-Friday 4 hours a day and Saturday/Sunday he needs care 10 hours a day. The total hours he needs a month are 154. He is using the same provider for the week and weekends. Authorize 22 full- days plus another 4-5 full-days for the 6th day she works.

NOTE:

Even though the majority of Linus' work days are half days, the total hours he is working far exceeds the 110 minimum for full days.

8. Consumers who use more hours than their schedule allows:

A consumer's actual scheduled hours may be less than the maximum allowable under a half or full-day authorization. Common examples of these situations are:

- a. The parent needs child care from 7-11. The correct authorization would be for half time units. The total number of hours actually needed is 4 but the half time authorization can cover up to but less than 5 hours.
- b. The parent needs child care from 8-2. The correct authorization would be for full time units. The total number of hours actually needed is 6 but the full time authorization can cover up to 10 hours.

The following administrative decision was made: The provider CANNOT charge extra for the hours outside of the actual hours needed by the client as long as the consumer stays within the half or full-day time frame, and is within the providers normal operating hours. If, however, the client needs care outside of the half or full-day authorization (and the care won't be covered by DSHS), the provider can charge the consumer for this time.

EXAMPLE 1

Jason needs care 3 hours a day, 5 days a week. He is approved for 22 half days. Jason actually uses 4.5 hours of care. Since he is not using 5 or more hours of care, he is within the half-day unit time period, thus, the provider may not charge him for care over 3 hours.

EXAMPLE 2

Same example as above, but Jason uses 5 hours. Jason uses a full-day time period. His schedule does not allow the AW to increase his authorization to cover the hours he is using. The provider can charge Jason for care used 5 hours or more.







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Working Connections Child Care (WCCC) Manual



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PAYMENTS

D. MULTIPLE PROVIDERS

Revised: February 1, 2005

CLARIFYING INFORMATION

A parent may request child care payment for two or more providers for overlapping periods of time. Reasons for this could include the need for a backup provider when a child is ill, evening and weekend care in addition to weekday care, or when the primary provider is on vacation. In any of these instances, it is required that the case notes include documentation of the need for the additional providers.

See WAC <u>388-290-0130</u> for more information regarding multiple providers.

WORKER RESPONSIBILITIES

- 1. When combined authorizations exceed the maximum allowable for the month (more than 22 full or 30 part-time days or 230 hours), insert a "9" in front of the service code for the second provider. This will serve as a 'flag' that there is a valid reason for the total number of days or hours to exceed the allowable maximum days or hours.
- 2. A supervisor should "sign-off" on all authorizations that exceed the allowable maximum.

EXAMPLE

Jane has a 4 year old who is authorized full-time care at a licensed family home. Jane is in the army reserves and needs additional care one weekend a month. Jane uses a relative for this care. The appropriate authorization for this case is as follows:

#1 Authorization

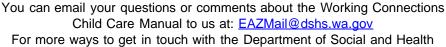
02951 \$19.00 22 Units \$418.00

#2 Authorization

92941 \$2.06 20 hours \$41.20









Facing the Future

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PAYMENTS

E. TWENTY-FOUR (24) HOUR CARE

Revised: February 1, 2005

CLARIFYING INFORMATION

See WAC 388-290-0040 and WAC 388-290-0045

State and Federal regulations define child care as care which is provided for less than 24 hours per day, therefore, 24 hour child care cannot be authorized. Occasionally, however, requests for 24 hour child care are made when the parent's employment or approved WorkFirst activity requires them to be physically absent from the home. This most often occurs in a single-parent home and the parent requests care from an in-home / relative provider. These requests vary from time periods of a few days up to several months. If such a request is received, follow the procedures below:

WORKER RESPONSIBILITIES

Determine the length of time the parent is requesting this level of care.

- 1. If more than 30 consecutive days, deny the request. (You can submit an Exception to Rule (ETR) if appropriate.)
- 2. If less than 30 days, approve the request for a payment equivalent to no more than 16 hours per day.

EXAMPLE 1

Laura is a single parent who must be out of town for two-weeks to attend National Guard training. Laura (the consumer) wants to leave her child in the care of Susan, her sister, in Susan's home. Child care can be authorized for a maximum of 16 hours per day, with Susan providing the care.

EXAMPLE 2

If in the previous example, Susan (the relative provider) is employed and requires child care while she works, Laura, the mother would need to choose a second provider. Laura has arranged for ABC Child Care, to provide care while Susan works. Child Care is only authorized for up to a total of 16 hours per day. This would include care provided by Susan as well as care provided by ABC while Susan is at her job. Susan requests 10 hours with ABC day care which leaves up to 6 hours that can be authorized with Susan as the provider.

A single TANF parent participates in an approved WorkFirst activity, included in the IRP. The activity requires the parent to be out of the home for more than 30 days. The parent is denied, however a concurrent exception to rule request can be submitted.

EXAMPLE 4

A consumer works 7pm-7am. She needs care for 13 hours for work and is also requesting sleep time hours. She chooses an in-home/relative provider for her work hours and wants to use a licensed provider for her sleep hours. The consumer can choose how many hours to be authorized with each provider to equal no more than 16 hours total. For instance, she can choose the in-home relative provider be paid for 9 hours and the licensed provider for 7 hours.

NOTE:

Sleep hours should not equal more than 8 hours in most cases.







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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

F. PROVIDER RATE STRUCTURES

Revised: December 1, 2005

Effective November 1, 2005

WAC 388-290-0180 When are the WCCC program subsidy rates in this chapter effective?

DSHS child care subsidy rates in this chapter are effective on or after November 1, 2005.

Effective January 19, 2002

WAC 388-290-0185 How does the WCCC program set rates when my child is five years old?

The rate paid for a five year old child is:

- 1. The preschool rate for a child who has not entered kindergarten; or
- 2. The school-age rate for a child who has entered kindergarten.

CLARIFYING INFORMATION

If the five year old is enrolled in a home schooling program through the school district, the child is considered school age and paid at the rate for ages 5-12. If the five year old is not enrolled in home schooling, the child is considered pre-school age and paid at the rate for ages 30 month to 5 years until the child turns 6 years of age.

Effective November 1, 2005

WAC 388-290-0190 What does the WCCC program pay for and when can the program pay more?

1. We may pay for:

- a. Basic child care hours, either full day, half day or hourly. We authorize:
 - Full day of child care is authorized to licensed or certified facilities and DSHS contracted seasonal day camps when your children need care for five or more hours per day;
 - ii. Half day of child care to licensed or certified facilities and DSHS contracted seasonal day camps when your children need care for less than 5 hours per day; and
 - iii. Hourly child care for in-home/relative child care.
- b. A registration fee (under WAC 388-290-0245);
- c. A field trip fee (under WAC 388-290-0245); and
- d. Special needs when the child has a documented need for a higher level of care (under WAC <u>388-290-0220</u>, <u>388-290-0225</u>, <u>388-290-0230</u>, and <u>388-290-0235</u>).
- 2. If care is not available within a reasonable distance at our daily rate, then we authorize the provider's usual daily rate.
- 3. If care is over ten hours per day, and the provider's policy is to charge for these extra hours, then we authorize an additional amount of care.

Effective November 1, 2005

WAC 388-290-0200 What daily rates does DSHS pay for child care in a licensed or certified child care center or DSHS contracted seasonal day camps?

- 1. We pay the lesser of the following to a licensed or certified child care center or DSHS contracted seasonal day camp that has a contract with us to provide subsidized child care:
 - a. The provider's usual daily rate for that child; or
 - The DSHS maximum child care subsidy daily rate for that child as listed in the following table.

		Infants (one month - 11 months)	Toddlers (12 - 29 months)	Preschool (30 months - 5 years)	School age (5 - 12 years)
Region 1	full-day	\$25.89	\$21.77	\$20.57	\$19.36
	half-day	\$12.95	\$10.89	\$10.29	\$9.68
Spokane County	Spokane County full-day		\$22.27	\$21.04	\$19.80
	half-day	\$13.25	\$11.14	\$10.53	\$9.90
Region 2	full-day	\$26.14	\$21.83	\$20.23	\$17.91

15		l			
	half-day	\$13.07	\$10.92	\$10.12	\$8.96
Region 3	Region 3 full-day		\$28.84	\$24.92	\$24.20
	half-day	\$17.30	\$14.42	\$12.46	\$12.10
Region 4	full-day	\$40.27	\$33.63	\$28.21	\$25.40
	half-day	\$20.14	\$16.82	\$14.11	\$12.70
Region 5 full-day		\$29.52	\$25.40	\$22.36	\$19.85
	half-day	\$14.76	\$12.70	\$11.18	\$9.93
Region 6	full-day	\$29.03	\$24.92	\$21.77	\$21.29
	half-day	\$14.52	\$12.46	\$10.89	\$10.65

- 2. The child care center <u>WAC 388-295-0010</u> allows providers to care for children from one month up to and including the day before their thirteenth birthday. The provider must obtain a child specific and time limited waiver from their child care licensor to provide care for a child outside the age listed on their license.
- 3. If the center provider cares for a child who is thirteen or older, the provider must have a child specific and time limited waiver and the child must meet the special needs requirement according to <u>WAC 388-290-0220</u>.
- 4. Rates for Spokane County are subject to special funding allocated by the Legislature in the state operating budget. If the special funds are not allocated Region 1 rates apply to Spokane County.

CLARIFYING INFORMATION

Centers in Clark County are paid at Region 3 rates.

Centers in Benton, Walla Walla and Whitman Counties are paid at Region 6 rates.

Effective November 1, 2005

WAC 388-290-0205 What daily rates does DSHS pay for child care in a licensed or certified family home child care?

- 1. We pay the lesser of the following to a licensed or certified family-child care:
 - a. The provider's usual daily rate for that child; or
 - b. The DSHS maximum child care subsidy daily rate for that child as listed in the following table.

		Infants (birth - 11 months)	Toddlers (12 - 29 months)	Preschool (30 months - 5 years)	School age (5 - 12 years)
Region 1	full-day	\$21.29	\$19.16	\$19.16	\$17.04

	half-day	\$10.65	\$9.58	\$9.58	\$8.52
Spokane County	full-day	\$21.78	\$19.60	\$19.60	\$17.43
	half-day	\$10.89	\$9.80	\$9.80	\$8.71
Region 2	full-day	\$21.29	\$20.23	\$18.10	\$18.10
	half-day	\$10.65	\$10.12	\$9.05	\$9.05
Region 3	full-day	\$30.88	\$26.62	\$23.42	\$21.29
	half-day	\$15.44	\$13.31	\$11.71	\$10.65
Region 4	full-day	\$31.94	\$31.59	\$26.62	\$25.55
	half-day	\$15.97	\$15.80	\$13.31	\$12.78
Region 5	full-day	\$23.42	\$21.29	\$20.23	\$18.10
	half-day	\$11.71	\$10.65	\$10.12	\$9.05
Region 6	full-day	\$23.42	\$21.29	\$21.29	\$20.23
	half-day	\$11.71	\$10.65	\$10.65	\$10.21

- 2. The family home child care home <u>WAC 388-296-0020</u> and <u>388-296-1350</u> allows providers to provide care for children from birth up to and including the day before their twelfth birthday. The provider must obtain a child-specific and time-limited waiver from their child care licensor to provide care for a child outside the age listed on their license. If the provider has a waiver to care for a child who has reached their twelfth birthday, the payment rate is the same as subsection (1) and the five to eleven year age range column is used for comparison.
- 3. If the family home provider cares for a child who is thirteen or older, the provider must have a child specific and time limited waiver and the child must meet the special needs requirement according to <a href="https://www.wac.no.ndm.needs.ne
- 4. We pay family home child care providers at the licensed home rate regardless of their relation to the children (with the exception listed in subsection (5) of this section). Refer to subsection (1) and the five to eleven year age range column for comparisons.
- 5. We cannot pay family home child care providers to provide care for children in their care if the provider is:
 - a. The child's biological, adoptive or step-parent;
 - b. The child's nonneedy or needy relative or that relative's spouse or live-in partner;
 - c. The child's legal guardian or the guardian's spouse or live-in partner; or
 - d. Another adult acting in loco parentis or that adult's spouse or live-in partner.
- 6. Rates for Spokane County are subject to special funding allocated by the Legislature in the state operating budget. If the special funds are not allocated Region 1 rates apply to Spokane County.

WAC 388-290-0240 What is the DSHS child care subsidy rate for in-home / relative child care and how is it paid?

- 1. When you employ an in-home /relative provider, the maximum we for child care is the lesser of the following:
 - a. Two dollars and six cents per hour for the child who needs the greatest number of hours of care and one dollar and three cents per hour for the care of each additional child in the family; or
 - b. The provider's usual hourly rate for that care.
- 2. We may pay above the maximum hourly rate for children who have special needs under <u>WAC 388-290-0235</u>.
- 3. We make the WCCC payment directly to your eligible provider.
- 4. When appropriate, we pay your (the employer's) share of the following:
 - Social Security and Medicare taxes (FICA) up to the wage limit;
 - b. Federal Unemployment Taxes (FUTA); and
 - c. State unemployment taxes (SUTA) when applicable.
- 5. If an in-home / relative child care provider receives less than the wage base limit per family in a calendar year, we refund all withheld taxes to the provider.

CLARIFYING INFORMATION

NOTE: See the Special Circumstances - A. - Special Needs if there is an older child with special needs who also requires hourly care.

- 1. The age categories for licensed / certified child care are:
 - a. Infant, age 0 11 months,
 - b. Toddler, age 12 29 months,
 - c. Preschooler, age 30 months 5 years, and
 - d. School-Age children, age 5 -12 years
- 2. A licensed/certified provider who is receiving WCCC payment without a waiver for a child in an age range they are not licensed for can be assessed an overpayment. The overpayment is assigned to the licensed provider, not to the consumer. This includes:

Family home providers who are caring for 12 year olds.

- Centers who are caring for infants under 1 month.
- Either provider caring for a child age 13 or over.
- Either provider caring for a child outside the age range on their license such as caring for a 2 year old and the license cover 3-10 year olds.

Waivers cannot be backdated to cover care prior to when the waiver was requested from the licensor.

EXAMPLE

A 14 year old with Special Needs is authorized for care with a licensed center. It is discovered later that the provider did not have a waiver from their licensor to care for this child who is over age 12. The consumer is given notice that care for that child is being terminated and an overpayment is processed to the provider.

- 3. When the licensed provider has a waiver for the child who is outside the approved age and the child has not been approved for special needs payment, the overpayment can be assessed to the consumer.
- 4. When a child's age changes to the next age group, the effective date of the rate change is the first of the following month. The SSPS 039 "Foster Care / Day Care Birthday Tickler" report is available through the SSPS COLD Reports. Use this report as needed to make appropriate changes to the authorization.
- 5. The WCAP provides a hard edit that indicates that a child will change into another age category during an authorization period. The service line for that specific child cannot extend after the end of the child's birthday month. An 'alert' is also automatically generated in the WCAP for that child as a reminder to change the rate on the appropriate date. The rate should be checked with the provider so the correct rate is applied, either the DSHS rate or the provider's whichever is less.
- 6. The WACP provides a hard edit that indicates that a child is turning 12 (for family homes) or 13 (for centers and in-home/relative care) during an authorization period. The service line for that specific child cannot extend after the day before their 12th or 13th birthday. An 'alert' is also automatically generated in the WCAP for that child as a reminder to terminate that child's line of service. If the service line is not terminated, invoice and payment for any lines of service on that authorization will not process for that provider.
- 7. In-home/relative providers are eligible to care for children under age 13 or less than age nineteen, and:
 - a. Have a verified special need, according to WAC 388-290-0220; or
 - b. Are under court supervision.
- 8. If a consumer is using two in-home/relative providers, both providers are eligible for the 2.06 rate for one child.

Peggy Sue uses her sister in the mornings before her children go to school and her mother in the afternoon after the children return from school. Both providers are eligible to be paid as providers for her two children.

Determining Usual Rates

- The 'usual' rate is what a provider charges a non-subsidized (private pay) family for the same type of care. Authorization is always for the DSHS rate or the provider's rate, whichever is less. The provider must declare his or her customary rate on Part 2 of the WCCC application, which is the provider information section, DSHS 14-417, or to the AW verbally (licensed providers only), prior to plan approval.
- 2. Use the following process if a provider indicates their rates as weekly or monthly rather than daily:
 - a. Divide the weekly rate by five (5) to get a daily rate, or
 - b. Divide the monthly rate by twenty-two (22) to get a daily rate.

Authorizing Payment for Relatives Who Are Also Licensed Family Homes

Payment is made at the Licensed Family Home rate if:

- 1. A child is receiving care at the relative's Licensed Family home, or
- 2. The child, who is receiving care at the relative's Licensed Family Home, is also living in that home.

The licensed family home is not eligible to be the provider for a child they are receiving benefits for.

EXAMPLE

Mindy owns Happy Face Day Care. She applies to be a non needy relative consumer for her niece and is approved. Mindy wants to enroll her niece in her day care and be paid as the provider under WCCC. She is denied as the provider and must locate another provider.

Authorizing Payment for a Licensed Provider in a Different Region

If the consumer's residence and the licensed / certified provider are located in different regions, within the state, the payment rate is based on the regional rate in which the provider is located.





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PAYMENTS

G. SPECIAL REQUIREMENTS CHILD CARE

Revised: February 8, 2005

CLARIFYING INFORMATION

- 1. We pay more than the basic child care subsidy daily rate when a consumer requires more than:
 - a. Ten hours per day, 220 hours per month or 22 days of full-time licensed / certified care and the provider charges for this care; or
 - b. 230 hours of in-home / relative care.
 - c. Child care is not available in a particular community at the department's rate (the parent must provide verification of this and the AW must document this in the case record).

EXAMPLE 1

Colleen works full-time, has one child and uses an in-home / relative provider. Including her travel time to and from work, Colleen requires child care 12 hours a day (6:00 a.m. to 6:00 p.m.), five days a week. The total monthly hours required is 12 hours a day X 22 days = 264 hours a month.

EXAMPLE 2

Michael has a new infant and requires half-time care. He has been assisted by the AW and the local Resource and Referral Agency to find child care. Infant care is hard to find in Michael's area and there is currently only one slot available. This particular provider is willing to care for the infant, but her usual and customary rate is \$100 more a month than the DSHS maximum rate for half-day care. Care is approved at the provider's requested rate.

EXAMPLE 3

Beverly works 4 days a week. Her hours are as follows: Monday 12, Tuesday 3, Wednesday 9 and Thursday 6. Compute her hours as follows:

12+3+9+6=30 total hours per week		
	x4.3 weeks	
	=172 total hours per month	

Authorize 22 full days a month. The provider would count every Friday as an absent day. The provider is allowed to bill a full day for Tuesdays, although it is only 3 hours.

2. Special Requirements child care can be authorized for payment:

- a. After supervisory approval and signature has been obtained for any rates or units in excess of the DSHS maximum, and
- b. By entering the number nine ("9") before the appropriate SSPS service code.

In Example 1 College required 264 hours a month. To authorize this care correctly, establish one (1)

In Example 1 Collective required 264 hours a month. To authorize this care correctly, establish one (1)						
service line on the 14-154/159 with a nine (9) before the appropriate service code. For example:						
Line 1:	ine 1: (9)2942 \$2.06/HR 264 \$543.84					
This method is als	so appropriate to us	e when an authorization needs to b	e made fo	or a rate above the		
DSHS maximum,	as in Example #2.					
Line 1:	(9)2951	\$32.00	22	\$704.00		
	(above DSHS					
max. for the						
		Region) /DA				

EXAMPLE 5

Jerry uses licensed full-time care for his preschooler. The AW has authorized 22 units for this care. Jerry frequently works overtime on the weekends and uses a relative for this care. To authorize this care correctly, establish two authorizations with a (9) before the "above maximum" service code. For example:

1st Provider	2950		22	\$427.90
2nd Provider	92985	\$2.06/HR	50	\$103.00

EXAMPLE 6

Susan uses licensed care and requires 14 hours of care a day, (10 hours = full-day, 4 hours = halfday) 3 days a week. The provider for care over 10 hours a day. To authorize this care correctly, establish two (2) lines of service on the 14-154/159 with a (9) before the appropriate service code.

The DSHS rate is \$20 per day for full day care and \$10 a day for half-day care. Compare the DSHS rate to the provider's rate for this type of care and pay whichever is less. The provider's total daily rate for this slot is \$25 (\$19 (Full-day) + \$6 for care over 10 hours). The DSHS rate is \$30 (\$20 + \$10). Authorize as follows:

Line 1:	02951	\$19.00/DA	22 (30 hrs/wk X 4.3 wk/mo = 129 hours)	\$418.00
Line 2:	92948	\$6.00/DA	13	\$78.00
			(3 half-days/wk	
			X 4.3)	







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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

H. REGISTRATION AND FIELD TRIP FEES

Revised: June 20, 2005

Effective May 28, 2004

WAC 388-290-0245 When can the WCCC program authorize payment of fees for registration?

- 1. We pay licensed or certified child care providers and DSHS contracted seasonal day camps that have contracts with us to provide subsidized child care a registration fee once per calendar year of fifty dollars per child or the provider's usual fee, whichever is less only if the fees are:
 - a. Required of all parents whose children are in care with that provider; and
 - b. Needed to maintain the child care arrangement.
- 2. The registration fee may be authorized more than once per calendar year when:
 - a. There is a break in your child care services for more than sixty days and the provider's usual policy is to charge an additional registration fee when there is a break in care; or
 - b. The children change child care providers and the new provider meets subsection (1)(a) and (b) of this section.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

Registration Fees

- 1. Maintaining the child care arrangement includes: drop in care, back up care, or care opened for a short time period.
- 2. Some child care programs charge a per-child registration fee. Other programs charge a per-family registration fee.
- 3. When a provider's per family registration fee is over 50.00, divide their registration fee by the number of children it covers to get a per child amount then authorize that amount per child up to 50.00 each.

Happy Face Day Care charges an \$85 registration fee per family. The family is enrolling 4 children. \$85 divided by 4 equals \$21.25 per child. Authorize \$21.25 per child for the registration fee.

Authorization for Happy Face Day Care

2940 \$21.25 4 Units \$85.00

A total of \$85 registration fees can be billed.

EXAMPLE 2

Three Bears Day Care charges 75.00 per family registration fee. The family is enrolling 2 children. You can authorize as shown in Example 1 or split the registration fee as shown below:

Authorization for Three Bears Day Care

2940	\$50.00	1 Unit	\$50.00		
2940	\$25.00	1 Unit	\$25.00		
A total of \$75.00 registration fee can be billed.					

EXAMPLE 3

Tiny Tots charges \$125 per family for registration fee. The family is enrolling 2 children. The maximum registration fee per child is \$50. Authorize \$50 per child for the registration fee.

Authorization for Tiny Tots

2940	\$50.00	2 Units	\$100.00		
A total of MACO contraction for each of tills I					

A total of \$100 registration fee can be billed.

WORKER RESPONSIBILITIES

Authorize and allow payment of the registration fee if:

- a. The consumer is eligible,
- b. The child does not attend, and
- c. There was verbal authorization by the AW for the child to begin care or Part 2 of the application was completed.

Effective May 28, 2004

WAC 388-290-0247 WHEN CAN THE WCCC PROGRAM AUTHORIZE PAYMENT FOR FIELD TRIP FEES?

- 1. We pay licensed or certified child care providers and DSHS contracted seasonal day camps a monthly field trip fee up to twenty dollars per child or the provider's actual cost for the field trip, whichever is less, only if the fees meet the conditions in subsection (1)(a) and (b) of WAC 388-290-0245. The field trip fee is to cover the provider's actual expenses for:
 - a. Admission:
 - b. Transportation (not to include the provider's gas and insurance); and
 - c. The cost of hiring a nonemployee to provide an in house field trip activity.
- 2. The field trip fee can only be reimbursed for children three years of age and older.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington

State Code Reviser's web site.

Current Version: WSR 04-08-134, effective 5/28/04 Previous Version: wsr 04-08-021, effective 4/29/04

Field trip Fees

- 1. Child care programs may charge an additional fee to families for a variety of field trips. For example, the zoo, bowling, or the movies. The requests for authorization of field trip fees are usually more common during the summer, although the fee can be authorized year-round.
- 2. The field trip fee must be required of all parents, subsidized and unsubsidized. It can be used to cover:
 - a. The cost of admissions (to the zoo, museums, movies, etc.),
 - b. Travel, but only for public transportation to a specific recreational activity; and
 - c. The cost of hiring a non-employee for a special in-house activity.
- 3. The field trip fee does not cover:
 - a. Transportation costs if the provider is regularly transporting children to and from school or using a business vehicle to transport to and from activities;
 - b. "Optional enrichment programs" or ongoing lessions for the child such as preschool (and preschool curriculum items), language classes, kindergym, dance, gymnastics, swimming lessons, music lessons, etc.);
 - c. Costs accrued by adults who also go on the field trip as staff persons or volunteers;
 - d. Supplies for special art projects; or
 - e. The cost of food purchased while on a field trip.

WORKER RESPONSIBILITIES

Field trip Fees

- 1. The consumer does not need to request this fee. The AW may accept this request from the provider.
- 2. The AW may request the licensed / certified child care provider to supply written verification of their activity fees if there is questionable information being reported as to what the fees are being used for or whether a child attended.
- 3. If this fee is charged, authorize up to \$20 per child, per month using SSPS code 2939.





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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

I. INFANT BONUS

Revised: October 1, 2005

CLARIFYING INFORMATION

- 1. The Infant Bonus is not available effective November 1, 2005.
- 2. A provider may still be eligible for the Infant Bonus if the child attends at least 5 days by October 31, 2005.
- 3. A licensed / certified provider caring for a child from birth up to the age of 12 months should be authorized a \$250 "infant bonus" at the time they begin care for the child. Authorize the bonus using **SSPS code 2936**.
- 4. The licensed / certified provider:
 - a. Does not need to request the bonus;
 - b. Is not required to document how the infant bonus is going to be used; and
 - c. Is eligible to claim for the infant bonus when 5 days of care has actually been provided.

NOTE:

The latest begin date the Infant Bonus should be authorized is October 27, 2005. The child must attend 5 days (not including absent days) for the provider to bill the bonus. The WCAP will allow the authorization as long as the begin date is no later than October 27, 2005 and the end date is no later than October 31, 2005.





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Working Connections Child Care (WCCC) Manual



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PAYMENTS

J. REAPPLICATIONS

Revised: February 8, 2005

Effective May 28, 2004

WAC 388-290-0105 HOW DO I REAPPLY FOR WCCC WHEN MY ELIGIBILITY PERIOD IS ENDING?

- 1. If you want to receive child care benefits for another eligibility period you must reapply for WCCC benefits before your current eligibility period ends. We determine if you are eligible by:
 - a. Requesting application information prior to the end date of your current WCCC eligibility period; and
 - b. Verifying the requested information for completeness and accuracy.
- 2. You may be eligible for WCCC benefits for a new eligibility period if:
 - a. Your application information is received no later than the last day of your current eligibility period;
 - b. Your provider is eligible for payment under WAC 388-290-0125; and
 - You meet all WCCC eligibility requirements.
- 3. If you are determined eligible for WCCC benefits based on your application information, we notify you of your new eligibility period and copayment.
- 4. If you provide the requested application information to us anytime after your eligibility period ends, you are determined eligible for WCCC and you:
 - a. Receive TANF, your benefit begins when:
 - You are participating in your approved activity, and
 - ii. Your eligible provider (under WAC 388-290-0125) is caring for your child.
 - b. (b) Do not receive TANF, your benefit begin date is the date your:
 - i. Application is date stamped as received or entered into our automated system;
 - ii. Eligible provider (under WAC <u>388-290-0125</u>) is caring for your child; and
 - iii. Participation in an approved activity has started.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

Previous Version:

CLARIFYING INFORMATION

- 1. The WCAP is designed the WCCC Child Care Reapplication can be generated anytime prior to the eligibility end date. Reapplications are generated by Olympia throughout the month and they are mailed by the central mail process. The majority of reapplications are printed and mailed the last 5 working days of the month prior to the eligibility end date.
- 2. 2. Reapplications with language codes other than English or Spanish still need to be sent by the local office following the required language procedures.
- 3. Consumers must be given at least 10 days to respond to a request for information which means that reapplications should be sent out at least 15-30 working days prior to the eligibility end date.

WORKER RESPONSIBILITIES

- 1. When mailing reapplications locally, generate the "reapplications due" list through WCAP under the Reports menu.
- 2. Generate the DSHS 14-430 from WCAP and mail to the consumer.
- 3. Generate and send to the provider the DSHS 14-430(A)(X) Child Care End Date Reminder, from the WCAP. The DSHS 14-430(A)(X) is a courtesy reminder which must be mailed to the provider.

How is Child Care Re-Authorized at Time of Reapplication?

- Determine if the consumer's hours of employment or participation in WorkFirst activities have changed; (review ACES and/or e-JAS if the consumer receives TANF to verify their current eligibility status, employment information, address, and living situation).
- 2. Enter any new or missing information into the Activity / Schedule screen of the WCAP.
- 3. Using the WCAP, re-determine income eligibility and the copayment based on new income information.
- 4. Determine the child's need for care based on the:
 - a. Consumer's employment and/or approved activity schedule;
 - b. Child's school or other scheduled activities; and
 - c. Ability and Availability of the second parent in a family.
- 5. Generate the DSHS 7-066 (X) WCCC Award / Change Letter in the WCAP and send to the consumer. If you determine the consumer is ineligible, see Terminating Eligibility <u>A.</u> <u>Terminating Eligibility or Benefits</u>.
- 6. Generate and send the DSHS 07-075 (X) In-Home / Relative Letter (if applicable) to that particular provider. This letter notifies the in-home / relative provider of the parent's activity, copayment amount and eligibility period. The letter also reminds providers of their

responsibilities for care of the children and billing with DSHS.

- 7. Contact the provider (if needed) to verify their customary rate and schedule of care.
- 8. Update the authorization in the WCAP and send to SSPS.
- 9. Document the re-approval of benefits in the case notes in the WCAP.
- 10. If the family is receiving TANF, and the case manager is not the AW, notify the WorkFirst case manager of continuing child care benefits.

Pending of Reapplications

- 1. Reapplications must be received by the last day of eligibility. When you receive an incomplete reapplication send the consumer a pending letter giving them at least 10 days to provide the necessary information. If the consumer fails to return the information as requested notify them that child care benefits are denied using the DSHS 15-247 Denial / Termination Notice.
- 2. If the consumer returns all necessary information within the timeframe given on the pending letter, authorize child care to begin retroactively to the day after the original eligibility end date.
- 3. If the consumer turns in partial reapplication information and is pended but does not respond by the due date on the pending letter, their start date is when they turn in all the necessary information needed to determine eligibility.

EXAMPLE 1

Stacy's eligibility end date is June 30th. A request for reapplication information is sent to her and she returns the items on June 25th. She was sent a pending letter for missing items and was given until July 7th to provide the information. Stacy was able to provide all needed information by the 7th. She was determined to be re-eligible for WCCC effective July 1st.

EXAMPLE 2

Mike is a non-TANF consumer whose eligibility ends October 31st. A request for reapplication information is sent to him and he returns the items in on the October 25th. A pending letter is sent requesting income information due by November 10th. A denial letter is sent November 11th as the information was not returned. Mike returns the necessary information November 15th. Mike is determined eligible for WCCC with a new start date of November 15th.

Reapplication and Changes in Benefits

DSHS is not required to provide 10-day notice to a consumer if a change in benefit will occur from a current period of eligibility to one immediately following. (WAC 388-290-0120)

EXAMPLE 1

Debra's eligibility end date is April 30th. She received a request for reapplication information and sent the items in on the April 29th. A pending letter was sent due May 10th. All information to determine eligibility and the copayment was received on May 10th. Based on new income Debra's copayment will increase from \$50 to \$275. Authorization for the child care and the new copayment

amount is effective May 1st.

EXAMPLE 2

Joan's eligibility end date is October 31st. Her reapplication information was received on October 28th. Joan indicated she would be getting a raise effective November 1st. The raise will make her over income for WCCC benefits. A denial letter should be sent, but the worker can make the denial effective October 31st.

Late Return of Reapplications

- 1. If a consumer does not respond to the reapplication request within the given time frame, the consumer does not need to receive a notice of termination or denial in this case (<u>WAC 388-290-0120</u>) as they received advanced notice of the eligibility end date via the DSHS 07-066 (X), Award / Change Letter. The individual lines of service on the DSHS 14-159 Social Service Authorization should be terminated. This will generate a Social Services Notice sent automatically to the licensed or certified provider.
- 2. 2. If the consumer turns in reapplication information after their eligibility period ends, establish a new eligibility period according to <u>WAC 388-290-0105</u>.

EXAMPLE

Tom's eligibility end date was October 31st. He failed to return any of the reapplications information, his care was not extended and the lines of service on the DSHS 14-159 were terminated. Tom comes in on November 5th and wants child care re-established. You determined that Tom has all the information required for you to re-determine eligibility including November's pay stubs. Tom's care is re-authorized effective December 5th.

WORKER RESPONSIBILITIES

See Use of Termination and Denial notices for more information







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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

K. PRIVATE AND THIRD-PARTY PAYMENTS

Revised: February 8, 2005

CLARIFYING INFORMATION

- 1. A provider whose usual rate is more than the department's maximum rate may not charge the difference to the consumer.
- 2. A third party may pay the parent's copayment amount.
- 3. A provider may charge the consumer directly for child care services used over and above the hours authorized by the department or for services not covered by DSHS such as transportation or meals (see Child Care Subsidies: A Booklet for Licensed and Certified Child Care Providers, DSHS 22-877 (X) pg. 28) available at: http://iesa.dshs.wa.gov/dccel/PDF/22-877_child_care_subsidies.pdf

EXAMPLE 1

A consumer works part-time and is authorized for licensed / certified half-day care. The consumer occasionally utilizes care in excess of five hours per day for personal reasons, e.g., shopping, volunteer activities, family business.

The provider may charge and the consumer should pay separately for hours over and above the amount the department has authorized for payment.

EXAMPLE 2

A consumer is using an in-home/relative provider and is authorized for 5 hours a day while the consumer is at work. The consumer wants to use the gym down the street 3 afternoons a week. The in-home relative provider is willing to extend her day to watch the children while the consumer works out. The parent and the provider are ineligible to bill DSHS for the care provided while the consumer works out. The provider, however can bill the parent separately for this care.

Payments from a Non-Custodial Parent

A variety of arrangements may exist for non-custodial parents to pay a portion of the current child care costs. The consumer is often court-ordered to pay a percentage of the child care without any specific directions as to how the percentage is to be applied. The following examples can be used when figuring the amounts assigned to the custodial consumer and non-custodial parents.

EXAMPLE 1

Penny has applied for and is eligible for fulltime WCCC for her child. The non-custodial parent is responsible for 70% of Penny's total child care costs according to the child support orders. Penny's total child care costs is her WCCC copayment of \$100.00. The non-custodial parent's part of the copayment is \$70 and Penny's is \$30. Authorize the copayment as normal at \$100. Penny is responsible in making sure the \$100 copayment is paid to the provider. If the non-custodial parent does not pay his portion, no adjustment is needed on the WCCC authorization.

EXAMPLE 2

Jackie has applied for and is eligible for fulltime WCCC for her child. The non-custodial parent is responsible for 40% of the total child care costs according to the child support orders. Jackie is using a licensed family home provider. In this type of case, it may be necessary to adjust the payments if the non-custodial parent does not paying their portion in a given month (see example 4). The rates are as follows:

Provider:

\$30.00 a day or \$660.00 a month

DSHS:

\$25.00 a day or \$550.00 a month

Jackie's copay:

\$100.00 a month

The non-custodial parent would be responsible to pay for 40% of the provider's usual and customary rate or: \$660.00 X .40 = \$264.00 a month.

DSHS would pay the difference between what the non-custodial parent pays and the DSHS rate minus the copayment, or:

\$550.00	DSHS rate
·	
-\$264.00	Non-custodial parent responsibility
\$286.00	this amount is divided by 22
	<u> </u>
	to get a daily rate = \$13.00
Authorize 22 days of care	at \$13.00 a day and the copayment at \$100.00.

The provider's final reimbursement will be:

\$264.00	from the non-custodial parent
+ \$186.00	from DSHS
+\$100.00	from the custodial parent's copayment
\$550.00	

EXAMPLE 3

Jill wants to apply for child care, however, she submits verification that her ex-husband is supposed to be paying for 100% of the total child care costs. She wants to know if she would be eligible for care. Verify the ex's history with payment of the child care. If the history indicates the ex has been paying, we would not authorize child care. If the history indicates that the child care payments have not been made, determine eligibility for the applicant and also refer her to the Division of Child Support (DCS)

EXAMPLE 4

A case has been established for a custodial parent as in EXAMPLE 2. The consumer lets the worker

know that the non-custodial parent has stopped paying the provider their share of the child care costs. The consumer wants to know if the non-custodial portion of the care can be paid by DSHS. **YES.** After verifying that the non-custodial parent has indeed stopped paying his/her share, the child care costs can be paid through WCCC. The custodial parent should be referred to DCS. They can provide the consumer with information on how he/she might want to proceed with pursuing payment from the non-custodial parent.



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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

L. PAYMENT REDUCTIONS AND TERMINATIONS

Revised: August 15, 2005

In this section:

- A. Terminations and Denials
- B. Advance and Adequate Notice of Payment Changes

A. Terminations and Denials

Revised: December 2004

WAC 388-290-0110 What circumstances might affect my eligibility for WCCC benefits and when might I be eligible again?

- 1. 1. We stop your eligibility for WCCC benefits when you do not:
 - Pay copayment fees assessed by us and you do not make mutually acceptable arrangements with your child care provider to pay the copayment;
 - b. Complete the requested reapplication before the deadline noted in WAC 388-290-0105(2) (a);
 - c. Meet other WCCC eligibility requirements; or
 - d. d. Cooperate with the quality assurance review process or with the division of fraud investigations.
- 2. You might be eligible for WCCC again when you meet all WCCC eligibility requirements, and:
 - a. Back copayment fees are paid,
 - b. You make mutually acceptable payment arrangements with your child care provider; or
 - c. You cooperate with the quality assurance review process or with the division of fraud investigations.

WAC 388-290-0107 When do I receive a denial letter?

We send you a denial letter when you have applied for child care and you:

 Withdraw your request; 2. Are not eligible due to your; a. Family composition; b. Income; or c. Activity. 3. Did not provide information necessary to determine your eligibility according to WAC 388-290-0012. WAC 388-290-0108 What happens if I meet eligibility requirements after I receive a denial letter? If you turn in information or otherwise meet eligibility requirements after we send you a denial letter, we determine your benefit begin date by: 1. WAC 388-290-0095 if you are TANF; or 2. WAC 388-290-0100 if you are non-TANF. B. Advance and Adequate notice of payment changes Effective May 28, 2004 WAC 388-290-0115 When does the WCCC program provide me with advance and adequate notice of payment changes? 1. The WCCC program provides you with advance and adequate notice for changes in payment when the change results in a suspension, reduction, termination, or forces a change in child care arrangements, except as noted in WAC 388-290-0120. 2. "Advance and adequate notice," means a written notice of a WCCC reduction, suspension, or termination that is mailed at least ten days before the date of the intended action which includes the Washington Administrative Code (WAC) supporting the action, and your right to request a fair hearing.

CLARIFYING INFORMATION

- 1. Payments made after the consumer's change in circumstances and during the advance notice period are considered overpayments if the consumer is not eligible. <u>See Overpayments.</u>
- 2. Reductions in payments can include situations such as the copayment increasing, authorized care being reduced from full to part-time, or a child's ineligibility. These situations can occur during an authorization period or at reapplication. Advance and adequate notice to the client of a reduction in benefits at reapplication is not necessary. However, a reduction in benefits during the eligibility period requires specific notification to the client. Those steps are outlined in the following worker responsibility section.
- 3. The WAC 388-290-0115 for advance and adequate notice does not apply to child care providers. However, every attempt should be made to notify the provider in advance of the termination or reduction of services. The provider will receive advance notice at reapplication when the DSHS 14-430A Child Care End Date Reminder is sent automatically through WCAP.

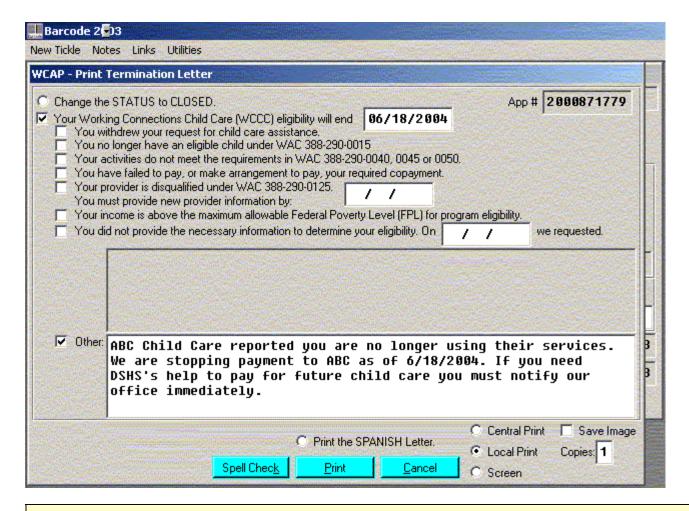
A Social Service Notice is sent to the payee (licensed provider or consumer for in-home/relative care) when service lines on the SSPS authorization are closed, terminated, or changed. The provider will again receive advance notice when changes are made immediately to the SSPS authorization.

WORKER RESPONSIBILITIES

- 1. Terminate WCCC benefits when:
 - a. The circumstances in WAC 388-290-0110 apply, or
 - b. The consumer:
 - i. Moves to another state, or;
 - ii. Requests termination.
- 2. When terminating or reducing WCCC benefits:
 - a. Notify the consumer at least ten days in advance per WAC 388-290-0120. Use the DSHS Form 15-247 WCCC Denial/ Termination Notice. Include the appropriate WAC reference for the termination if it is not already on the form.
 - b. Inform the consumer about other child care subsidy programs.
 - c. Give the child care provider advance notice whenever possible. Although it is not required, advanced notice fosters good working relationships with the provider.
 - d. Using correct dates per policy, close/terminate/change the SSPS authorization lines of service the same day the client is notified of the action. This action will cause a Social Services Notice to be sent to the payee (licensed provider or consumer for inhome/relative care) and will alert the payee of the termination or change in services.
 - e. Document your actions in the WCCC case notes.

EXAMPLE 1

On 6/8, a provider reports that her last day of service to a client was 5/31. The AW is unable to verify the client's need for ongoing care. A termination notice is sent with an end date of 6/18 to allow for advance and adequate notice. Remind the provider they should bill zero for June since they reported care was last used 5/31. Following is an example of how to write up the termination notice for this type of situation.



EXAMPLE 2

On 7/15 the worker discovers and verifies that a consumer last worked on 5/25. Applying the advance and adequate notice rule, a termination letter is sent to the consumer with an effective date of 7/25. The worker immediately retrieves the current authorization and terminates all the open lines of service with an effective date of 7/25. The worker calls the provider with courtesy notification of termination.

In this example, the July invoice has not been sent and payment could technically be stopped. However, **retroactive** termination of the child care is not correct procedure and should not be done.

Effective May 28, 2004

WAC 388-290-0120 When doesn't advance and adequate notice of payment changes apply to me?

We do not give you advance and adequate notice in the following circumstances:

- 1. You tell us you no longer want WCCC;
- 2. Your whereabouts are unknown to us;
- 3. You are receiving duplicate child care benefits;
- 4. Your current eligibility period is scheduled to end;
- 5. Your new eligibility period results in a change in child care benefits;

- 6. The location where child care occurs does not meet requirements under WAC 388-290-0130(2); or
- 7. We determine your in-home/relative provider:
 - a. Is not of suitable character and competence;
 - b. May cause a risk of harm to your children based on the provider's physical or mental health; or
 - c. Has been convicted of, or has charges pending for crimes posted on the DSHS secretary's list of permanently disqualifying convictions for ESA. You can find the complete list at http://www1.dshs.wa.gov/esa/dccel.

CLARIFYING INFORMATION

- 1. Advance and adequate notice is not required when:
 - a. The department has received a written or verbal statement from the consumer that they no longer want or need benefits. Verbal notification should be well documented in the case notes. Be sure to confirm with the provider when the consumer last used care.
 - Department mail to the consumer has been returned by the Post Office indicating no known forwarding address;
 - c. The consumer is receiving child care assistance in another catchment area or another state.
- 2. When a case is up for reapplication, the consumer will receive the DSHS 14-430 Reapplication Letter which serves as a reminder that the child care authorization is scheduled to end on a specific date. There is no need to send a 10-day termination notice to the consumer, per WAC 388-290-0120 (4) above.

EXAMPLE

A consumer is authorized for care from 1/1-5/31. On 5/25, the AW discovers the client became ineligible for WCCC on 4/25. There are not enough days between 5/25 and 5/31(the scheduled eligibility end date) to give 10-day advance notice. The AW sends a termination notice with 5/31 as the termination date and does not extend the eligibility period to include the full 10-day advance notice period.

For a more complete description of advance and adequate notice, refer to <u>EA-Z Manual</u> (<u>Letters</u>, and <u>Change of Circumstances</u>).





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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

M. STATEWIDE RATE INCREASES

Revised: October 1, 2005

Statewide rate increases

Federal rules require states to conduct a local market survey of child care rates. To meet this rule DSHS carries out a survey, every two years, of all child care centers and a sample of licensed family home providers. The State legislature sets the level of funding for child care and the size of the rate increases. Then DSHS can use the provider surveys or other means to determine the maximum rate the state can afford to pay, given the state budget. The latest rate survey can be viewed under "Research and Data" at http://www1.dshs.wa.gov/esa/dccel/publications.shtml.

CLARIFYING INFORMATION

- 1. When additional funds are released for provider rate increases, the increases are phased in over a period of six months.
- 2. New rates are authorized at the time of reapplication, when an authorization is changed, or when new services are authorized.
- 3. Continue to compare the provider's rate to the DSHS rate and pay whichever is less.
- 4. Always review the rates for all children in the household and if needed, change all the rates at the same time.

EXAMPLE 1

DSHS has authorized a rate increase effective September 1st. All authorizations prior to September 1st should remain unchanged. The current authorized rates can be increased to the new rates when an authorization comes up for reapplication, or when a change in the authorization is needed for any reason after September 1st.

For example, a case is authorized April - September. The new rates should be implemented for this case on October 1st (at the time of reapplication) if the consumer is still eligible. However, if a change is needed to the authorization in September, i.e., the number of hours of care needed changes, the rate change would be made at the same time.

EXAMPLE 2

A consumer applies for child care on September 15th, the new rates which took effect on September 1st would be used for this authorization.

EXAMPLE 3

A rate change is effective January 1st. Jack applies for WCCC on December 12th and is approved

on the 20th. His provider does not start care until January 15th. The new rates would be used as care does not actually begin until after the rate change.

5. The WCAP recognizes the highest possible rate allowed based on the begin date for the individual service lines. You may need to terminate the service line and open a new service line with the new begin date if the existing begin date is prior to the rate effective date. Do not change the begin date of a service line unless you are extending that line. Per the SSPS basic manual changing the begin date may be treated as a corrected begin date and stop payment for services prior to the new begin date. Be sure to move the copayment to a new authorization if necessary.

EXAMPLE

A rate change is effective March 1. A birthday alert notifies you Mary is turning 1 year old May 14. Mary is on an authorization with two siblings and a copayment ending July 31. You confirm the provider's rates for all children are higher than the DSHS maximum rate, therefore all rates must be updated. You cannot change the begin date on the service lines for the siblings per the SSPS manual.

- Terminate all service lines effective May 31.
- Open a new authorization with a begin date of June 1 and end date of July 31, using the correct rates.
- Be sure to include the copayment with a begin date of June 1.
- Document in WCAP you made a rate comparison and the provider's rates are higher than the DSHS maximum (include either the providers rates in your notes or indicate where the rate information can be found such as in DMS or another note entry.





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Working Connections Child Care (WCCC) Manual

Search All DSHS manuals for:

[WCCC TOC]

PROVIDERS

Revised: May 19, 2006

This category contains the following sections:

A. **ELIGIBLE PROVIDERS**

WAC 388-290-0125 What child care providers can I choose under the WCCC program?

B. IN-HOME / RELATIVE PROVIDERS

B. IN-HOME / RELATIV	<u>E PROVIDERS</u>
WAC 388-290-0130	What in-home / relative providers can I choose under the WCCC program?
WAC 388-290-0135	When I choose an in-home / relative provider, what information must I submit to receive WCCC benefits?
WAC 388-290-0140	When does the WCCC program not pay for the cost of in-home / relative child care?
WAC 388-290-0143	Who must have a background check for the WCCC program and how often is the check done?
WAC 388-290-0145	Why is a background check required and will I be notified of the results?
WAC 388-290-0150	What information does the background check contain and where does it come from?
WAC 388-290-0155	What happens after the WCCC program receives the background information?
WAC 388-290-0160	What convictions would cause the WCCC program to permanently disqualify my in-home / relative provider?
WAC 388-290-0165	Is there other background information or convictions that will disqualify my in-home / relative provider?
WAC 388-290-0167	What happens if my in-home/relative provider, who provides care in their home, is disqualified based solely on the disqualifying background of an

C. OTHER PROVIDERS

D APPROVING PROVIDERS





individual living with that provider?

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Facing the Future

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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PROVIDERS

A. ELIGIBLE PROVIDERS

Revised: August 15, 2005

Effective May 28, 2004

WAC 388-290-0125 What child care providers can I choose under the WCCC program?

To receive payment under the WCCC program, your child care provider must be:

- 1. Licensed as required by chapter 74.15 RCW and chapters <u>388-155</u>, <u>388-295</u>, or <u>388-151</u> WAC;
- 2. Meeting their states licensing regulations, for providers who care for children in states bordering Washington. We pay the lesser of the following to qualified child care facilities in bordering states:
 - a. The provider's usual daily rate for that child; or
 - The DSHS maximum child care subsidy daily rate for the DSHS region where the child resides.
- 3. Exempt from licensing but certified by us, such as:
 - a. Tribal child care facilities that meet the requirements of tribal law;
 - b. Child care facilities on a military installation; and
 - c. Child care facilities operated on public school property by a school district.
- 4. Seasonal day camps that have a contract with us to provide subsidized child care and are:
 - a. Of a duration of three months or less;
 - b. Engaged primarily in recreational or educational activities; and
 - c. Accredited by the American Camping Association (ACA).
- 5. An in-home / relative provider meeting the requirements in WAC 388-290-0130.

CLARIFYING INFORMATION

- According to minimum licensing requirements, licensed providers are restricted to caring for children within specific age categories. Authorization of care to these facilities should fall within the following categories:
 - a. Birth through eleven years of age (Family Child Care Homes); and
 - b. One month through twelve years of age (Child Day Care Centers).
- 2. In an individual case, the department (usually licensing staff), for good cause, may waive a specific minimum licensing requirement (<u>chapters 388-295</u>, <u>388-296</u>, or <u>388-151</u> WAC). "The department may approve a waiver request only for a specific purpose or child and for a specific period of time not exceeding the expiration date of the license."
- 3. Private and public schools are not eligible for subsidy payments. However, if these programs also offer licensed/certified child care per <u>WAC 388-151</u> or <u>388-295</u>; subsidies can be paid for the time the eligible child is in the licensed/certified program.

EXAMPLE 1

Jack works 8-5 M-F and wants to enroll his 3rd grader in a private school. The school offers licensed child care before and after school. WCCC is available in this case for the hours the child is in the licensed child care only. The cost of the schooling would be the parent's responsibility.

EXAMPLE 2

A public school offers both kindergarten and child care on the school grounds. Only the child care program is licensed/certified and runs from 12:00 to 3:00. Jacob is eligible for full-time WCCC and needs care for his son from 9:00 to 4:00. Jacob wants to enroll his son in both the kindergarten and the child care. Because the kindergarten program is not licensed/certified, WCCC can only cover care for 12:00 to 3:00. If Jacob needs care beyond 3:00, WCCC can pay for another eligible provider.

EXAMPLE 3

A public school offers both kindergarten and child care on the school grounds. Both the kindergarten class and the child care are run in licensed/certified locations. Kindergarten is from 9:00 to 12:00 and the child care is from 12:00 to 5:00. Janice wants to enroll her child in the kindergarten and the child care. She is eligible for WCCC and needs child care from 9:00 to 4:00. Because both the kindergarten class and the child care are licensed/certified, WCCC can cover care from 9:00 to 4:00.

4. Consumers may receive subsidies to use private licensed child care facilities that also offer kindergarten.

EXAMPLE 1

Jackie wants to enroll her 5 yr. old child in a licensed child care facility that also has a kindergarten program. The kindergarten program is incorporated into the child care day. Jackie needs child care for work from 7 a.m. to 11a.m. (this includes travel time).

Assuming Jackie meets all other WCCC requirements, she would be eligible for part-time child care

based on her needs and regardless of the child's involvement in the educational program. Jackie, however, wants to leave her child in care until 5 p.m. She would need to pay privately for care from 11a.m. to 5 p.m.

WORKER RESPONSIBILITIES

- Staff are encouraged to build positive working relationships with all providers including inhome/relative providers. Licensed and certified child care providers are regarded as business partners with DSHS.
- 2. Offer consumers assistance in finding and using child care through their local Child Care Resource and Referral Agency. Consumers can contact this agency at 1-800-446-1114 or visit http://www.childcarenet.org.
- 3. Do not give a provider verbal confirmation that they are eligible for payment before an authorization is sent to SSPS. If a provider needs immediate proof of authorization:
 - a. They can call the Working Connections Information Phone (please give the provider the clients application number if they need it).
 - b. You can fax a copy of the SSPS authorization or leave it at the CSO reception desk for them to pick up. Remember to remove or black out any confidential information.





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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PROVIDERS

C. OTHER PROVIDERS

Revised: February 11, 2005

Out of State
Head Start / ECEAP
Seasonal Day Camps

out-of-state providers

- 1. Out-of-state child care providers, including those in bordering and non-bordering states can be approved for payment The provider must:
 - a. Meet their state's statutory requirements for providing child care, and
 - b. Agree to subsidy payment rates based on the child's age and place of residence or the provider's customary rate, whichever is less.

EXAMPLE

Tracy is a current WCCC consumer. She is being sent by her employer to California to attend a 3-week training course. Tracy is bringing her infant with her and is requesting WCCC to pay for licensed child care in California. Tracy would need to provide complete information on the California provider prior to approval, including name, address, rates, any applicable fees, etc.

2. If the licensed/certified/registered provider has not had a criminal history background check through their state, they must have a background check processed through Washington state and the BCCU.

ALL individuals listed in WAC <u>388-290-0143</u> (1) (a) and (b) must have a Washington state criminal history check even if they have had a check through their home state.

Consumers can ask a provider to have a background check through their home state if the provider has not had a criminal history check done. Consumers may also want to check the provider's home state for child abuse/neglect records if this is available to them.

The out-of-state provider is eligible for payment when:

- We verify the licensed/certified/registered provider has had a criminal history background check as a part of the state's statutory requirements for providing child care, or
- We receive criminal history results from the BCCU on all required applicants according to WAC <u>388-290-0143</u> (1) (a) and (b).
- 3. The regional WCCC coordinator or the child care worker can contact the licensing entity in the other state to verify the person's license (or certificate or registration) is in good standing. The

following is contact information for Oregon and Idaho:

OREGON

Employment Department

Child Care Division 875

Union Street, NE Salem, OR 97311 Phone: 503-947-1400

Hotline: 800-556-6616 (within state)

Fax: 503-947-1428

Web site: http://findit.emp.state.or.us/childcare/index.cfm

Email: child_care@emp.state.or.us

IDAHO

(Will refer family child care calls to regional licensing agencies)

Idaho Department of Health & Welfare Bureau of Family & Children's Services

450 W. State Street Boise, ID 83720-0036

Hotline: (2-1-1 Idaho CareLine) Dial 2-1-1 or 800-926-2588; (TDD) 208-332-7205

Phone: Dial 2-1-1 (within state) or 800-926-2588 (nationwide)

Fax: 208-334-5531

Web site: < http://www2.state.id.us/dhw/ecic/CC/Child_Ca.htm>

E-mail: careline@idhw.state.id.us

- 4. Once the out-of-state provider is found to be eligible, the child care worker requests an SSPS provider number from the SSPS provider unit. The worker can request numbers for both out-of-state licensed/registered/certified and in-home/relative providers.
- 5. The following tables outline which Wa. State rate structure to apply to providers from Oregon and Idaho.

OREGON PROVIDERS:

Provider:	Туре:	Pay at:
Able to care for more than 3 children from more than one family at one time, (other than the person's own children)	Registered Family Home (ages 6 weeks to under 13 years old)	Licensed Family Home Rates
Able to care for up to 12 children at one time in the provider's home	Certified Family Home (ages 6 weeks to under 13 years old)	Licensed Family Home Rates
Able to care for children outside the provider's home (13 or more children or 12 or fewer	Certified Center	Licensed Center Rates

IDAHO PROVIDERS:

Provider:	Туре:	Pay at:
unlicensed (cares for 3 or less	Family Child Care Home Must be registered with the Idaho Child Care Program (ICCP)	Licensed Family Home rates

children in the provider's home)		
Vooroo for 1 6 obildrop in the	Licensed Family Child Care Home	Licensed Family Home rates
Group Home Care (cares for 7-12 children in the provider's home)	Certified Group Home Care	Licensed Family Home rates
Group Child Caro Contor	Licensed Group Child Care Center	Licensed Center rates
Child Care Center	Licensed Child Care Center	Licensed Center rates

HeadStart and Early Childhood Education and Assistance Programs (ECEAP)

See Other Subsidized Child Care for more information on these two programs.

1. Many Head Start and Early Childhood Education and Assistance Program (ECEAP) sites have expanded their educational programs to include licensed child care. Expanded programs are licensed by DCCEL and are eligible child care providers for WCCC. The number of hours authorized to them is based on the parent's hours of participation in an approved activity and the child's child-care needs.

EXAMPLE

An eligible WCCC consumer works 7 hours a day and requires full time care. The consumer wants to enroll the preschool aged child at a HeadStart site that is also a licensed child care center. Because the consumer's need is for full time care and the site is a licensed child care center, a full time authorization is appropriate.

Seasonal Day Camps

- 1. Seasonal camps are not required to be licensed by DSHS but must be:
 - a. Three months' or less in duration; and
 - b. Engaged primarily in recreational or educational activities.

See WAC 388-290-0125

- 2. In order to receive payment through the WCCC program, a seasonal camp must meet the previous criteria, and must:
 - a. Have a contract with DSHS to provide subsidized child care; and
 - b. Hold current accreditation by the American Camping Association.
- 3. Payment should be authorized to seasonal camps at the camp's rate or the DSHS center rate, whichever is less. The seasonal camp is not eligible to receive an activity fee.
- 4. The SSPS service codes for seasonal day camps are:
- 2930 (Seasonal Day Camp full day)
- 2931 (Seasonal Day Camp half day)
- 2932 (Seasonal Day Camp Registration)
- 2933 (Seasonal Day Camp Special Needs CC)

Click here for a list of current contracted Seasonal Day Camps.





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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PROVIDERS

D. APPROVING PROVIDERS

Revised: August 15, 2005

CLARIFYING INFORMATION

- 1. The DSHS 14-417 is the two-part WCCC application generated from the WCAP. Part 2 of the 14-417 is the Provider Information Form and is an information-gathering tool for the department and the consumer.
- 2. If the consumer uses more than one child care provider, the consumer must complete one DSHS 14-417, WCCC Application Part 2 for each provider.
- 3. The DSHS 14-417, WCCC Application-Part 2 should be reviewed at least every 6 months or at a minimum every year to make sure it is correct and up to date. If there are significant changes a new form can be completed. This form gathers important rate and tax information.
- 4. When the consumer chooses an in-home / relative provider:
 - a. Both the parent and the provider must complete and sign the DSHS 14-417, Part 2. This attests to their understanding of the child care arrangement and their responsibilities. Review the DSHS 14-417 for complete information.
 - b. Please see clarifying information under WAC <u>388-290-0130</u> and <u>388-290-0135</u> for more information regarding approving in-home/relative providers.
- 5. If the consumer is using a licensed provider, you can contact the provider by phone and get the information for Part 2 of the DSHS 14-417 directly from them. When gathering information for Part 2, always ask the provider if they charge a field trip fee, registration fee, or need the special needs rate for the child. Document the information in the WCAP case notes.
- 6. Determine if the provider listed on the DSHS 14-417 Part 2 falls into one of the categories in WAC <u>388-290-0125</u>. Deny eligibility to providers who do not.

See <u>SSPS</u> for information about how providers are notified.





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Working Connections Child Care (WCCC) Manual



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SPECIAL CIRCUMSTANCES

This category contains the following sections:

Α.	S	pecial Needs Child Care

WAC 388-290-0220 How does DSHS determine that my child qualifies for a special

needs daily rate?

WAC 388-290-0225 What is the DSHS child care subsidy daily rate for children with

special needs in a licensed or certified child care center?

WAC 388-290-0230 What is the DSHS child care subsidy daily rate for children with

special needs in a licensed or certified family child care home?

WAC 388-290-0235 What is the DSHS in-home / relative child care daily rate for

children with special needs?

B. Reimbursing / Backdating Child Care

C. Protective Payees for Child Care

WAC 388-290-0255 When can the WCCC program establish a protective payee to

pay my in-home/relative provider?

Exception to Rule - (Link to Eligibility A-Z Manual)







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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

SPECIAL CIRCUMSTANCES

A. SPECIAL NEEDS CHILD CARE

Revised: February 1, 2005

Children with special needs may have a physical, emotional or mental impairment that limits one or more major life activities. Major life activities mean functions such as breathing, hearing, seeing, speaking, walking, using arms and hands, learning and working. (**PLAY** is the **work** of children).

Providers, children, and consumers all benefit when children with and without disabilities can learn and play together. Inclusion contributes to acceptance, improved socialization, and understanding of individual differences.

Providers and consumers may find the following publication helpful: **Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act (ADA)**. It explains how the requirements of the ADA apply to child care.

Effective May 28, 2004

WAC 388-290-0220 How does DSHS determine that my child qualifies for a special needs daily rate?

To qualify for the DSHS child care program's special needs subsidy daily rate your child must be either:

- 1. Be thirteen to nineteen years old and be under court supervision; or
- 2. Be under nineteen years old, and
 - a. Have a verified physical, mental, emotional, or behavioral condition that requires a higher level of care while in the care of the licensed or certified facility, a DSHS contracted seasonal day camp or in-home/relative provider; and
 - b. Have their condition and need for higher level of care verified by an individual who is not employed by the child care facility; and is either a:
 - i. Health, mental health, education or social service professional with at least a master's degree; or
 - ii. Registered nurse.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

EXAMPLE 1

Samantha's 1 1/2 year old, Felicity, was premature at birth and receives services from the Infant / Toddler Early Intervention Program. Samantha applied for WCCC and the Special Needs Rate. Samantha provided the child care worker with a note from Felicity's primary physician outlining her special needs and Felicity's need for a higher level of care. Felicity is eligible for the Special Needs Rate.

EXAMPLE 2

A 15-year-old child committed a crime for which there is a verified court order requiring the teen be under 24-hour supervision. The consumer is employed and qualifies for WCCC. The 15-year-old is eligible for the Special Needs Rate.

Authorizing Special Needs Child Care

Effective May 28, 2004

WAC 388-290-0225 What is the DSHS additional subsidy daily rate for children with special needs in a licensed or certified child care center or DSHS contracted seasonal day camp?

- 1. In addition to the rate listed in WAC <u>388-290-0200</u>, we authorize special needs daily rates to licensed or certified child care centers or DSHS contracted seasonal day camps according to whichever of the following is greater:
 - a. The provider's reasonable documented additional cost associated with the care of the child; or
 - b. The daily rate listed in the table below after you have verified that your child has a special need and requires a higher level of care according to WAC <u>388-290-0220</u>:

		Infants	Infants Toddlers		School-age	
		birth - 11 months	12 - 29 months	30 months - 5 years	5 - 12 years	
Region 1	full-day	\$7.30	\$6.14	\$5.80	\$5.45	
	half-day	\$3.65	\$3.07	\$2.90	\$2.73	
Region 2	full-day	\$7.36	\$6.15	\$5.70	\$5.05	
	half-day	\$3.68	\$3.08	\$2.85	\$2.52	
Region 3	full-day	\$9.75	\$8.13	\$7.02	\$6.82	
	half-day	\$4.88	\$4.06	\$3.51	\$3.41	
Region 4	full-day	\$11.35	\$9.48	\$7.95	\$7.16	
	half-day	\$5.67	\$4.74	\$3.98	\$3.58	
Region 5	full-day	\$8.32	\$7.16	\$6.30	\$5.59	
	half-day	\$4.16	\$3.58	\$3.15	\$2.80	
Region 6	full-day	\$8.18	\$7.02	\$6.14	\$6.00	
	half-day	\$4.09	\$3.51	\$3.07	\$3.00	

2. The child care provider must verify the child's additional care needs when they request a rate

- above that listed in subsection (1)(b) of this section. The verification should include details about all of the child's additional needs in relevant areas such as environmental accommodations, ambulation, eating, personal hygiene, communication, and behavior.
- 3. If a provider is requesting one-on-one supervision or direct care for the child with special needs the person providing the one-on-one care must be:
 - a. At least eighteen years of age; and
 - b. Meet the requirements for being an assistant under chapter 388-295 WAC.
- 4. If the provider has a waiver to care for a child who:
 - a. Is thirteen years or older; and
 - b. Has special needs according to WAC <u>388-290-0220</u>, we authorize the special needs payment rate as described in subsection (1) of this section using the five to twelve year age range for comparison.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

Effective July 1, 2002

WAC 388-290-0230 What is the additional subsidy daily rate for children with special needs in a licensed or certified family home child care?

- 1. In addition to the rate listed in WAC <u>388-290-0205</u>, We authorize special needs daily rates to licensed or certified family home child care providers according to whichever of the following is greater:
 - a. The provider's reasonable documented additional cost associated with the care of the child; or
 - b. The daily rate listed in the table below after you have verified that your child has a special need and requires a higher level of care according to WAC <u>388-290-0220</u>:

		Infants	Toddlers	Preschool	School-age
		birth - 11 months	12 - 29 months	30 months - 5 years	5 - 12 years
Region 1	full-day	\$6.00	\$5.40	\$5.40	\$4.80
	half-day	\$3.00	\$2.70	\$2.70	\$2.40
Region 2	full-day	\$6.00	\$5.70	\$5.10	\$5.10
	half-day	\$3.00	\$2.85	\$2.55	\$2.55
Region 3	full-day	\$8.70	\$7.50	\$6.60	\$6.00
	half-day	\$4.35	\$3.75	\$3.30	\$3.00
Region 4	full-day	\$9.00	\$8.90	\$7.50	\$7.20
	half-day	\$4.50	\$4.45	\$3.75	\$3.60
Region 5	full-day	\$6.60	\$6.00	\$5.70	\$5.10
	half-day	\$3.30	\$3.00	\$2.85	\$2.55
Region 6	full-day	\$6.60	\$6.00	\$6.00	\$5.70

half-day	\$3.30	\$3.00	\$3.00	\$2.85
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- 2. A family home child care provider must verify the child's additional care needs when they request a rate above that listed in subsection (1)(b) of this section. The verification should include details about all of the child's additional needs in relevant areas such as environmental accommodations, ambulation, eating, personal hygiene, communication, and behavior.
- 3. If the provider has a waiver to care for a child who:
 - a. Is twelve years or older; and
 - b. Has special needs according to WAC <u>388-290-0220</u>, we authorize the special needs payment rate as described in subsection (1) of this section using the five to eleven year age range for comparison.
- 4. If a provider is requesting one-on-one supervision/direct care for the child with special needs. The person providing the one-on-one care must be:
 - a. At least eighteen years old; and
 - b. Meet the requirements for being an assistant under chapter 388-155 WAC.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

Effective May 28, 2004

WAC 388-290-0235 What is the DSHS in-home / relative child care daily rate for children with special needs?

- 1. We authorize a base rate of two dollars and six cents an hour for in-home/relative child care when a child has verified special needs and requires a higher level of care according to WAC 388-290-0220.
- 2. In addition to the base rate, we authorize whichever of the following is greater:
 - a. Sixty-two cents per hour; or
 - b. The provider's reasonable documented additional cost associated with the care for that child.
- 3. The in-home/relative provider must verify the child's additional care needs when they request a rate above that listed in subsection (1)(a) of this section. The verification must include details about all the child's additional needs in relevant areas such as environmental accommodations, ambulation, eating, personal hygiene, communication, and behavior.
- 4. If other children in the home are also authorized for in-home/relative care with the same provider, we authorize:
 - a. Two dollars and six cents an hour for the child needing the most care; and
 - b. One dollar and three cents an hour for any additional children.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

CLARIFYING INFORMATION

1. No two children with special needs are alike. Each child's situation and needs must be looked at individually and a plan developed to meet the child's specific needs. For example, do not assume that children who receive a certain service or benefit, such as SSI automatically have additional care needs while in child care and will qualify for the special needs rate. Also children with the same diagnoses do not always have the same exact care needs.

Children's levels of care may vary from setting to setting. What a child needs at home may not be the same when at school. For the purposes of authorizing the special needs rate, it is important to focus on the child's additional care needs while in child care.

Likewise, all child care provider's skill and comfort levels are not the same when serving children with special needs. One provider may request the special needs rate, while another may not for the same child. This does not mean the child's needs have increased or decreased.

- 2. Special Needs child care can be authorized at one of the two levels. Those levels are:
 - a. <u>Level 1</u>: Thirty percent (30%) above the basic DSHS maximum daily rate. This is paid when the consumer and professional have verified the child's special need(s) and need for a higher level of care, or
 - b. <u>Level 2</u>: The provider's reasonable documented additional cost associated with the care of the child if above the DSHS special needs rate.
- 3. Requests by consumers for special needs payments must be accompanied by documentation outlining the child's special needs for a higher level of care. This documentation must come from:
 - a. A registered nurse; or
 - b. A health, mental health, education or social service professional with a master's level or above degree.

Professionals who meet the criteria in (a) or (b) above and who are contracted by a licensed provider are not considered an employee of the provider. The contracted professional can provide the documentation verifying a child's special needs and additional care needs while at the licensed site.

Documentation from the professional may come in a variety of forms, but must clearly state what the child's special needs are and the additional care needs while in child care. Documentation can include, but is not limited to items such as Individual Education Plans (IEP), basic health records from a pediatrician, comprehensive assessments from public health nurses, or medical/psychological reports from specialists.

4. The severity and duration of a child's special and additional care needs may vary from time to time. Therefore, the professional documentation verifying the child's needs should be dated no longer than 18 months prior to the date of the request.

The documentation from the provider who requests a rate above the daily special needs rate must be updated at least annually.

- 5. The DSHS forms (10-287) Consumer Request for Special Needs Child Care Rate and (10-288) Provider Request for Additional Special Needs Payment can be used to gather information from consumers and providers about a child's additional care needs while in child care. The use of these forms is not mandatory. However, the use of these forms will help standardize the request process and information gathered from consumers and providers.
 - If a consumer or provider chooses not to use one of these forms, they must still provide documentation according to WAC <u>388-290-0220</u>, <u>0225</u>, or <u>0230</u>.
- 6. The special needs authorization can begin the date of request for the special needs payment, regardless of who made the request, the consumer or the provider. For example, a child begins care on 5/1. The provider requests the special needs rate on 6/15 and all required verification is received on 6/30. The special needs rate can be authorized beginning 6/15.
- 7. DSHS does **not** pay for training or equipment. If a provider indicates the additional cost of care associated with a child with special needs is due to special training or equipment, refer the provider to the local Child Care Resource and Referral (CCR&R) agency. The CCR&R agency may be able to assist the provider in obtaining special funding for training and/or equipment.

The provider may also find there are tax credits or deductions available to help offset the costs associated with complying with the American with Disabilities Act (ADA) and serving a specific child with a disability. For more information, they can contact the:

U.S. Department of Justice P.O. Box 66738 Washington, D.C. www.usdoj.gov/crt/ada

WORKER RESPONSIBILITIES

For both Level 1 and Level 2 Special Needs Rate Authorizations:

- 1. Obtain from the consumer the documentation from the professional outlining the child's special needs and need for a higher level of care
- 2. Document in WCAP the consumer's request for the special needs rate and information provided by the professional regarding the child's need for a higher level of care in WCAP. The DSHS 10-287 (as previously noted) can be used to gather the request information from the consumer.
- 3. Contact the consumer to discuss whether he/she is in agreement with the request, if the initial request for the special needs rate comes from someone other than the consumer.

Level 1 Authorization

1. A level 1 authorization means the provider is willing to accept the standard special needs rate outlined in WAC <u>388-290-0225</u>, <u>388-290-0230</u>, or <u>388-290-0235</u>.

- 2. For children in licensed / certified care, authorize the:
 - a. Provider's or DSHS standard child care rate, whichever is less, with the appropriate SSPS code for full or half-day regular care, and
 - b. Special needs rate according to region, provider type, and the the child's age category, with SSPS code 02956.
- 3. The number of special needs units should match the number of regular child care units authorized.

EXAMPLE 1

In Region 1, a 3-year-old child with verified special needs and additional care requirements, in a licensed family home, needs 10 hours a day, Monday - Friday or 22 full-days of child care per month. Assumine in this example the provider's usual and customary rate is higher than the standard DSHS rate, and authorize as follows:

Line 1:	02951		22	\$396.00
Line 2:	02956	\$5.40/EA	22	\$118.80

- 4. For children in in-home / relative care:
 - a. \$2.06 per hour with the appropriate SSPS code, and
 - b. \$.62 per hour for special needs with the appropriate SSPS code 2957.

FXAMPI F 2

Donna has two children in in-home / relative child care; the older child has special needs and requires 100 hours of care. The youngest child needs 175 hours of care. Assume in this example the provider's usual and customary rate is higher than the standard DSHS rate, and authorize as follows:

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Line 1:	8 hours	5 days	\$2.06	175	\$360.50	
02941	/ day	/ week	/ hour	hours		
Older Child with special needs and additional care requirements:						
Line 1:	5 hours	5 days	\$2.06	100	\$206.00	
02941	/ day	/ week	/ hour	hours		
Line 2:	5 hours	5 days	\$0.62	100	\$62.00	
02957	/ day	/ week	/ hour	hours		

Note: Even though the special needs child requires less hours than the other child, pay the \$2.06 per hour rate plus the \$.62 per hour special needs rate. Normally the child in care for the lesser hours would get the \$1.03 rate.

Level 2 Authorization

1. A level 2 authorization means the provider is asking for a special needs rate greater than one listed in WAC 388-290-0225, 388-290-0230, or 388-290-0235.

For Level 2 authorizations providers submit their "reasonable documented additional cost associated with the care of the child". What is "reasonable" will differ from provider to provider and the amount of additional care provided.

There is not a WAC that sets a limit on the amount that can be authorized at this time. However, the following dollar figures can be used as guidelines. These figures are based on other DSHS agencies' payment limits for similar care.

- In-home/relative care- Total of the regular rate and special needs rate; not to exceed \$8.93 an hour.
- Licensed care- Special needs rate only; not to exceed \$14.93 an hour.

When a rate greater than these are requested, attempt to staff the case with headquarters personnel. Please use local chains of command for staffing with headquarters.

- a. Authorize the provider's or DSHS standard child care rate, whichever is less, with the appropriate SSPS code,
- b. Obtain from the provider a written description of child's additional care needs and the provider's additional cost associated with the care. The 10-288 can be used to obtain this information.
- 3. The number of special needs units should match the number of regular child care units authorized.
- 4. If a special needs rate above that listed in WAC <u>388-290-0225</u>, <u>388-290-0230</u>, or <u>388-290-0235</u> is authorized, the special needs SSPS service code should be proceeded by a '9' and supervisory approval obtained.
 - a. If a special needs rate above that which is listed in <u>WAC 388-290-0225</u>, or <u>388-290-0230</u> is authorized, the SSPS service code should be proceeded by a '9'.

EXAMPLE 1

Jack and Sara have a 4 yr. old child with severe behavioral problems due to an early child-hood brain trauma who needs full-time/full-day child care. In order to maintain the child in a licensed family home, the provider is choosing to decrease her ratio by two children (an infant and toddler). She will take no more than 4 children.

The child's needs are well documented and this is a good match between the child and provider. The provider documents the following as her cost of care (she charges the same as DSHS):

Regular child care rate: \$462.00 a month or \$21.00 a day

2 slots: (infant-\$610.06 and toddler-\$524.92 or \$1134.98)

Authorize the care as follows:

2951	22	\$462.00
92956	22	\$1134.98

EXAMPLE 2

A licensed provider states that in order to maintain a child at their site, a staff person must "shadow" or provide 1 on 1 care to the child. Situations requiring this level of care can occur, for example, when a child: needs help to actively participate in all activities, poses a health or safety threat to himself and/or other children, or has significant medical needs. In these cases, the provider often asks for a special needs rate that will cover the wage for the individual staff person.

A provider presents with the following information:

They have decided to enroll Sam who is a 4 yr old, diagnosed with autism. Sam can speak a few words but he does not normally ask for anything. He can feed himself with some help but cannot use the toilet by himself. Sam does not interact with his classmates; but sometimes he hits out at them and the staff. The provider has a staff person assigned only to Sam. The staff person has no special

training (she meets the "assistant" requirements of WAC <u>388-295-1040</u>) but Sam responds well to her and she can get Sam to "participate" in some activities. The provider is also developing a plan to see if the need for the 1 on 1 staff can be decreased over time.

The provider is requesting the regular child care rate for a 4 yr old and an additional special needs rate of \$9.50 an hour. The \$9.50 will cover the \$8.50 wage for the staff person and the administrative costs for that employee (L&I, medicare, taxes, etc...). The \$9.50 could be considered a "reasonable documented cost." This amount can be authorized in addition to the daily child care rate for a 4 year old according to the regional rates.



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Working Connections Child Care (WCCC) Manual



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SPECIAL CIRCUMSTANCES

B. REIMBURSING CHILD CARE

Revised: February 1, 2005

CLARIFYING INFORMATION

CONSUMER REIMBURSEMENTS

Reimbursements are used strictly for a consumer who has incurred child care expenses that would have otherwise been paid by DSHS. There is not a time limit as to how far back the reimbursement time period can be, however, the client must have been eligible for child care for the time period covered by the reimbursement. For payment begin dates see: http://www1.dshs.wa.gov/esa/wccc/Sections/PymtsABegin.htm.

Take the following steps to reimburse a consumer for child care expenses:

- 1. Determine whether the consumer meets all WCCC eligibility criteria for the time period covering the reimbursement period;
- 2. Verify actual attendance of the children for the reimbursement period;
- 3. Verify amounts paid to the eligible provider (the provider must normally accept subsideies) for the reimbursement period;
- 4. Compute the copayment amount for each of the months in question;
- 5. Determine the monthly DSHS maximum payment rate;

NOTE: Remember, the amount the department will reimburse and/or pay retroactively is the DSHS maximum or the provider's usual rate, whichever is less.

- 6. Compare the DSHS maximum rate with the total paid by the consumer and any remaining balance owed to the provider;
- 7. Subtract any amount paid or expected to be paid by a third party;
- 8. Total the amount owed for all months, which equals the amount to be reimbursed to the consumer and/or paid retroactively to the provider;
- 9. Subtract the copayment amount for each month from what the department owes the consumer; and

- 10. Inform the consumer of the copayment amount for each month by completing and sending the DSHS 7-066 ("WCCC Award / Change Letter").
- 11. Use SSPS Code 2964 ("WCCC Reimbursement") to reimburse the consumer.

EXAMPLE 1

Sarah incurred one month's full-day, full-time child care expenses at the provider's usual rate of \$30 per day or \$660 per month. The department maximum, based on the age of the child and type and location of care, is \$24 per day or \$528 per month. With help from her family, Sarah paid the entire amount herself. Based on her income, her copayment would have been \$10.00 per month. The DSHS reimbursement to the consumer is calculated as follows:

\$528 Maximum to be reimbursed and/or paid retroactively				
- \$10	Sarah's copayment obligation			
\$518	DSHS reimbursement to the consumer			
Authorize the reimbursement on the SSPS authorization (DSHS 14-154) with the parent listed as the				
Provider and Pay	/66			

Auth. #1 Line 1 02964 \$518.00/EA 01 \$518.00

EXAMPLE 2

Same as example #1, except Sarah paid \$200.00 and owes the remaining balance of \$460 to the provider:

provider:								
\$5	28 Maximum t	Maximum to be reimbursed and/or paid retroactively						
-\$	10 Sarah's co	Sarah's copayment obligation						
\$5	18							
\$5	18							
- \$460 DSHS retroactive payment to the provider (Auth #2)								
\$ 58 DSHS reimbursement to the consumer (Auth#1)								
Auth #1	Line 1	02964	\$58.00/EA	01	\$58.00			
Auth #2	Line 1	02951	\$20.90/DA	22	\$459.80			

EXAMPLE 3

Jane has discovered that DSHS has incorrectly determined her copayment amount for the past 7 months. It was established at \$100.00 and it should have been \$50.00. After verifying that Jane did pay the full \$100.00, DSHS can establish a reimbursement for the client for the difference of \$350.00 (\$50.00 X 7 months).

EXAMPLE 4

Keesha is receiving WCCC but had to use a provider who would accept her child while the child was sick for 5 days. Keesha had to pay upfront for the 5 days of care and is now asking to be reimbursed. The sick child care provider is licensed but does not accept subsidies. DSHS cannot reimburse Keesha for the care she paid out of pocket. Reimbursements cannot be made if a parent uses a provider who does not accept subsidy payments or who is not an eligible provider.

PROVIDER REIMBURSEMENTS

Providers who ask to be 'reimbursed' for child care are usually asking to be paid for services already provided. Payment is made through the usual authorization and/or payment adjustment processes. Please see the SSPS manual for more information on payment adjustments.

Whenever providers request payment for retroactive child care, verify the following before making payment:

- The parent and child were eligible for WCCC during the requested time period,
- Payment was not previously made for the requested service, and
- Whether a copayment was already established for the requested time period.

EXAMPLE 1

On 12/15 DSHS verifies that:

- ABC child care provided care for Jack for the month of November but he was not on the invoice;
- Jack's parent was eligible for WCCC during November; and
- The payment time frame is not more than 180 days prior to 12/15.

Establish a new authorization through WCAP and SSPS for the November care. Remember to include the copayment if the parent has not already paid it for November.

EXAMPLE 2

On 8/10 XYZ child care provider calls and states the following:

- They claimed 02 units for Sam for July instead of 22 and they want to be "reimbursed" (paid) for the other 20 units (this is an "underclaim"), and
- They just discovered a missing payment for Trisha for the month of January (more than 180 days (6 months) old)

Both of these payment situations require a Payment Adjustment form (DSHS 07-055) to be processed.

NOTE:

There will be no record of payments made via the Payment Adjustment process in either the SSPS on-line payment inquires or in the SSPS payment history reports available in COLD, therefore documentation and verification that the payment has been made must be clearly indicated in the case record.

Correcting an under-claim:

If an invoice was created and returned for payment but the payee claimed less than was authorized, invoiced, and provided, indicate the under-claim by checking box 1a on the Payment Adjustment form. Enter only the additional amount that needs to be paid in the *Adjusted Amount* space on the Payment Adjustment form. Attach verification that the provider under-claimed the services to the Payment Adjustment form. Verification can be either screen prints of the SSPS payment screens or copies of payment records printed from COLD.

For invoiced services more than six months old:

The services must first be authorized in SSPS. The service will not pay out but it must be authorized so an authorization number is available. When completing the Payment Adjustment form, check box 1b on the Payment Adjustment form and attach a copy of the DSHS 14-159 authorization form to the Payment Adjustment. The 14-159 can be either a screen print of the authorization after it has been input and an authorization number has been assigned by the system, or a copy of the actual 14-159 turnaround. Handwritten 14-154s (or copies of handwritten 14-154s) are not acceptable as verification.







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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

SPECIAL CIRCUMSTANCES

C. PROTECTIVE PAYEES FOR CHILD CARE

Revised: December 1, 2005

Effective December 1, 2005 in-home/relative providers will receive the invoice and payment directly. We will no longer need to assign a protective payee to a child care case.



Facing the Future



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Working Connections Child Care (WCCC) Manual

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SOCIAL SERVICE PAYMENT SYSTEM (SSPS)

Revised: May 22, 2006

The Social Service Payment System (SSPS) was conceived and developed in the late 1970's by the Department of Social and Health Services (DSHS) to authorize the delivery and/or purchase of social services performed for clients.

Payments authorized through SSPS provide essential social services such as:

- · Residential support services for developmentally or functionally disabled adults
- Respite care for disabled adults
- · Child care for families in need
- Foster care and group home care for children
- Adoption support services

SSPS collects data regarding social service clients, vendors, services, and payments. Data is tabulated and summarized, and monthly and annual reports are generated for DSHS field offices, regional offices, and state headquarters offices.

SSPS Website

A new <u>SSPS website</u> is available through the intranet and houses a variety of useful pages. The site is used to gather pertinent information regarding SSPS services and changes to those services.

Useful information on this site includes:

- General Information
- Current News
- Invoice Express
- Direct Deposit
- SSPS Calendar
- SSPS FAQ's (Frequently Asked Questions)
- SSPS Cold Reports

Provider File Numbers

1. All licensed / certified child care providers must have an SSPS provider number to receive payment. The Division of Child Care and Early Learning (DCCEL) licensing staff are responsible to obtain provider numbers from SSPS for providers once they have completed the licensing or certification process. Only licensing staff have the authority to request changes to information for a licensed / certified provider in the SSPS Provider File.

After verifying the validity of an out-of-state provider's eligibility, the Regional Child Care Coordinator can request a provider number for a licensed/registered/certified provider. For more information see Providers, section C (Out-of State).

- 2. For in-home / relative care, the in-state or out-of-state provider must have a valid Social Security number (SSN) or Employer Identification Number (EIN) to obtain an SSPS provider number and receive payment.
- 3. The DSHS 06-097 Provider File Action Request (PFAR) form is used to obtain the in-home / relative provider number from the SSPS system. Prior to requesting a provider number, staff must do a complete search of the provider file to make sure the provider is not already in the system. A complete search will help avoid creating duplicate providers in the provider file. Staff should also follow directions for filling out the form as outlined at the SSPS Central Provider File site.

The WCAP houses the PFAR under 'Output' and once completed, can be sent electronically to the SSPS Provider File Unit for processing. The e-mail address for the unit is providerfileunit@dshs.wa.gov. Staff will receive e-mail notification of additions, changes to specific provider files, and incorrect tax identification numbers.

Social Service Notice

For specified payment services, SSPS produces the Social Service Notice, DSHS 14-259. The notice describes additions, changes, or terminations processed on an authorization. It is sent directly to the provider.

Copies of the Social Service Notice are housed in the COLD system under the report SPS01N30S. Staff can access and make copies of the notice if the payee requests a replacement.

Billing invoices

1. Billing invoices for authorized child care services are generated by SSPS. An invoice is detailed accountings of the services that have been authorized for each individual, including begin and end dates of the service. The provider completes the invoice with the required information and either mails the invoice to SSPS or uses the automated Invoice Express system. The provider then receives payment via either paper warrant or direct deposit.

Billing instructions are on the reverse side of the invoice. Many providers are not aware of these instructions and may make unintentional billing errors. For licensed / certified providers, the DSHS 22-877, Child Care Subsidies: A Booklet For Licensed and Certified Child Care Providers, explains billing procedures. The DSHS 22-223, A Guide to In-Home / Relative Child Care explains billing procedures for in-home / relative providers. Both publications can be found at the DCCEL publications page.

SSPS Billing Cycle

- 1. If the regular SSPS deadline is met, SSPS mails invoices a few days before the end of the month. When the invoice is printed on the supplemental run, it is mailed the day after it is printed.
- 2. It is important providers wait until the last day of the month to fill out their invoice. This allows the provider to bill using the entire month of attendance. When the invoice is mailed, DSHS sends the child care payment to the provider 10-12 days after the completed invoice is mailed to SSPS.

NOTE:

Invoices should not be mailed back to SSPS if Invoice Express has been used.

If the provider has not received a warrant and SSPS indicates it was mailed from state office, first verify for the correct address. After 10 days, have the provider complete an "Affidavit of Lost, Stolen or Destroyed Warrant," DSHS 09-013. The 10-day period allows time for the warrant to be returned to SSPS if there is a problem with mail delivery. CSOs have access to the Office of the State Treasurer, On-Line Warrant Inquiry, which will indicate if the warrant has been cashed. CSOs may gain access to this screen by contacting ISSD Data Security.

Invoice Express

Invoice Express allows provider to call 1 (888) 461-8855 and enters the required information over the phone. Payment processing for invoices through Invoice Express usually occurs that same day, although disbursement of the actual warrant occurs according to previous schedules, i.e. warrants for the regular invoice run are sent after the last day of the month; warrants for supplemental invoice runs are sent as soon as the invoice is processed.

The following sites for staff and providers contain more information on Invoice Express:

- Staff http://asd.dshs.wa.gov/SSPS/IVR/IVR.htm
- Providers http://www1.dshs.wa.gov/msa/ssps/invoiceexpress.htm

NOTE: Invoices should not be mailed back to SSPS if Invoice Express has been used.

Direct deposit

Providers who chose Direct Deposit (also called Electronic Funds Transfer, or EFT) will have their SSPS payments directly deposited to their bank accounts, removing the possibility of warrants being lost in the mail. Providers can submit an on-line application for Direct Deposit. The following sites for staff and providers contain more information on Direct Deposit:

- Staff- http://asd.dshs.wa.gov/ssps/INFO/dd.htm
- Providers- http://www1.dshs.wa.gov/msa/ssps/DDapply.htm

Provider File Numbers

- All child care providers must have an SSPS provider number to receive payment. The Division of Child Care and Early Learning (DCCEL) licensing staff are responsible to obtain provider numbers from SSPS for providers once they have completed the licensing or certification process. Only licensing staff have the authority to change information for a licensed / certified provider in the SSPS Provider File.
- 2. For in-home / relative care, the provider must have a valid Social Security number in order to obtain an SSPS provider number and receive payment.

When an undocumented consumer with documented children requests WCCC using an in-home / relative provider, the SSN of the oldest child needing care is used. The undocumented parent(s) should be designated as such on the household screen in the WCAP.

3. The DSHS 06-097 Provider File Action Request form is used to obtain the provider number from the SSPS System. See the <u>SSPS Manual Basic Instructions</u> for more information. The manual can be found on-line at the <u>SSPS website</u>.

Federal Insurance Contribution Act (FICA) and Federal - State Unemployment Compensation Tax (FUTA)

- 1. FICA: The department provides a bookkeeping function for consumers using certain inhome/relative care. SSPS may withold both the provider's share and the consumer's share of Federal Insurance Contribution Act (FICA) or Old Age and Survivor's Insurance (OASI) tax on the provider-employee's wages. Payments are made quarterly to the Internal Revenue Service (IRS) on behalf of the provider (employee of the consumer) and consumer. The provider's share appears on the SSPS "S02" screen as an OASI deduction.
- 2. The WCAP automatically enters the correct "Yes/No" designation in the field for OASI deduction. Staff do not need to enter this information.
- 3. The following notices are sent directly to the in-home / relative provider from SSPS:
 - a. The W-2 form from DSHS Office of Accounting Services (OAS) is mailed in January following the end of each calendar year that the provider was paid above a threshold amount. For example, in 2005 the threshold amount will be \$1,500.00.
 - b. The "Provider Remittance Advice" is sent to the provider. The notice informs providers of the name of the consumer, the name of the child for who care was provided, the amount of the child care payment, the amount of taxes paid and a telephone number for SSPS. The remittance advice acts the same as a pay stub and is a legal document for tax purposes. Providers can use this item for pay and employment verification.
- 4. Forward questions regarding FICA to:

DSHS Office of Accounting Services MS 45842 Olympia, WA 98504-5842

- 5. **FUTA**: The department also pays FUTA taxes on behalf of consumers receiving in-home / relative care. This requires no action by the AW.
- 6. Forward questions regarding FUTA to:

DSHS Office of Accounting Services MS 45842 Olympia, WA 98504-5842

Withholding Errors

1. If FICA is withheld in error, the provider can request a refund from:

District Director Internal Revenue Service 915 2nd Avenue

- 2. OAS will review the provider's written statement regarding the circumstances that caused the incorrect amount on the W-2 form and will determine whether a payment correction must be made. When a payment correction is approved, OAS will:
 - a. Issue a revised W-2 form called a W-2C (corrected) form;
 - b. Return both the old and the new form to the provider.
- 3. 1099 forms are sent to licensed / certified child care providers who are paid from SSPS. The form is generated by SSPS. Direct questions about information on the 1099 form to OAS.





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Working Connections Child Care (WCCC) Manual



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SUBSIDIZED CHILD CARE PROGRAMS

Revised: January 1, 2005

In addition to WCCC, the State of Washington offers a variety of other subsidized child care programs that are meant to serve specific groups of consumers. This chapter of the handbook provides a brief overview of these programs. The booklet, **Child Care Options in Washington State - A Quick Reference Guide, DSHS 22-859**, is available to the AW and other social service agencies for distribution to interested parties.

Before referring to WCCC or authorizing WCCC, DSHS staff must first assess which child care program or other resource is most appropriate. Other subsidized child care programs include:

Homeless Child care

This is a subsidized child care assistance program to provide immediate, short-term child care for families who are homeless or in transitional housing and not able to access other subsidized child care programs.

Care is available while parents seek permanent housing; attend appointments for substance abuse, violence avoidance, legal issues or other social services needed to achieve stability, or at the parent's request to reduce stress that impacts the health and safety of the family unit or the welfare of the child.

Homeless child care is authorized through local contracted community agencies. For information about access to local contracted community agencies call Washington Child Care Resource and Referral at 1-800-446-1114 or visit http://www.childcarenet.org.

There are subsidized child care assistance programs to provide temporary care for families who are homeless and not receiving other subsidized child care.

Care is available for parents while they seek permanent housing, employment, or take care of personal business such as legal, medical, or financial appointments.

Homeless child care is authorized through local contracted community agencies. For information about access to local contracted community agencies call Washington Child Care Resource and Referral at 1-800-446-1114 or visit http://www.childcarenet.org

Child Protective Services (CPS) / Child Welfare Services (CWS)

This subsidized child care assistance program is for current child protective services (CPS) or child welfare services (CWS) clients as part of the children and family services case plan. Access to these

child care resources is through the CPS or CWS social worker. Locate local children and family services offices through the Children's Administration.

EXAMPLE

A non-TANF WCCC applicant requests child care while she is receiving cancer treatment. The applicant is not employed. The Division of Children and Family Services may assist families in certain situations like this in order to help the family remain intact.

Crisis nursery

Families who are in crisis and in need of emergency child care for children ages 6 years and younger. Child care is available on a 24-hour basis. All clients are self-referred and can use this service for up to 72 hours. Program goals are to prevent child abuse and neglect. Services are available in:

- Seattle
- Everett
- Yakima
- Walla Walla
- Spokane
- Pasco

For information about access to crisis care call Washington Child Care Resource and Referral at 1-800-446-1114 or visit http://www.childcarenet.org.

Division of Alcohol and Substance Abuse (DASA)

There are subsidized child care assistance programs for parents attending an approved alcohol or drug treatment facility. The following kinds of childcare are available:

- Part-time care while the parent is in outpatient treatment. Care is available at selected outpatient treatment sites, in licensed community homes and centers, in the child's home or a relative's home.
- Round the clock care while parent is in inpatient treatment. Care is available in licensed foster homes available through Crisis Nurseries in Seattle and Yakima.
- Part-time care when child accompanies parent for inpatient treatment. Care is available at selected inpatient treatment sites.
- Child care provided on-site at the treatment facility is paid for by DASA.
- Off-site child care is paid for by WCCC through the CSO or call center.

For more information about DASA child care,

- Go to DASA, or
- Call toll free to 1-877-301-4557.

Division of Vocational Rehabilitation (DVR)

DVR may pay for child care for the children of individuals with disabilities who seek vocational rehabilitation services to get or keep a job or to advance in employment.

Certain rules and restrictions apply.

For more information about DVR services

- Go to DVR, or
- Call toll free 1-800-637-5627 (V/TTY).

ECEAP

Three and four-year old children and their families with incomes up to 110% of Federal Poverty Level (FPL) or who are otherwise at risk of school failure are potentially eligible for ECEAP. ECEAP prepares children for success in the public school system through comprehensive integrated services including early childhood education, health and dental screenings, nutrition, parent involvement in the child's education, and family support services and referrals. ECEAP contractors determine eligibility. Visit <u>ECEAP</u> for more information.

First Steps child care

Child care subsidy is available to pregnant women with medical coupons to allow the pregnant woman medically required bed-rest and / or to go to outpatient medical visits.

For local resources call Healthy Mothers / Healthy Babies at 1-800-322-2588.

Foster Parent child care

The **Employed Foster Parent Child Care Program** pays for child care to support the employment of a foster parent or non-needy relative caretaker.

The children must have been placed into foster care by Children's Administration (CA) or a CA certified agency.

Access to child care is through the Division of Children and Family Services (DCFS) social worker. Locate local children and family services offices through the Children's Administration.

headstart

Families with children birth to five years with incomes up to 100% of FPL are potentially eligible for Headstart. Headstart serves eligible children three to five years of age. Early Headstart (EHS) serves eligible pregnant women, infants and toddlers up to age three years. These comprehensive child development programs offer health, education, and family support. Parents also participate and benefit from the program. Contact local programs or call 360-725-4686 to find the program nearest you.

seasonal child care

Seasonal child care subsidy is available to eligible seasonally employed families in Regions 1, 2, and 3.

At least 50% of the past year's annual income must be derived from agricultural employment. A family's annual income must be at or below 200% of the FPL. All program and income criteria must be met.

Access to child care is through local Seasonal Child Care contractors. For information about local seasonal child care contractors call Washington Child Care Resource and Referral at 1-800-446-1114 or visit http://www.childcarenet.org

resource and referral (R&R) agencies

The R&Rs help parents find quality, affordable, licensed child care. They link parents with available subsidy program information, facilitate the licensing process for child care providers, and generate public awareness of child care issues. There are no eligibility criteria for using R&R agencies. Anyone who calls this telephone service will be served. (Some counties charge a modest fee to families above a certain income level.) For the nearest Resource and Referral agency call Washington State Child Care Resource and Referral Network at 1-800-446-1114 or visit http://www.childcarenet.org.







You can email your questions or comments about the Working Connections
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Working Connections Child Care (WCCC) Manual



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VERIFICATIONS

Revised: September 2, 2004

WAC 388 290 0012 When do I need to verify information?

- 1. When you apply for benefits, we require you to provide information that helps us decide your eligibility. We call this "verification."
- 2. After you apply, we ask you to give us new verification when:
 - 1. You report a change;
 - 2. We find out that your circumstances have changed; or
 - 3. The information we have is questionable, confusing or outdated.
- 3. Whenever we ask for verification, we give you a notice as described in WAC 388 458 0020.
- 4. We accept any verification that you can easily get when it reasonably supports your statement or circumstances. The verification you give to us must:
 - 1. Clearly relate to what you are trying to verify;
 - 2. Be from a reliable source; and
 - 3. Be accurate, complete, and consistent.
- 5. We cannot make you give us a specific type or form of verification.
- 6. If the only type of verification that you can get costs money, we pay for it.
- 7. If the verification that you give to us is questionable or confusing, we may:
 - 1. Ask you to give us more verification or provide a collateral contact (a "collateral contact" is a statement from someone outside of your residence that knows your situation); or
 - 2. Send an investigator from the division of fraud investigations (DFI) to make an unannounced visit to your home to verify your circumstances. See WAC 388 290 0025(10).
- 8. If you do not give us all of the verification that we have asked for, we determine if you are eligible based on the information that we already have. If we cannot determine that you are eligible based on this information, we deny or stop your benefits per WAC 388 290 0107 or 388 290 0115.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

New WAC

CLARIFYING INFORMATION

The following table is a suggested list of verification sources that can be used as a guideline:

WHAT TO VERIFY	VERIFICATION SOURCES

Absent parent address when there are reports or indications that absent parent is in the home not reported by consumer	 Landlord statement listing who lives in the consumer's home Statement from absent parent with recent mail received at different address
Child Support paid	 Check stub showing child support deducted Statement from custodial parent Receipt SEMS
Consumer address	 Pay stub Landlord statement Shared living statement Recent mail
Copayment receipts	
Income	 Up to 3 months pay stubs Employer statement of gross wages by phone or in writing when there is a payment history Employer statement of schedule and wages by phone or in writing when there is no payment history W-2
Payments made to unlicensed provider (showing payment amounts and dates)	 Receipts signed by both consumer and provider Written statements signed by both consumer and provider
Provider address when what is reported on the provider form is in question	Recent mail received Recent check stubs from other employer
Provider's ability to care for child when the provider is receiving SSI or GAU, or there are other indications the provider may not be able to provide care	 Statement from provider's doctor stating they are physically and mentally able to provide age appropriate care May be obtained from GAU/SSI SW if the issue of child care is addressed on in the medical papers
Second parent not physically or mentally able to	Statement from qualified professional that states

provide care	specifically why parent is unable to provide care and includes diagnosis, duration, and treatment
Special Needs Care	Statement from qualified professional with diagnosis, level of child care needed, duration.

WORKER RESPONSIBILITIES

- 1. Notify the consumer in writing of specific information and/or verification needed. The information requested must be information that the consumer can reasonably be expected to provide;
- 2. Assist the consumer to obtain the required information or verification if needed;
- 3. Allow at least ten calendar days from the date of the written notice for the consumer to provide the requested information, and up to 30 days if the consumer has responded to the written request and is attempting to provide additional information or verification.
- 4. Refer to the Verification chapter in the Eligibility A-Z Manual for further clarifying information and guidelines such as DSHS forms that can be offered for verification and how to obtain, pay for, and evaluate information and what to do if the information is old or expired.







You can email your questions or comments about the Working Connections
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ADOBE ACROBAT READER 5.0

NOTE:

If you are using a public computer at a library or other public place, please ask if a version the Adobe Acrobat Reader is already installed on the machine. If it is, **do not** continue with these instructions.

Downloading the application

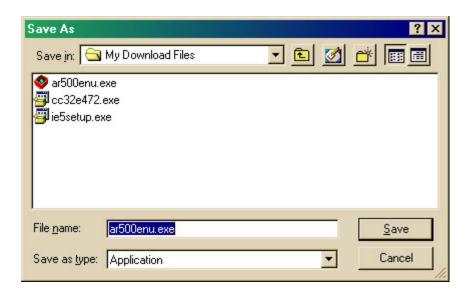
1. Go to the Adobe web site



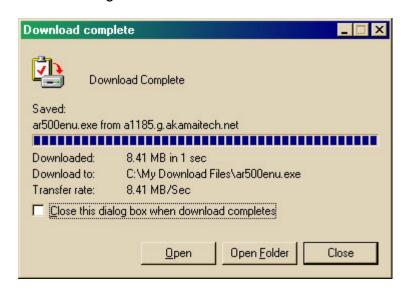
- 2. Scroll down the page to get to the instructions for downloading the Adobe Acrobat Reader 5.0.
- 3. Read the instructions before you take any actions.
- 4. If you want to download the Reader, complete Steps 1, 2 and 3.
- 5. In Step 3, you will click on "Download". This will take you to the download screen and automatically start the download process. You will be asked if you want to run the program or save it to disk. You want to save it to disk.



6. You will then see this screen. Just click on the "Save" button.



7. When the download is complete and the file is saved to your computer, you will get this message:



8. Click on the "Open" button. This begin the process to install the program on your machine. Clicking the "Next" buttons on the screens is the appropriate response to the questions asked during the process.





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PAYMENTS

K. REAUTHORIZATION & ELIGIBILITY REVIEWS

Revised: October 2002

Effective July 1, 2002

WAC 388-290-0105 What is the process for my review for reauthorization of my WCCC benefits?

- 1. You are required to complete a review of your WCCC benefits. We determine if you are still eligible by:
 - a. Requesting on-going eligibility review information prior to the end date of your current WCCC eligibility period; and
 - b. Reviewing the requested information.
- 2. Your WCCC benefits may continue if:
 - a. Your review eligibility information is received no later than ten days after your previous eligibility period ends;
 - b. Your provider is eligible for payment under WAC 388-290-0125; and
 - c. You are eligible for WCCC.
- 3. If you are determined eligible for WCCC benefits based on your review information, the program will notify you of continued benefits.
- 4. If you provide the requested review information to us more than ten days beyond your last eligibility period, you are determined eligible for WCCC and you:
 - a. Receive TANF, your benefit begins when:
 - i. You are participating in your approved activity, and
 - ii. Your eligible provider (under WAC 388-290-0125) is caring for your child.
 - b. Do not receive TANF, your benefit begin date is the date your:
 - Application is date stamped as received;
 - ii. Eligible provider (under WAC 388-290-0125) is caring for your child; and

iii. Participation in an approved activity has started.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

Previous Version:

CLARIFYING INFORMATION

- 1. The WCAP is designed so that DSHS 14-430(X) WCCC Child Care Review can be generated anytime prior to the eligibility end date.
- 2. Consumers must be given at least 10 days to respond to a request for information which means that reviews should be sent out at least 15-30 working days prior to the eligibility end date.

WORKER RESPONSIBILITIES

- 1. Generate the "reviews due" list through WCAP under the Reports menu.
- 2. Generate the DSHS 14-430(X) from WCAP and mail to the consumer.
- 3. Generate and send to the provider the DSHS 14-430(A)(X) Child Care End Date Reminder, from the WCAP. The DSHS 14-430(A)(X) is a courtesy reminder which must be mailed to the provider.

How is Child Care Re-Authorized at Time of Review?

- 1. Determine if the consumer's hours of employment or participation in WorkFirst activities have changed; (review ACES and/or JAS if the consumer receives TANF to verify their current eligibility status, employment information, address, and living situation).
- 2. Enter any new or missing information into the Activity / Schedule screen of the WCAP.
- 3. Using the WCAP, re-determine income eligibility and the copayment based on new income information.
- 4. Determine the child's need for care based on the:
 - a. Consumer's employment and/or approved activity schedule;
 - b. Child's school or other scheduled activities; and
 - c. Availability and ability of the second parent in a family.
- Generate the DSHS 7-066 (X) WCCC Award / Change Letter in the automated program and send to the consumer. If you determine the consumer is ineligible, see Terminating Eligibility -A. Terminating Eligibility or Benefits.
- 6. Generate and send the DSHS 07-075 (X) In-Home / Relative Letter (if applicable) to that particular provider. This letter notifies the in-home / relative provider of the parent's activity,

copayment amount and eligibility period. The letter also reminds providers of their responsibilities for care of the children and billing with DSHS.

- 7. Contact the provider (if needed) to verify their customary rate and schedule of care.
- 8. Update the authorization in the WCAP and send to SSPS.
- 9. Document the re-approval of benefits in the case notes in the WCAP.
- 10. If the family is receiving TANF, and the case manager is not the AW, notify the WorkFirst case manager of continuing child care benefits.

Pending of Reviews

- When you receive an incomplete review send the consumer a pending letter giving them another 10 days to provide the necessary information. If the consumer fails to return the information as requested notify them that child care benefits are denied using the DSHS 15-247 (X) Denial / Termination Notice.
- 2. If the consumer returns all necessary information within the timeframe given on the pending letter, authorize child care to begin retroactively to the day after the original eligibility end date.

EXAMPLE

Stacy's eligibility end date is June 30th. She received a request for review information and sent the items in on the 25th of June. She was sent a pending letter for missing items and was given until the 7th of July to provide the information. Stacy was able to provide all needed information by the 7th. She was determined to be re-eligible for WCCC effective July 1st.

Reviews and Changes in Benefits

DSHS is not required to provide 10-day notice to a consumer if a change in benefit will occur from a current period of eligibility to one immediately following. (WAC 388-290-0120)

EXAMPLE 1

Debra's eligibility end date is April 30th. She was unable to provide all the necessary review information on this date. A pending letter was sent. All information to determine eligibility and the copayment was received on May 10th. Based on new income Debra's copayment will increase from \$25 to \$275. Authorization for the child care and the new copayment amount is effective May 1st.

EXAMPLE 2

Joan's eligibility end date is October 31st. Her review information was received on October 28th. Joan indicated she would be getting a raise effective November 1st. The raise will make her over income for WCCC benefits. A denial letter should be sent, but the worker can make the denial effective October 31st.

Late Return of Reviews

- 1. If a consumer fails to return a review within the given time frame, the consumer does not need to receive a notice of termination or denial in this case (<u>WAC 388-290-0120</u>) as they received advanced notice of the eligibility end date via the DSHS 07-066 (X), Award / Change Letter. The individual lines of service on the DSHS 14-159 (X) Social Service Authorization should be terminated. This will generate a Social Services Notice sent automatically to the licensed or certified provider.
- 2. Establish a new eligibility period according to <u>WAC 388-290-0105</u>.

EXAMPLE

Tom's eligibility end date was October 31st. He failed to return any of the review information, his care was not extended and the lines of service on the DSHS 14-159 were terminated. Tom comes in on December 5th and wants child care re-established. You determined that Tom has all the information required for you to re-determine eligibility including November's pay stubs. Tom's care is re-authorized effective December 5th.







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PAYMENTS

M. PAYMENT REDUCTIONS, TERMINATIONS AND INCREASES

Revised: October 2002

In this section:

- Advance and Adequate Notice of Payment Changes
- Statewide Rate Increases

Advance and Adequate notice of payment changes

Effective January 19, 2002

WAC 388-290-0115 When does the WCCC program provide me with advance and adequate notice of payment changes?

- 1. The WCCC program provides you with advance and adequate notice for changes in payment when the change results in a suspension, reduction, termination, or forces a change in child care arrangements, except as noted in WAC 388-290-0120.
- "Advance and adequate notice," means a written notice of a WCCC reduction, suspension, or termination that is mailed at least ten days before the date of the intended action which includes the Washington Administrative Code (WAC) supporting the action, and your right to request a fair hearing.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version:

CLARIFYING INFORMATION

- Payments made after the change and during the advance notice period may be considered an
 overpayment if the consumer is not eligible. Consumers are entitled to a ten-day notice, but may
 not necessarily be eligible for the care provided during the time period.
- 2. WAC 388-290-0115 does not apply to child care providers. However, a copy of the DSHS 14-247(X) WCCC Denial / Termination Notice sent to the consumer should be sent as a courtesy whenever possible. Always send the DSHS 14-430A (x) Child Care End Date Reminder to the provider at a consumers eligibility review.

WORKER RESPONSIBILITIES

Use the DSHS 14-247(X) WCCC Denial / Termination Notice to inform consumers that WCCC has been denied or terminated.

Effective July 1, 2002

WAC 388-290-0120 When doesn't advance and adequate notice of payment changes apply to me?

We do not give you advance and adequate notice in the following circumstances:

- 1. You tell the us you no longer want WCCC;
- 2. Your whereabouts are unknown to us;
- 3. You are receiving duplicate child care benefits;
- 4. Your new authorization period results in a change in child care benefits;
- The location where child care occurs does not meet requirements under WAC 388-290-0130;
- 6. We determine your in-home/relative provider:
 - a. Is not of suitable character and competence;
 - b. May cause a risk of harm to your children based on the provider's physical or mental health; or
 - c. Has been convicted of, or has charges pending for crimes listed in WAC 388-290-0160 or 388-290-0165.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. Advance and adequate notice is not required when:
 - a. The department has received a written or verbal statement from the consumer that they no longer want benefits. Complete and send the DSHS 15-247 (x) WCCC Denial / Termination Notice to the consumer confirming the request;
 - b. Department mail to the consumer has been returned by the Post Office indicating no known forwarding address;
 - c. The consumer is receiving child care assistance in another catchment area or another state.

2. When a case is up for review, the consumer will receive the DSHS 14-430 (x) Review Letter which serves as a reminder that the consumer's child care authorization is scheduled to end on a specific date. There is no need to send a 10-day termination notice to the consumer, per WAC 388-290-0120 (4) above.

For a more complete description of advance and adequate notice, refer to <u>EA-Z Manual</u> (<u>Letters</u>, and <u>Change of Circumstances</u>).

Statewide rate increases

CLARIFYING INFORMATION

- 1. Rate increases are phased in over a period of six months.
- 2. New rates are authorized at the time of a review or a new or changed authorization.

EXAMPLE 1

DSHS has authorized a rate increase effective September 1st. All authorizations prior to September 1st should remain unchanged. The current authorized rates can be increased to the new rates when an authorization comes up for review, or when a change in the authorization is needed for any reason.

For example, a case is authorized April - September. The new rates should be implemented for this case on October 1st (at the time of review) if the consumer is still eligible. However, if a change is needed to the authorization in September, i.e., the number of hours of care needed changes, the rate change would be made at the same time.

EXAMPLE 2

A consumer applies for child care on September 15th, the new rates which took effect on September 1st would be used for this authorization.

The WCAP automatically retrieves the correct rates based on the eligibility begin date on the income screen. The AW may need to manually change the rates if a consumer applies prior to a rate change, but does not start using care until after the rate change.

EXAMPLE 3

A rate change is effective January 1st. Jack applies for WCCC on December 12th and is approved on the 20th. His provider does not start care until January 15th. The new rates would be used as care does not actually begin until after the rate change.













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PDF Documents

What are PDF files? ~ Where can I get the PDF viewer?

How do I configure my web browser to read PDF files?

What are the advantages of PDF files? ~ Additional help with PDF files

What are PDF files?

PDF stands for "Portable Document Format." It is a file type that was created to allow formatted documents to be widely distributed regardless of whether specific fonts or postscript files are available to the viewer's system. PDF files have the ability to embed specialized fonts and images within the document as they are distributed. This ensures that as long as you have the ability to read PDF files on your system, you will see the document exactly as formatted by its authors.

How can I make sure my system can read PDF files?

The PDF format was originally created by Adobe Systems. This company freely distributes its Adobe Acrobat Reader software to anyone who wishes to view PDF files. The software is available at the. Adobe web site.

Some web browser software (such as Netscape Communicator or Navigator) requires installation of an add-on program called a plug-in. Most web browsers currently support plug-ins for PDF files. Information on acquiring the PDF plug-in file can be found at the Netscape web site.

How do I install the PDF viewer?

The Adobe Acrobat Reader can be installed as a helper application in most browsers. To do this, follow these steps:

- 1. Start the browser.
- 2. Open the **Options** menu.
- 3. Open the **General Preferences** submenu.
- 4. Choose the **Helpers** tab in the Preferences window.
- 5. Your window should look similar to this: [insert screen shot #1 here]
- 6. Look for a file called "application/pdf." If this file exists, continue to step No. 7. If it does not exist, create a new file by clicking on the **Create New Type** button. In the **Mime Type** text box type "application." In the **Mime SubType** text box type "pdf." The requester box should look similar to the following: [insert screen shot #2 here]
 - Click on the **OK** button. Once the new Mime type has been defined, highlight the entry in the **File**

Type window.

- 7. Now, change the **File Extensions** text box to read "pdf," and the **Action** radio button to "Launch the Application." Next, click on the **Browse** button and select the application "ACROREAD.EXE" from the "Acroread" directory. See the first screen shot above for an example of what your entries should look like.
- 8. Once completed, click on the OK button and select **Options** | **Save Options**. You're done.

What are the advantages of PDF files?

PDF files look exactly like the original document.

Controlling the appearance of documents on the web is a challenge. With PDF, however, you can achieve the highest quality and maintain the greatest control, preserving the integrity of the design — including scalable typefaces and graphics. Although they contain the complete formatting of the original document, PDF files are compact, allowing even the most complex information to be transmitted. And PDF files maintain their formatting even when printed, no matter what printer you use. Only by publishing in PDF can you control what you (or your audience) see.

Additional Help with PDF files

Additional information about creating, reading and distributing PDF files can be found at the Adobe Acrobat web site.







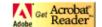
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More Browser Information:

Microsoft Internet Explorer (IE)

The Department of Social and Health Services (DSHS), Economic Services Administration (ESA) has established IE **version 5.0** as the standard for all CSOs. This manual is published for the use of staff in CSOs and HCS offices and is designed to work most effectively in this particular browser. However, there are no significant advanced features used in the construction of the web site which would limit it's functionality on other older browsers. A public visitors to the web site should be able to view all of the content and use all of the features in the web site regardless of the browser on the computer being used by the visitor. If you are having difficulty viewing and using the web site, please contact the department at EAZMail@dshs.wa.gov and we will provide you with the material in alternate format. We do know that Netscape Navigator may display the pages in this web site with a gray background.

If you are using a version of IE below 4.0, we recommend that you upgrade to a free, newer and more functional version.

Netscape Communicator / Navigator version 4.x --- Acceptable alternative for non-ESA staff and the public

Supports some but not all features of HTML version 4.0. Many enhancements require separate installation and configuration of plug-ins that collectively cause the browser to become slower to load and operate.

Netscape Navigator version 3.x --- Less acceptable alternative for non-ESA staff and the public

Supports most features of HTML version 3.2. The pages may take longer to load than in IE.

Netscape Navigator version 2.x and 1.x --- Upgrade recommended

If you are using a version of Netscape below 3.0, we recommend that you upgrade to a free, newer and more functional version.

NSCA Mosaic, Opera, OnLine (AOL) Browser, Other proprietary browsers

While we strive to maintain the lowest level of functionality, (currently HTML 4.0 standards) we cannot guarantee that all browsers will display the pages in the web site in a manner consistent with the design.



Facing the Future



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WAC LIST BY CATEGORY

APPROVABLE CONSUMERS & ACTIVITIES		
WAC 388- 290-0001	What is the purpose of the working connections child care program?	
WAC 388-290- 0005	Who is considered a consumer for the WCCC program?	
WAC 388-290- 0010	What makes me eligible for WCCC benefits?	
WAC 388-290- 0015	How does the WCCC program determine my family size?	
WAC 388-290- 0020	When can I get WCCC benefits?	
WAC 388-290- 0025	What rights do I have when I apply for or receive WCCC benefits?	
WAC 388-290- 0030	What responsibilities do I have when I apply for or receive WCCC benefits?	
WAC 388-290- 0035	What responsibilities does the WCCC program staff have?	
WAC 388-290- 0040	If I receive a temporary assistance for needy families (TANF) grant, when might I be eligible for WCCC benefits?	
WAC 388-290- 0045	If I don't get a temporary assistance for needy families (TANF) grant, when might I be eligible for WCCC benefits?	
WAC 388-290- 0050	Can I get WCCC benefits if I'm self-employed?	
WAC 388-290- 0055	Can the WCCC program authorize benefits if I'm not working or in an approved activity right now?	
COPAYMENTS		
WAC 388- 290-0075	What are the steps the WCCC program takes to figure my family's WCCC eligibility and copayment amount?	
WAC 388-290- 0080	When does the WCCC program determine and review	

	my	v e	lig	<u>ibili</u>	ty and	copa	<u>yments?</u>
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WAC 388-290-0085 When might my WCCC copayment change?

WAC 388-290-0090 When do I pay the minimum copayment?

INCOME	AND	ELI	GIRII	ITY
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WAC 388-290- 0060	What income	is counted	when	determining	WCCC

eligibility and copayments?

WAC 388-290-0065 How does the WCCC program define and use my

income?

WAC 388-290-0070 What income types and deductions are not counted when

figuring my income eligibility and copayment for

WCCC benefits?

OVERPAYMENTS

WAC 388-290-0270 What is a WCCC overpayment and when might I have

one?

PAYMENTS

WAC 388-290-0180 When are the WCCC program subsidy rates in this

chapter effective?

WAC 388-290-**0185** How does the WCCC program set rates when my

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WAC 388-290-0190 What does the WCCC program pay for and when can

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WAC 388-290-**0095** If I receive temporary assistance for needy families

(TANF) and I am determined eligible for WCCC, when

do my benefits begin?

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Working Connections Child Care (WCCC) Manual



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TERMINATING ELIGIBILITY OR BENEFITS

A. TERMINATING ELIGIBILITY OR BENEFITS

WAC 388-290- What circumstances might affect my on-going eligibility for the WCCC

<u>0110</u> benefits and when might I be eligible again?

B. FAIR HEARINGS

WAC 388-290-0260 Do I have the right to ask for a hearing about my WCCC benefits, and

how do I ask for one?

WAC 388-290-0265 When can I get WCCC benefits pending the outcome of a hearing?







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TERMINATING ELIGIBILITY

B. FAIR HEARINGS

Revised: January 2005

Effective May 28, 2004

WAC 388-290-0260 Do I have the right to ask for a hearing about my WCCC benefits and how do I ask for one?

- 1. WCCC consumers have a right to request a hearing under chapter 388-02 WAC on any action affecting WCCC benefits except for mass changes resulting from a change in policy or law.
- 2. Child care providers can request hearings under chapter 388-02 WAC and RCW 43,20B.675 only for WCCC overpayments.
- 3. To request a hearing the consumer or provider:
 - a. Contacts the office which sent them the notice; or
 - b. Writes to the Office of Administrative Hearings, PO Box 42489, Olympia WA 98504-2488; and
 - c. Makes the request for a hearing within:
 - Ninety days of the date a decision is received for consumers; or
 - Twenty-eight days of the date a decision is received for providers (per RCW 43.20B.675).

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

In a child care hearing, supporting documents may be crucial to the department's case. You may need to include canceled warrants, signed invoices, service authorization screen printouts and/or the service invoice screen printouts. Further details on how to obtain this information is in the SSPS Manual.

Effective May 28, 2004

WAC 388-290-0265 When can I get WCCC benefits pending the outcome of a hearing?

1. If you are a WCCC consumer, you can receive WCCC pending the outcome of a hearing if you request the hearing:

- a. On or before the effective date of an action; or
- b. No more than ten days after we send you a notice of adverse action. "Adverse action" means an action to reduce or terminate your WCCC, or to set up a protective payee to receive your WCCC warrant for you.
- 2. If you lose a hearing, any WCCC you use between the date of the adverse action and the date of the hearing or hearing decision is an overpayment to you, the consumer.
- 3. If you are a WCCC consumer, you may not receive WCCC benefits pending the outcome of a hearing if you request payment to a provider who is not eligible under WAC 388-290-0125.
- 4. If you are eligible for WCCC, you may receive child care benefits for another eligible provider, pending the outcome of the hearing.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

CLARIFICATION

WAC <u>388-290-0265</u> does not require DSHS to continue benefits beyond the current authorization period if the client is:

- No longer eligible, and
- Has filed for a hearing.

EXAMPLE 1

Carrie became ineligible for care on 5/15. Care was terminated correctly before the original eligibility end date, which was 6/30. Carrie requested a hearing timely. Care can be extended to the original eligibility end date but not beyond.

EXAMPLE 2

Shawn submitted a reapplication for services beginning 7/1. The reapplication was processed and we determined the client would no longer be eligible as of the original eligibility end date, 6/30. Shawn filed for a hearing timely. Eligibility is not extended past the original end date.







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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

B. WHAT MAKES UP A FAMILY?

Revised: April 10, 2006

Effective May 28, 2004

WAC 388-290-0015 How does the WCCC program determine my family size for eligibility?

We determine your family size by reviewing those individuals who live together in the same household as follows:

1. If you are:	We count the following individuals as part of the family for WCCC eligibility:
 a. A single parent, including a minor parent living independently; 	You and your children.
b. Unmarried parents who have at least one mutual child;	Both parents and all their children living in the household.
c. Unmarried parents with no mutual children;	Unmarried parents and their respective children living in the household as separate WCCC families.
d. Married parents;	Both parents and all their children living in the household.
e. Undocumented parents;	Parents and children, documented and undocumented, as long as the child needing care is a U.S. citizen or legally residing in the United States. All other family rules in this section apply.

f. A consumer as defined in WAC 388-290-0005 (1)(c) through (i);	The children only. (The children and their income are counted.)
g. A minor parent with children and live with a parent/guardian;	Only the minor parent and their children.
h. A family member who is out of the household because of employer requirements, such as the military or training, and is expected to return to the household.	You, the absent individual, and the children. Subsection (1)(b) and (d) of this section apply.
i. A family member who is voluntarily out of the household for reasons other than requirements of the employer, such as unapproved schooling and visiting family members, and is expected to return to the household.	You, the absent individual and the children. Subsection (1)(b) and (d) of this section apply as well as WAC 388-290-0020.
j. An incarcerated family member.	The absent individual is removed from the household. We count all remaining household members. All other family rules in this section apply.
2. If your household includes:	We count the following individuals as part of the family for WCCC eligibility:
a. Eighteen year old siblings of the children who require care and are enrolled in high school or general equivalency diploma (GED) program.	The eighteen year olds (unless they are a parent themselves), until they turn nineteen or complete high school/GED, whichever comes first. All other family rules in this section apply.
b. Siblings of the children requiring care who are up to twenty-one years of age and who are participating in an approved program through the school district's special	The individual participating in an approved program through RCW 28A.155.020 up to twenty-one years of age (unless they are a parent themselves). All other family rules in this section apply.

education department under RCW 28A.155.020.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. Married or unmarried TANF and non-TANF minor parents are considered a separate family when they, with their child, reside with a parent, or guardian.
 - a. The income of the grandparent or guardian is not counted toward household income.
 - b. The ability and availability of the grandparent or guardian to provide care is not considered.

EXAMPLE 1

Jack and Diane are the unmarried parents of Shady Tree. The three of them live with Diane's mother. Diane has 1 sibling still living at home. Jack, Diane, and Shady Tree are considered a separate family from Diane's mother and sibling. Consider only the income of Jack, Diane and Shady Tree for the purposes of eligibility and co-payment. Do not consider Diane's mother for ability or availability to provide care.

EXAMPLE 2

Tony is a single father of a one year old child. He and the child live with his father. Tony, his child and his father are all on a TANF grant together. Tony needs child care to attend his last year of high school.

Count only Tony and his child as part of the WCCC household and their income for eligibility and copayment purposes. Tony's father would not be considered for ability or availability to provide care for his grandchild.

2. WCCC family units are based primarily on how the child is related to the adults, not to other children.

EXAMPLE 1

Lucy and Kevin are unmarried parents. They have 2 mutual children and he has 1 child from a previous relationship. While living together, they are considered a family of 5. Kevin leaves the home with no indication he is returning. All the children remain with Lucy. Lucy is potentially eligible for WCCC for herself and 2 children. To receive WCCC for Kevin's child she would need to apply for and receive TANF as an *in loco parentis*.

EXAMPLE 2

Lucy and Kevin are unmarried parents. They have 2 mutual children and he has 1 child from a previous relationship. They are considered a family of 5. Kevin leaves the home for a non work related reason and expects to return to the household. All the children remain with Lucy. The family is considered a family of 5. All eligibility rules must be met, including WAC 388-290-0020 and WAC

388-290-0045

3. If a parent is out of the household due to an approved activity, their actual schedule does not have to coincide with the remaining parent's schedule. In these cases, allow for WCCC for the remaining parent's schedule if the family is income eligible.

EXAMPLE

Jason and Jennifer are approved for WCCC with children. She is in the military and is sent out on assignment. Jason's work schedule is Monday-Friday 8am-5pm. Jennifer works graveyard. We do not consider her work hours as she is not available for care and she is in an approved activity. Care is authorized using Jason's schedule only.

4. If a parent in a two parent home voluntarily leaves the home but has plans to return, they continue to be counted in the household number and all WCCC rules continue to apply to them.

EXAMPLE 1

Mary and Rick receive WCCC. Rick leaves his job to care for his mother in Alabama. Rick is still considered part of the household but his activity no longer meets WAC <u>388-290-0010(2)</u>. The family is no longer eligible for WCCC as Rick would be considered "available" for care per WAC <u>388-290-0020(1)(c)(ii)</u>.

EXAMPLE 2

Kerry and Steve apply for WCCC on 5/15. Kerry reports she is working but plans to quit work on 6/30 to attend college/training out of state for 60 days. Kerry is still considered part of the household when she leaves but her activity no longer meets WAC <u>388-290-0010(2)</u>. The family is no longer eligible for WCCC as of 6/30 as Kerry would be considered "available" for care per WAC <u>388-290-0020(1)(c)(ii)</u>.

5. If a parent is either removed from the country or is waiting to enter the country, that parent is not considered as part of the household and their income is not counted. If the second parent is sending money back to the WCCC consumer, consider it child support income for the WCCC consumer.

The worker should strongly remind the WCCC consumer they are required to report to WCCC as soon as the second parent enters the household. The consumer's eligibility should be redetermined to ensure the family remains eligible for WCCC.

EXAMPLE

Jerry and Maria are approved for WCCC and have two children. On February 20th, Maria reports Jerry was deported to Mexico and he is waiting to return to the country. Because he is no longer in the country, not by his choice, he is removed from the household and Maria's copayment is adjusted for March. Maria is advised to report when he returns to the country.

6. The employment earnings of a person described in WAC <u>388-290-0015</u> (2) are not counted toward the household's income.

EXAMPLE 1

Mary applies for child care while she is employed. She has two children - an 11-year-old and an 18-year old who are siblings. The 11-year-old requires before and after school care. The 18-year-old is

enrolled in high school and working part-time. Include the 18-year-old as part of the household until she has completed high school or turns 19 whichever comes first. Do not count the 18-year-old's employment earnings toward the household income.

EXAMPLE 2

Jack and Janet apply for care for their 9-year-old. They also have a 19-year-old at home. The 19-year-old is still enrolled in a special education program at the high school. He also works at a sheltered employment site. The 19-year-old is counted as a member of the household but his income is not counted. The family size is four.

7. Legal shared custody, visitation and informal custody arrangements: When a case arises where one or both parents apply for child care and the children either live in both households or visit (such as for spring break, summer, or overnight):

Gather as much information as possible from both parents about their agreed custody arrangement. Based on the information you receive, determine eligibility as you would for any WCCC applicant.

If a parent is paying child support and the child come to visiting them for the summer, allow the deduction for the child support paid and authorize WCCC if the family qualifies.

EXAMPLE 1

Nick and Gwen are divorced and have 3 children. Nick has primary custody and the children visit Gwen one week a month. Both Nick and Gwen work and are financially eligible for WCCC as separate households. Gwen pays child support to Nick.

Both parents can apply and be eligible for WCCC as separate households. The amount of care they are eligible for is based on their individual work schedules.

EXAMPLE 2

Joe and Lilly have mutual children but are not married and do not live together. Joe is eligible for 115 hours of care Monday-Wednesday. Approve WCCC for Joe for 22 units.

Joe reports that the children spend every Thursday and Friday with their mom who works Sunday-Wednesday. Lilly applies for WCCC and wants care for Thursday and Friday when she does not work. Deny Lilly as she does not work on the days she is requesting care.

EXAMPLE 3

Julie and Juan have 2 mutual children. The children live with Juan and receive WCCC. Julie, who lives in another town, will have the children during spring break week.

Julie works Monday through Friday. She applies for WCCC to cover the time she will be working and is determined eligible. Authorize child care for the week the children are with Julie.

See D. - <u>Allowable Activities for WCCC Consumers</u> for information about consumers who are selfemployed and who are not in approved activities.





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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PROVIDERS

B. IN-HOME / RELATIVE PROVIDERS

Revised: May 19, 2006

Effective May 19, 2006

WAC 388-290-0130 What in-home / relative providers can I choose under the WCCC program?

- 1. To be eligible as an in-home / relative provider the person must:
 - a. Be an adult who is a U.S. citizen or legally residing in the United States;
 - b. Meet the requirements in WAC 388-290-0135; and
 - c. Be one of the following adults providing care in the home of either the child or the adult:
 - A sibling living outside the child's home;
 - ii. An extended tribal family member according to chapter 74.15 RCW; or
 - iii. A grandparent, aunt, uncle, or great-grandparent, great-aunt or great-uncle.
- 2. An adult not listed in (1)(c)(i), (ii), or (iii) of this section must:
 - a. Meet the requirements in subsection (1)(a) and (b) of this section; and
 - b. Provide care in the child's own home.
- 3. If you use an in-home/relative provider you can:
 - a. Have no more than two in home/relative providers authorized for payment during your eligibility period at the same time (not including back up providers);
 - b. Have one back up provider (licensed or an in home/relative provider);

NOTE:

Sections of this WAC were moved to other WAC:

- WAC 388-290-0138 now contains information about WCCC paying for up to 6 children.
- WAC 388-290-0140 describes who can be a provider and that background checks are needed before payment can begin.

CLARIFYING INFORMATION

1. For individuals listed in WAC 388-290-0130(1)(c) a "step" relative also qualifies as a relative

provider as long as the relationship is not severed due to divorce.

2. WAC 388-290-0130 (1) and (2) outline the rules of where the in-home / relative provider must provide the care.

These rules, however, are not meant to restrict the provider from providing "activities for the children that are consistent with their developmental stages" (<u>WAC 388-290-0135 (5)(e)(ii)</u>) outside of the home such as:

- Taking the child to museums, the park, bowling, the movies, play groups, etc.
- Taking the child to medical or therapeutic appointments.

EXAMPLE 1

Mark is an unrelated in-home provider for Bill's son, Jordan. Mark takes Jordan to the park each day then afterwards takes Jordan to his house and waits for Bill to pick Jordan up. Mark is eligible for WCCC payment while he provides care in Bill's home and at the park. He becomes ineligible for WCCC payment when he takes Jordan to his home, as it is not the child's home.

FXAMPIF 2

Mary applies to be the in-home/relative provider for her sisters Peggy and Stacy for the same hours. All three sisters live in different homes. Mary wants WCCC payment for both families while she takes Peggy's children to Stacey's house to provide care. As the eligible relative, Mary can provide care in her own home for both families. However, WCCC will not pay for her to take Peggy's children to Stacey's house or vice versa.

3. A consumer can have up to two primary in-home/relative providers at one time with open authorizations during their eligibility period. They can also have one back up provider; either a licensed or an in-home/relative provider. Consumers can change providers during their eligibility period to a new provider who meets the requirements in <u>WAC 388-290-0125</u>.

EXAMPLE

John wants to use three in-home/relative providers for his two children. He requests one provider for both children for 2 hours before school. This provider is only available in the morning. He requests two different providers after school to care for one child each for 2 hours. All three providers meet the requirements in 388-290-0125. John needs to choose two primary providers who will have care opened for 2 hours a day, 5 days a week. The third provider could be authorized as a back up provider for lesser hours when one of the other providers is not available.

WORKER RESPONSIBILITIES

Effective December 1, 2005

WAC 388-290-0135 When I choose an in-home / relative provider, what information must I give to the department?

When you choose in-home/relative child care, you must complete certain forms and give us the following:

- 1. The in-home/relative child care provider's legal name, address and telephone number;
- 2. A copy of the provider's valid Social Security card;
- 3. A copy of the provider's photo identification;

- 4. A completed background check authorization; and
- 5. A form supplied by us, completed and signed by you and the provider in which both of you attest to the following:
 - a. The provider is:
 - i. Of suitable character and competence;
 - ii. Of sufficient physical and mental health to meet the needs of the children in care. If we request it, you must provide written evidence that the in-home child care provider of your choice is of sufficient physical and mental health to be a safe child care provider;
 - iii. Able to work with the children without using corporal punishment or psychological abuse:
 - iv. Able to accept and follow instructions;
 - v. Able to maintain personal cleanliness;
 - vi. Prompt and regular in job attendance
 - vii. Informed about basic health practices, prevention and control of infectious disease, immunizations; and
 - viii. Able to provide constant care, supervision and activities based on the child's developmental needs.
 - b. The children are current on the immunization schedule as described in the National Immunization Guidelines, developed by the American Academy of Pediatrics and the Advisory Committee on Immunization Practices;
 - c. The home where care is provided is safe for the care of the children.

CLARIFYING INFORMATION

- Minor consumers, who are on a TANF grant with his/her relative, can use that adult as his/her in-home/relative provider. The provider must meet requirements outlined in <u>WAC 388-290-0130</u> and <u>WAC 388-290-0135</u>.
- 2. <u>WAC 388-290-0135</u> states photo identification for the provider is required. Photo identification can include items such as a driver's license, Washington State ID, or passport.
- 3. A valid address for the provider is mandatory as important tax documents are sent on a monthly and yearly basis to the provider. Let the provider know this is the reason for the address.
 - The reported address (given on the provider form) is sufficient. However, if there is reason to suspect the current address is not correct, then request verification.

Verification can include items such as:

- Landlord forms or shared living statements (can be used but cannot be required), or
- A dated piece of mail the provider recently received at the reported address.
- 4. WAC <u>388-290-0135(2)</u> states an in-home / relative provider must submit "A ...valid Social Security card...":
 - a. Valid can mean the SSN:
 - i. Really belongs to that person;
 - ii. Card and number are not fake and / or tampered with; and
 - iii. Can be used for employment.

b. If there is verifiable information indicating the card and/or number are not valid, the provider has not met the WAC requirement and cannot be approved as an in-home/relative provider. For example: A provider submits a card that indicates additional verification from the INS (Immigration and Naturalization Service) is needed in order for the provider to use the SSN for employment. The provider must submit this verification from the INS in order for the SSN to be considered valid.

Please Note: If a social security card says "Valid for work only with INS verification" the individual needs to obtain a separate Employment Authorization Document (EAD) in order to engage in employment. However, if the individual has a Green Card, he/she has a right to work without further documentation.

- 5. Written guidance about using in-home/relative care for the consumer is attached to the in-home/relative pending letter.
- 6. Additional printed resources for parents include:
 - DSHS 22-649 Winning Ways to Talk with Young Children
 - DSHS 22-114 A Family's Guide to Early Intervention Services in Washington State
 - DSHS 22-299 Brain Research Findings and Suggested Actions
 - DSHS 22-300 Rethinking the Brain New Insights into Early Development for parents, caregivers and policy makers
 - DSHS 22-302 Babies are Born Learning Make Every Moment Count
 - DSHS 22-486 Include Me: Guide to Inclusive Child Care, Child care for children and youth with special needs.

Effective December 1, 2005

WAC 388-290-0138 What responsibilities does my eligible in home/relative provider have? Your in home/relative provider must:

- 1. Report within ten days changes in their legal name, address or telephone number;
- 2. Report within twenty-four hours pending charges or convictions they have;
- 3. Report within twenty-four hours pending charges or convictions for anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home;
- 4. Bill WCCC only for care he/she provided;
- 5. Not bill WCCC for more than six children at one time for the same hours of care; and
- 6. Keep correct attendance records. Records must:
 - a. Show both days and times the care was provided;
 - b. Be kept for five years; and
 - c. Be given to us, within fourteen consecutive calendar days, if we ask for them.

CLARIFYING INFORMATION

- 1. A provider may want to care for more than 6 children at the same time, however, WCCC will only pay for 6. If one family has more than 6 eligible children, an ETR can be submitted.
- 2. Some providers will not be able to care for all the families due to issues such as schedule conflicts, the location of care, or the number of children they are requesting payment for. The families and the provider will need to be contacted to resolve for whom, when and where the provider does care.

EXAMPLE

Lisa is the relative provider for Becky and Holly. Becky and Holly both have 4 children. Lisa wants to care for all 8 children during the same time of the day. WCCC will pay Lisa for a maximum of 6 children. Lisa and the parents can decide which 6 children she is available to care for by completing Section 2 of Part 2: Provider Information (DSHS 14-417) If Lisa chooses to care for all 8 children, WCCC will still only pay for 6. Payment for the other 2 children is between Lisa and the parents.

3. For who is responsible for an overpayment, refer to the WAC 388-290-0274.

WORKER RESPONSIBILITY

Review each family's case needs carefully when the in-home/relative provider is caring for another family's children. When authorizing correct care to a provider caring for multiple families review, at a minimum, the:

- a. Relationship to the provider;
- b. Location of care;
- c. Schedules; and
- d. Number of children authorized for WCCC payment.

NOTE:

To search for families that a provider is caring for, access the "clients served by a provider" in WCAP under the Reports/Forms menu selection, or from the PV0 screen in SSPS WebConnect.

Character and Suitability of In-home / Relative Providers

Effective December 1, 2005

WAC 388-290-0140 When is my in-home/relative provider not eligible for WCCC payment?

We do not pay for the cost of in-home / relative care if:

- 1. Your provider does not meet the requirements in <u>WAC 388-290-0130</u>, <u>388-290-0135</u> or <u>388-290-0138</u>;
- 2. Your in home/relative provider has been convicted of, or has charges pending for crimes posted on the DSHS secretary's crime and action list for background checks for ESA. You can find the complete list at http://www1.dshs.wa.gov/pdf/esa/dccel/Crime_and_Backg_Chex.pdf;
- 3. We do not have background check results according to WAC 388-290-0143;
- 4. The provider is:

- a. The child's biological, adoptive or step parent;
- b. The child's nonneedy or needy relative or relative's spouse or live in-partner;
- c. The child's legal guardian or the guardian's spouse or live in-partner; or
- d. Another adult acting in loco parentis or that adult's spouse or live in-partner.
- 5. We do not have the results of all applicable criminal background checks under <u>WAC 388-290-0143(1)</u> and <u>388-290-0150</u>. An in home/relative provider is not an eligible provider (per WAC 388-290-0095 and 388-290-0100) prior to receiving these background results. Providers other than in home/relative providers you can use are described in WAC 388-290-0125; or
- 6. We determine your provider is not of suitable character and competence or of sufficient physical or mental health to meet the needs of the child in care, or the household may be at risk of harm by this provider, as indicated by information other than conviction information. We will use criteria, such as the following, when reviewing information about incidents/issues/reports/findings:
 - a. Recency;
 - b. Seriousness;
 - c. Type;
 - d. Frequency; and
 - e. Relationship to the direct care of a child including health, mental health, learning, and safety.

CLARIFYING INFORMATION

- 1. All background check results are needed before any care is authorized. This includes the results of those living with the provider who are age 16 or older.
- 2. The payment begin date is not backdated if the CBI is returned to the consumer to be completed.
- 3. "Partner" refers to someone who is living as a couple with the relative, legal guardian, or in loco parentis consumer and is acting as the other parental role model. Workers are not expected to research in depth the personal relationship of the "partner" to the consumer.

WORKER RESPONSIBILITIES

- 1. In order to assist in the background check process:
 - a. Explain to the consumer the process and time involved in doing a background check. Remind the consumer they can use a licensed provider while waiting for the inhome/relative provider to be approved;
 - b. Ask the consumer if there is anyone age 16 or older living with the relative provider when care is done in the relative's home. This will allow the worker to send the correct number of

- Background Authorization forms;
- c. Remember if the applicant on the Background Authorization is 16 or 17 years old, the form must be signed by the minor's parent/guardian.
- d. Screen the Background Authorization form for completeness and legibility before processing it. The Background Authorization form is a legal document, signed under penalty of perjury; **no one** except the person whose signature is on the bottom of the form may add or delete information.
- e. Do not deny the case if the background check process takes more than 30 days.
- 2. When payment is open to a provider and there is no current background results (current meaning within the last 2 years) for either the provider or people over the age of 16 who live with the provider and care is done in the provider's home:
 - a. Give the consumer ten days notice of payment termination;
 - b. Send them a new background authorization form (and Part II if needed); and
 - c. Document the action taken in the consumer's case notes.

Effective May 28, 2004

WAC 388-290-0143 Who must have a background check for the WCCC program and how often is the check done?

- 1. A background check must be completed for:
 - a. All in-home/relative providers who apply to care for a WCCC consumer's child; and
 - b. Any individual sixteen years of age or older who is residing with a provider when care occurs outside of the child's home.
- 2. A background check must be completed for individuals listed in subsection (1)(a) and (b) of this section at least every two years;
- 3. Additional background checks must be completed for individuals listed in subsection (1)(a) and (b) of this section when:
 - a. Any individual sixteen years of age or older is newly residing with a provider when care occurs outside of the child's home;
 - b. We have a valid reason to do a check more frequently;
 - c. An in-home/relative provider applies to provide care for a family such as when:
 - i. A break in service occurs to the current consumer;
 - ii. There is a break in consumer eligibility; or
 - iii. A provider is currently providing care and there are no prior background results for this provider.
- 4. We do not need to request a new background check for an individual in subsection (1)(a) or (b) if:
 - a. We have results that were received no more than ninety days prior to the current

requested start date of care; and

b. The results indicate that there is no record.

CLARIFYING INFORMATION

If a provider is doing care for the same family or a new family, do not process a new background authorization if the background result meets requirements in WAC <u>388-290-0143 (4)</u>.

EXAMPLE

Chris is using Polly as his in-home/relative provider. On May 15th, the background check results indicate "No Record". A new consumer, Becky, wants to use Polly as her in-home/relative provider in the evenings. Polly applies to be a provider for Becky's children on July 1st and tells you she is also a provider for Chris and just completed a background authorization. You check the Background Inquiry database or Chris' electronic case record for the background results and confirm the check is less than 90 days old, and is a "No Record". Polly can be approved as a provider for Becky's case without completing a new background check.

Effective May 28, 2004

WAC 388-290-0145 Why is a background check required and will I be notified of the results?

- 1. We require the background check to:
 - a. Help safeguard the health, safety, and well-being of children;
 - b. Reduce the possible risk of harm from persons who have been convicted or have charges pending of certain crimes having access to WCCC children; and
 - c. Help you make informed decisions about individuals who have access to your children.
- 2. We notify you, the WCCC consumer:
 - a. Whether we can approve the provider for the WCCC program; and
 - b. Of the following results from the background check:
 - i. No background information is found given current sources of information;
 - ii. Background information is found, but the information will not disqualify the individual being checked; or
 - iii. Background information is found that disqualifies the individual being checked.

Effective May 28, 2004

WAC 388-290-0150 What information does the background check contain and where does it

come from?

- 1. The background information includes, at a minimum, criminal convictions and pending charges.
- 2. Additional sources may include:
 - a. Child/adult protective service case information; and
 - b. Civil judgments, determinations, or disciplinary board final decisions of abuse or neglect.
- 3. We obtain background information at a minimum, from the Washington state patrol under chapter 10.97 RCW via the background check central unit (BCCU).
- 4. Additional sources of the background information may be obtained from:
 - a. Child/adult protective service case files;
 - Other states and federally recognized Indian tribes;
 - c. The department of corrections and the courts;
 - d. Law enforcement records of convictions and pending charges in other states or locations if:
 - i. The individual being checked has lived in another state; and
 - ii. Reports from credible community sources indicate a need to investigate another state's records
 - e. The individual being checked self-discloses information.

Effective December 1, 2005

WAC 388-290-0155 What happens after the WCCC program receives the background information?

After we receive the background information we:

- Compare the background information with convictions posted on the DSHS secretary's list of disqualifying convictions for economic services administration (ESA). You can find the complete list http://www1.dshs.wa.gov/esa/dccel/policy.shtml;
- 2. Review the background information using the following rules:
 - a. We give the same weight to a pending charge for a crime as a conviction;
 - b. If the conviction has been renamed we give the same weight as the previous named conviction. For example, larceny is now called theft;
 - c. We give convictions whose titles are preceded with the word "attempted" the same weight as those titles without the word "attempted"; and

- d. We do not consider the crime a conviction for the purposes of WCCC when:
 - i. It has been pardoned: or
 - ii. A court of law acts to expunge, dismiss, or vacate the conviction record.
- 3. Notify you whether or not we are able to approve the provider for WCCC.
- 4. Allow you, the consumer, to decide character and suitability of the provider when an individual is not automatically disqualified due to the background information from the record of arrests and prosecutions (RAP) sheet.
- 5. Deny or stop payment when the background information disqualifies the individual being checked.
- 6. Assist you in finding other child care arrangements.

Effective May 28, 2004

WAC 388-290-0160 What convictions would cause the WCCC program to permanently disqualify my in-home/relative provider?

- 1. If your provider or an individual listed in <u>WAC 388-290-0143(1)</u> has a background containing a permanently disqualifying conviction posted on the DSHS secretary's list of disqualifying convictions for ESA, we permanently disqualify the person as an in-home/relative child care provider for WCCC. You can find the complete list at http://www1.dshs.wa.gov/esa/dccel/.
- 2. If the conditions in WAC <u>388-290-0167(1)(a)</u> and (b) are met, the disqualifying background of an individual sixteen years of age or over living with the provider may not permanently disqualify the provider.

Effective July 1, 2002

WAC 388-290-0165 Is there other background information or convictions that will disqualify my in-home/relative provider?

- 1. We can disqualify your in-home/relative provider if the individual being checked has a background containing information other than conviction information that we determine:
 - a. Makes the individual not of suitable character and competence or of sufficient physical or mental health to meet the needs of the child in care: or
 - b. Puts the household at risk for harm.
- 2. If an individual being checked has a background containing a five year disqualifying conviction posted on the DSHS secretary's list of disqualifying convictions for ESA, your provider is disqualified as an in-home/relative child care provider for WCCC for five years after the

conviction date. You can find the complete list at http://www1.dshs.wa.gov/esa/dccel/.

- 3. If an individual being checked has:
 - A conviction listed in subsection (2) of this section, and it has been more than five years;
 - b. Any conviction other than those posted on the DSHS secretary's list of disqualifying convictions for ESA we will allow you to determine the provider's character, suitability, and competence by reviewing important information such as the:
 - i. Amount of time that has passed since the conviction;
 - ii. Seriousness of the crime that led to the conviction;
 - iii. Individual's age at the time of conviction;
 - iv. Individual's behavior since the conviction;
 - v. Number and types of convictions in the individual's background; and
 - vi. Individual's verification, if any, of successful completion of all court-ordered programs and restitution.
- 4. If conditions in <u>WAC 388-290-0167(1)(a)</u> and (b) are met, the disqualifying background of an individual sixteen years of age or over living with the provider may not disqualify the provider.

Effective July 1, 2002

WAC 388-290-0167 What happens if my in-home/relative provider, who provides care in their home, is disqualified based solely on the disqualifying background of an individual living with that provider?

- 1. If we disqualify your provider based solely on the disqualifying background of an individual living with that provider, we require that:
 - a. Child care occurs in the child's home away from the disqualified individual, if you wish to continue using that provider; and
 - b. The parent and provider sign an agreement with us indicating that:
 - i. Care occurs in the child's home; and
 - ii. There is no contact between the child and disqualified individual during child care hours.
- 2. The parent may choose a licensed provider or submit an application for a different inhome/relative provider.
- 3. If we become aware that the parent and provider are not meeting the conditions in subsection

(1)(a) and (b) of this section:

- a. We terminate care without advance and adequate notice;
- b. You need to find a different provider; and
- c. You may be subject to an overpayment under WAC 388-290-0270.

CLARIFYING INFORMATION

- 1. DSHS staff take several steps to assist parents in determining whether an in-home / relative provider is suitable. However the parent / guardian has ultimate responsibility to determine whether the in-home / relative provider is the most appropriate person to care for their child.
- 2. The consumer and provider are not eligible for any child care payments prior to the date all applicable background check results are received by the department. The "received date" is the date DSHS receives the information from the Washington State Patrol. That date is printed on the results letter or listed in the background inquiry data base.
- 3. By signing the DSHS 14-417 WCCC Application, Part 2, Section 4, the consumer attests the inhome / relative provider meets the criteria under <u>WAC 388-290-0135</u> at the time child care is authorized.
- 4. An individual provider on ADATSA (Alcohol and Drug Addiction Treatment and Support Act) at the time of application for WCCC does not meet suitability requirements and will not be approved as an in-home / relative child care provider. Please note you may not give the details to the consumer regarding this denial. The most we can disclose is the provider did not pass the background check. You can offer to discuss it with the provider. WAC 388-290-0135 and WAC 388-290-0140 can be used for denial reasons.
- 5. An individual provider receiving General Assistance (GAU/X) or Supplemental Security Income (SSI) must be evaluated for suitability to provide care before WCCC is authorized. Receipt of SSI/SSA means a disability has been validated by another reliable source and we want to determine whether the provider is likely to be able to fulfill the duties as outlined in Part II of the application. The provider does not need to disclose the disability but it may be important to know if the disability would impair the provider from doing tasks such as the following:
 - · Picking up or holding a child
 - Using a phone to call in an emergency
 - Identifying when a situation would be considered an emergency
 - Driving (if transporting the child--Is there a valid driver's license)
 - Staying awake while the child is in need of supervision
 - Identifying when a situation needs adult supervision
 - Disciplining a child appropriately when needed, etc...

If it is determined that a letter of recommendation is needed, ask for one from someone who knows the provider. Be very specific about what the provider's duties would be while watching the children so the person writing the letter can speak to those duties. Please note you may not give the details to the consumer regarding this denial. The most we can disclose is the provider did not pass the background check. You can offer to discuss it with the provider. WAC 388-290-

<u>0135</u> and <u>WAC 388-290-0140</u> can be used for denial reasons.

6. The DSHS 09-891A, "Important Notice to Parents Using Child Care," prints automatically along with the DSHS 09-653, Background Authorization, from the WCAP. The notice gives the consumer guidance when reading the criminal history record and how the history relates to character and suitability of the provider. You can search for the form here.

WORKER RESPONSIBILITIES

- 1. Ensure that a DSHS 09-653 Background Authorization form is received from individuals required to have a background check under <u>WAC 388-290-0143</u>. Once the provider completes and submits the form to the department, file a copy in the consumer case record (hard file or the electronic case record).
- 2. Do not, at any time, fill in missing information for the applicant if the background authorization form is incomplete or illegible in any way. The form becomes invalid if anyone other than the applicant fills in the applicant's information.

To process a rejection letter for an incomplete or illegible form:

- a. Use the Rejection Letter (DSHS 10-385) in WCAP. Fill in the appropriate check box indicating which item is causing the rejection.
- b. Locally print the form and attach a copy of the Background Authorization Form (DSHS 09-653) submitted by the applicant.
- c. Send both forms to the consumer so the provider can make the corrections.
- d. Process the form once it is complete and correct.
- 3. Do not disclose any non-conviction information about the provider to the consumer unless the provider has signed the DSHS 17-063 or another signed release of information.

Background Inquiry Results

The consumer is meant to be the primary audience for the background inquiry result's content and instructions. Background inquiry results are received via the Background Check Inquiry database now in WCAP. The Background Check Inquiry database will hold all results of the background checks for a provider including a copy of the Record or Arrests and Prosecution (RAP) sheet. As the system is populated with data, staff can use this system to look up dates of prior checks.

Staff enter the provider/applicant data into the Background Check Inquiry database and send it directly to the BCCU (Background Check Central Unit). In most cases, a response will be received within 30 seconds with one of the following messages:

1. "Provider has no record":

When no record is discovered, WCAP will enter the "No Record" result in the consumer's WCAP Notes and it is also automatically logged and saved in the Background Check Inquiry database. The consumer will not receive notification of these results. Proceed with authorizing child care at this time.

2. "This CBI has been sent to BCCU. The tracking number is XXXX. You will receive a tickle when the results are available":

One of the following results will be issued from this search:

a. Record (DSHS 10-384):

This indicates the applicant has a record that may be of concern to the WCCC consumer

when making a hiring decision, however, the applicant is not disqualified. The "Record" result may include information from the Washington State Patrol (WSP), Department of Corrections (DOC), out-of-state information, or other sources, including the applicant's self-disclosure.

The result of this search is logged and saved in the Background Check Inquiry database. A result letter is automatically imaged into the electronic case record and sent via centralized mail to the consumer*. If the result does not come back within 30 seconds, a tickle will be generated when the results are available. The result letter will be imaged and sent even if the tickle is not worked.

When there is only a record result, assume the consumer wants to use the provider and process the case for payment. The consumer does not need to give the department a verbal or written statement about wanting to use the provider.

b. Disqualification (DSHS 10-386):

This indicates disqualifying information is found and the provider is not eligible for payment. The "Disqualification" result may include information from the WSP, DOC, out-of-state information, or other sources, including the applicant's self-disclosure.

The result of this search is automatically logged and saved in the Background Check Inquiry database. A result letter and termination letter are automatically imaged to the electronic case record and sent via centralized mail to the consumer*. If the result does not come back within 30 seconds, a tickle will be generated when the results are available. The result letter will be imaged and sent even if the tickle is not worked.

The consumer is still eligible for care but must choose a different provider. Give the consumer time to choose a new provider. Provide the consumer with the contact information for the Child Care Resource and Referral Agency at 1-800-446-1114. Submit a new Background Authorization form for a new in-home/relative provider or process payment for a licensed/certified provider, per the consumer's request.

c. Thumbprint needed (DSHS 10-383):

This indicates the system cannot perform a search on the applicant and return results without a thumbprint.

When the "Thumbprint needed" result is returned, print both the Thumbprint Request Letter and the WSP thumbprint form from the WCAP. Send both of these letters to the consumer. The consumer must have the applicant complete the forms according to the directions and submit them to the WSP.

WSP will process the forms and return the results to the BCCU. The BCCU will then send the results via the Background Check Inquiry database and a tickle will be generated when the results are received. Process the results according to 2 a or b of this section. The final result letter will be sent even if the tickle is not worked.

*Please note: These items must be sent from the local office when the consumer is coded with needing items in languages other than English or Spanish.

When a Person living with the provider is disqualified

- 1. When a provider is disqualified due to the disqualifying background of an individual living with the provider, the provider is disqualified from providing care where the other disqualified individual lives. If a parent wants to use the disqualified provider, DSHS requires the parent and provider sign an agreement (<u>DSHS Form 7-080</u>) with DSHS indicating:
 - a. Care will occur in the child's home; and

- b. There will be no contact between the child and disqualified individual during child care hours.
- 2. A signed copy of the parent / provider agreement (DSHS Form 7-080) must be on file. Do not authorize care prior to receiving the completed agreement.
- 3. If the parent is unwilling or unable to meet either of the two conditions in 1. above, they may choose a licensed provider or submit an application for a different in-home / relative provider.
- 4. If DSHS becomes aware the parent and provider are not meeting conditions in 1. above, terminate care without advance and adequate notice. The parent must find a different eligible provider to continue to receive WCCC. The parent could also be subject to an overpayment.
- 5. If an individual living with the provider is disqualified, a consumer **cannot** file for hearing. However, a consumer **can** file for hearing if their provider is disqualified based on their personal background.





You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
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Economic Services Administration

Working Connections Child Care (WCCC) Manual



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TERMINATING ELIGIBILITY

A. TERMINATING ELIGIBILITY OR BENEFITS

Revised: October 2002

Effective January 19, 2002

WAC 388-290-0110 What circumstances might affect my on-going eligibility for the WCCC benefits and when might I be eligible again?

- 1. Your eligibility for WCCC stops when you:
 - a. Do not pay copayment fees assessed by the department and mutually acceptable copayment arrangements are not made with your child care provider;
 - b. Do not complete the requested review information before the deadline noted in WAC 388-290-0105 (2) (a); or
 - c. Do not meet other WCCC eligibility requirements.
- 2. You might be eligible for WCCC again when you meet all WCCC eligibility requirements, and:
 - a. Back copayment fees are paid; or
 - b. Mutually acceptable payment arrangements are made with your child care provider(s).

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-01-135, effective 1/19/02.

WORKER RESPONSIBILITIES

- 1. Terminate WCCC benefits when
 - a. The circumstances in WAC 388-290-0110 apply, or
 - b. The consumer:
 - i. Moves to another state, or;
 - ii. Requests termination.
- 2. When terminating WCCC:

- a. Notify the consumer at least ten days in advance of termination per <u>WAC 388-290-0120</u>, using the DSHS Form 15-247(X) WCCC Denial/ Termination Notice. Cite the appropriate WAC references for the termination. See Payments <u>M. Payment Terminations</u>, <u>Reductions and Increases</u>.
- b. Extend child care benefits beyond the eligibility period to cover advance and adequate notice requirements, if necessary. Payment made for child care used during a period of ineligibility is considered an overpayment to the consumer. See Overpayments.
- c. Inform the consumer about other child care subsidy programs.
- d. Give the provider advance notice whenever possible. Although it is not required to give the licensed / certified provider advance notice of services ending, it is a courtesy to do so and fosters good working relationships with them.
- e. Close / terminate the SSPS authorization.
- f. Complete the case notes in WCAP.







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PAYMENTS

H. NON-STANDARD HOUR BONUS (NSB)

WAC 388-290-0210 When can the WCCC program authorize the nonstandard hour child care bonus?

Repealed March 1, 2003







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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

C. RIGHTS AND RESPONSIBILITIES - CONSUMERS AND DSHS

Revised: December 1, 2005

Consumer Rights
Consumer Responsibilities
DSHS responsibilities

Also see Terminating Eligibility - B. - Fair Hearings

Effective May 28, 2004

WAC 388-290-0025 What rights do I have when I apply for or receive WCCC benefits?

When you apply for or receive WCCC benefits you have the right to:

- 1. Be treated politely and fairly without regard to race, color, creed, religion, sex, presence of any sensory, mental or physical disability, sexual orientation, political affiliation, national origin, religion, age, gender, disability, or birthplace;
- 2. Have WCCC eligibility determined within thirty days from your application date per WAC <u>388-290-0100(2)</u>;
- 3. Be informed, in writing, of your legal rights and responsibilities related to WCCC benefits;
- 4. Only have your information shared with other agencies when required by federal or state regulations;
- 5. Get a written notice at least ten days before we make changes to lower or stop benefits except as stated in WAC <u>388-290-0120</u>;
- 6. Ask for a fair hearing if you do not agree with us about a decision per WAC 388-290-0260.
- 7. Ask a supervisor or administrator to review a decision or action affecting your benefits without affecting the right to a fair hearing;
- 8. Have interpreter or translator service within a reasonable amount of time and at no cost to you;
- 9. Choose your provider as long as the provider meets the requirements in WAC <u>388-290-0125</u>; and
- 10. Ask the fraud early detection (FRED) investigator from the division of fraud investigations (DFI) to come back at another time. You do not have to let an investigator into your home. You may ask the investigator to come back at another time. This request will not affect your eligibility for benefits. If you refuse to cooperate (provide the information requested) with the investigator, it could affect your benefits.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington

State Code Reviser's web site.

Current Version: WSR 04-08-134, effective 5/28/04

CLARIFYING INFORMATION

If a consumer does not cooperate with DFI, decide if you have enough information to determine eligibility or continue current eligibility. If not, you can request further information from the consumer by sending a pending letter (on an unapproved case) or a request for information letter (on an approved case). Follow denial, termination, or approval procedures accordingly.

Effective December 1, 2005

WAC 388-290-0030 What must I do when I apply for or receive WCCC benefits?

When you apply for or receive WCCC benefits you must:

- 1. Give us correct and current information so we can determine your eligibility and authorize child care payments correctly;
- 2. Choose a provider who meets requirements of WAC 388-290-0125;
- 3. Pay, or make a plan to have someone pay, your WCCC copayment directly to your child care provider;
- 4. Leave your children with your provider while you are in WCCC approved activities. If you are not in an approved activity and you want to use the provider, you must make a plan to pay the provider yourself if the provider wants payment.
- 5. If you use an in home/relative provider, make sure care is being provided in the right home per WAC 388-290-0130.
- 6. Cooperate (provide the information requested) with the quality assurance review process to remain eligible for WCCC. You become ineligible for WCCC benefits upon a determination of noncooperation by quality assurance and remain ineligible until you meet quality assurance requirements or thirty days from the determination of noncooperation.
- 7. Cooperate with the fraud early detection (FRED) investigator. If you refuse to cooperate (provide the information requested) with the investigator, it could affect your benefits.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04

2. Consumers must cooperate with quality assurance. Consumers are ineligible for WCCC until they cooperate or up to a maximum of 30 days. If the consumer reapplies, they may still be in non-cooperation with quality assurance and be eligible for WCCC. You must decide if the information requested by quality assurance is needed to determine new eligibility. Is so, you must request the information needed. If it is not received deny the case following denial procedures. If you do receive the information, inform quality assurance. Special note: A consumer can become ineligible for WCCC another 30 days if another issue arises with quality assurance and they again do not cooperate.

Effective May 28th, 2004

WAC 388-290-0031 What changes do I need to report when I apply for or receive WCCC?

- 1. Notify WCCC staff, within five days, of any change in providers;
- 2. Notify your provider within ten days when we change your child care authorization;
- 3. Provide notice to WCCC staff within ten days of any change in:
 - a. The number of child care hours you need (more or less hours);
 - Your household income, including any TANF grant or child support increases or decreases;
 - c. Your household size such as any family member moving in or out of your home;
 - d. Employment, school or approved TANF activity (starting, stopping or changing);
 - e. The address and telephone number of your in-home/relative provider;
 - f. Your home address and telephone number; and
 - g. Your legal obligation to pay child support.
- 4. Report to your child care authorizing worker, within twenty-four hours, any pending charges or conviction information you learn about your in-home/relative provider.
- 5. Report to the child care authorizing worker, within twenty-four hours, any pending charges or conviction information you learn about anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-021</u>, effective 5/28/04

Effective December 1, 2005

WAC 388-290-0032 What are the consequences if I do not report changes within the specified time frames?

If you fail to report any changes as required in WAC <u>388-290-0031</u> within the stated time frames, we may establish an overpayment per <u>WAC 388-290-0271</u> or you might have to pay more than your normal share of child care costs, such as:

- Paying a higher copayment;
- 2. Paying for extra hours of care when your activity requires more than ten hours a day of care;
- 3. Receiving an overpayment for the number of days your child was absent including the absences the licensed/certified or DSHS seasonal contracted day care provider is allowed to bill (see publication <u>Child Care Subsidies</u>, <u>A Booklet for Licensed and Certified Child Care Providers</u>, <u>DSHS 22-877</u>). An overpayment for absent days can occur when care is used when you are not eligible for WCCC and can be up to five days a month;

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-021</u>, effective 5/28/04

CLARIFYING INFORMATION:

1. If consumers do not report information as stated, they may not be eligible for reimbursements and could receive overpayments.

EXAMPLE:

Daisy is approved for WCCC February 1 through July 31 with a \$200.00 copayment. Her income is

reduced beginning in March but she does not report the change until May 15th. Daisy did not report the change timely per WAC <u>388-290-0031(3)(b)</u>. You review the income and child care need. If her copayment is decreased, the change effective date is June 1. She is not reimbursed the copayment difference for May because she did not report timely.

 Paying a higher copayment refers to a consumer not being reimbursed if they do not report income decreases timely. A copayment for a consumer is not increased during their eligibility period except for as noted in WAC <u>388-290-0085</u>. See COPAYMENT section for more information.

WORKER RESPONSIBILITIES:

- When a source other than the consumer reports information, such as the provider or a neighbor, you must still confirm the report with the consumer. You can call the consumer or send a <u>Request for Information letter (DSHS 07-076)</u>. The consumer is still responsible to report changes within the stated timelines.
- If the provider calls to report they are no longer providing care you can terminate payment per the provider's request. This does not terminate the consumer's eligibility. When this occurs, contact the consumer by calling or sending a DSHS 14-417 Part 2 form and possibly a <u>Background Authorization form (DSHS 09-653)</u>.
- 3. If you find out information from another government source, you do not have to verify the information with the consumer.

EXAMPLE:

A consumer is eligible for WCCC January 1 through June 30. While reviewing the consumer's reapplication you find in SEMS their child support payments stopped in March. The consumer did not report this information, but the **state was aware of the change**. You can re-determine the consumer's copayment for April-June based on this decreased income.

Effective December 1, 2005

WAC 388-290-0035 What responsibilities does the WCCC program staff have?

The WCCC program staff are responsible to:

- 1. Determine your eligibility within thirty days from the date you applied (application date as described in WAC <u>388-290-0100(2)</u>).
- 2. Allow you to choose your provider as long as they meet the requirements in WAC <u>388-290-0125</u>;
- 3. Review your chosen in home/relative provider's background information.
- 4. Authorize payments only to child care providers who allow you to see your children whenever they are in care;
- 5. Only authorize payment when no adult in your WCCC family is "able or available" to care for your children (under WAC <u>388-290-0020</u>).
- 6. Inform you of:
 - a. Your rights and responsibilities under the WCCC program at the time of application and reapplication;
 - b. The types of child care providers we can pay;

- c. The community resources that can help you select child care when needed; and
- d. Any change in your copayment during the authorization period except under WAC <u>388-290-0120(5)</u>.
- 7. Respond to you within ten days if you report a change of circumstance that affects your:
 - a. WCCC eligibility;
 - b. Copayment; or
 - c. Providers.
- 8. Provide prompt child care payments to your child care provider.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04

Previous Version: Previous Version: WSR 02-12-069, effective 7/1/02

WORKER RESPONSIBILITIES:

Staff must determine eligibility within 30 days of the date of application. Take the following steps if a client has failed to provide the necessary information to determine eligibility:

- 1. Send a pending letter describing exactly what items are needed. Allow for at least 12 days for a client to return the information or contact the office (12 days allows for extra days needed due to letters being mailed from Olympia by the central mail process).
- 2. Send a denial notice if the consumer does not supply the information needed.
- 3. Repend the application if the consumer requests additional time per WAC 388-458-0020.





You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

C. RIGHTS AND RESPONSIBILITIES - CONSUMERS AND DSHS

Revised: December 1, 2005

Consumer Rights
Consumer Responsibilities
DSHS responsibilities

Also see Terminating Eligibility - B. - Fair Hearings

Effective May 28, 2004

WAC 388-290-0025 What rights do I have when I apply for or receive WCCC benefits?

When you apply for or receive WCCC benefits you have the right to:

- 1. Be treated politely and fairly without regard to race, color, creed, religion, sex, presence of any sensory, mental or physical disability, sexual orientation, political affiliation, national origin, religion, age, gender, disability, or birthplace;
- 2. Have WCCC eligibility determined within thirty days from your application date per WAC <u>388-290-0100(2)</u>;
- 3. Be informed, in writing, of your legal rights and responsibilities related to WCCC benefits;
- 4. Only have your information shared with other agencies when required by federal or state regulations;
- 5. Get a written notice at least ten days before we make changes to lower or stop benefits except as stated in WAC <u>388-290-0120</u>;
- 6. Ask for a fair hearing if you do not agree with us about a decision per WAC 388-290-0260.
- 7. Ask a supervisor or administrator to review a decision or action affecting your benefits without affecting the right to a fair hearing;
- 8. Have interpreter or translator service within a reasonable amount of time and at no cost to you;
- 9. Choose your provider as long as the provider meets the requirements in WAC <u>388-290-0125</u>; and
- 10. Ask the fraud early detection (FRED) investigator from the division of fraud investigations (DFI) to come back at another time. You do not have to let an investigator into your home. You may ask the investigator to come back at another time. This request will not affect your eligibility for benefits. If you refuse to cooperate (provide the information requested) with the investigator, it could affect your benefits.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington

State Code Reviser's web site.

Current Version: WSR 04-08-134, effective 5/28/04

CLARIFYING INFORMATION

If a consumer does not cooperate with DFI, decide if you have enough information to determine eligibility or continue current eligibility. If not, you can request further information from the consumer by sending a pending letter (on an unapproved case) or a request for information letter (on an approved case). Follow denial, termination, or approval procedures accordingly.

Effective December 1, 2005

WAC 388-290-0030 What must I do when I apply for or receive WCCC benefits?

When you apply for or receive WCCC benefits you must:

- 1. Give us correct and current information so we can determine your eligibility and authorize child care payments correctly;
- 2. Choose a provider who meets requirements of WAC 388-290-0125;
- 3. Pay, or make a plan to have someone pay, your WCCC copayment directly to your child care provider;
- 4. Leave your children with your provider while you are in WCCC approved activities. If you are not in an approved activity and you want to use the provider, you must make a plan to pay the provider yourself if the provider wants payment.
- 5. If you use an in home/relative provider, make sure care is being provided in the right home per WAC 388-290-0130.
- 6. Cooperate (provide the information requested) with the quality assurance review process to remain eligible for WCCC. You become ineligible for WCCC benefits upon a determination of noncooperation by quality assurance and remain ineligible until you meet quality assurance requirements or thirty days from the determination of noncooperation.
- 7. Cooperate with the fraud early detection (FRED) investigator. If you refuse to cooperate (provide the information requested) with the investigator, it could affect your benefits.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04

2. Consumers must cooperate with quality assurance. Consumers are ineligible for WCCC until they cooperate or up to a maximum of 30 days. If the consumer reapplies, they may still be in non-cooperation with quality assurance and be eligible for WCCC. You must decide if the information requested by quality assurance is needed to determine new eligibility. Is so, you must request the information needed. If it is not received deny the case following denial procedures. If you do receive the information, inform quality assurance. Special note: A consumer can become ineligible for WCCC another 30 days if another issue arises with quality assurance and they again do not cooperate.

Effective May 28th, 2004

WAC 388-290-0031 What changes do I need to report when I apply for or receive WCCC?

- 1. Notify WCCC staff, within five days, of any change in providers;
- 2. Notify your provider within ten days when we change your child care authorization;
- 3. Provide notice to WCCC staff within ten days of any change in:
 - a. The number of child care hours you need (more or less hours);
 - Your household income, including any TANF grant or child support increases or decreases;
 - c. Your household size such as any family member moving in or out of your home;
 - d. Employment, school or approved TANF activity (starting, stopping or changing);
 - e. The address and telephone number of your in-home/relative provider;
 - f. Your home address and telephone number; and
 - g. Your legal obligation to pay child support.
- 4. Report to your child care authorizing worker, within twenty-four hours, any pending charges or conviction information you learn about your in-home/relative provider.
- 5. Report to the child care authorizing worker, within twenty-four hours, any pending charges or conviction information you learn about anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-021</u>, effective 5/28/04

Effective December 1, 2005

WAC 388-290-0032 What are the consequences if I do not report changes within the specified time frames?

If you fail to report any changes as required in WAC <u>388-290-0031</u> within the stated time frames, we may establish an overpayment per <u>WAC 388-290-0271</u> or you might have to pay more than your normal share of child care costs, such as:

- Paying a higher copayment;
- 2. Paying for extra hours of care when your activity requires more than ten hours a day of care;
- 3. Receiving an overpayment for the number of days your child was absent including the absences the licensed/certified or DSHS seasonal contracted day care provider is allowed to bill (see publication <u>Child Care Subsidies</u>, <u>A Booklet for Licensed and Certified Child Care Providers</u>, <u>DSHS 22-877</u>). An overpayment for absent days can occur when care is used when you are not eligible for WCCC and can be up to five days a month;

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-021</u>, effective 5/28/04

CLARIFYING INFORMATION:

1. If consumers do not report information as stated, they may not be eligible for reimbursements and could receive overpayments.

EXAMPLE:

Daisy is approved for WCCC February 1 through July 31 with a \$200.00 copayment. Her income is

reduced beginning in March but she does not report the change until May 15th. Daisy did not report the change timely per WAC <u>388-290-0031(3)(b)</u>. You review the income and child care need. If her copayment is decreased, the change effective date is June 1. She is not reimbursed the copayment difference for May because she did not report timely.

 Paying a higher copayment refers to a consumer not being reimbursed if they do not report income decreases timely. A copayment for a consumer is not increased during their eligibility period except for as noted in WAC <u>388-290-0085</u>. See COPAYMENT section for more information.

WORKER RESPONSIBILITIES:

- When a source other than the consumer reports information, such as the provider or a neighbor, you must still confirm the report with the consumer. You can call the consumer or send a <u>Request for Information letter (DSHS 07-076)</u>. The consumer is still responsible to report changes within the stated timelines.
- If the provider calls to report they are no longer providing care you can terminate payment per the provider's request. This does not terminate the consumer's eligibility. When this occurs, contact the consumer by calling or sending a DSHS 14-417 Part 2 form and possibly a <u>Background Authorization form (DSHS 09-653)</u>.
- 3. If you find out information from another government source, you do not have to verify the information with the consumer.

EXAMPLE:

A consumer is eligible for WCCC January 1 through June 30. While reviewing the consumer's reapplication you find in SEMS their child support payments stopped in March. The consumer did not report this information, but the **state was aware of the change**. You can re-determine the consumer's copayment for April-June based on this decreased income.

Effective December 1, 2005

WAC 388-290-0035 What responsibilities does the WCCC program staff have?

The WCCC program staff are responsible to:

- 1. Determine your eligibility within thirty days from the date you applied (application date as described in WAC 388-290-0100(2)).
- 2. Allow you to choose your provider as long as they meet the requirements in WAC <u>388-290-0125</u>;
- 3. Review your chosen in home/relative provider's background information.
- 4. Authorize payments only to child care providers who allow you to see your children whenever they are in care;
- 5. Only authorize payment when no adult in your WCCC family is "able or available" to care for your children (under WAC <u>388-290-0020</u>).
- 6. Inform you of:
 - a. Your rights and responsibilities under the WCCC program at the time of application and reapplication;
 - b. The types of child care providers we can pay;

- c. The community resources that can help you select child care when needed; and
- d. Any change in your copayment during the authorization period except under WAC <u>388-290-0120(5)</u>.
- 7. Respond to you within ten days if you report a change of circumstance that affects your:
 - a. WCCC eligibility;
 - b. Copayment; or
 - c. Providers.
- 8. Provide prompt child care payments to your child care provider.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04

Previous Version: Previous Version: WSR 02-12-069, effective 7/1/02

WORKER RESPONSIBILITIES:

Staff must determine eligibility within 30 days of the date of application. Take the following steps if a client has failed to provide the necessary information to determine eligibility:

- 1. Send a pending letter describing exactly what items are needed. Allow for at least 12 days for a client to return the information or contact the office (12 days allows for extra days needed due to letters being mailed from Olympia by the central mail process).
- 2. Send a denial notice if the consumer does not supply the information needed.
- 3. Repend the application if the consumer requests additional time per WAC 388-458-0020.





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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

D. ALLOWABLE ACTIVITIES FOR WCCC CONSUMERS

Revised: April 10, 2006

Consumers who are TANF recipients
Consumers who are not TANF recipients
Self-Employed Consumers
Consumers who are not in approved activities

Effective May 28, 2004

WAC 388-290-0040 If I receive a temporary assistance for needy families (TANF) grant, what activities must I be involved in to be eligible for WCCC benefits?

If you receive a temporary assistance for needy families (TANF) grant, you may be eligible for WCCC benefits, for activities in your individual responsibility plan (IRP), for up to sixteen hours maximum per day for your hours of participation in the following:

- 1. An approved WorkFirst activity under WAC <u>388-310-0200</u>;
- 2. Employment or self employment. We consider "employment" or "work" to mean:
 - Engaging in any legal, income generating activity that is taxable under the United States
 Tax Code or that would be taxable with or without a treaty between an Indian Nation and
 the United States; or
 - b. Working in a federal or state paid work study program. You may receive WCCC for paid work study and transportation hours (not for the time you are in an unapproved activity).
- 3. Transportation time between the location of child care and your place of employment or approved activity;
- 4. Up to ten hours per week of study time before or after regularly scheduled classes or up to three hours of study time per day when needed to cover time between approved classes; and
- 5. Up to eight hours per day of sleep time when it is needed, such as if you work nights and sleep days.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR 02-12-069, effective 7/1/02

Effective May 28, 2004

WAC 388-290-0045 If I don't get a temporary assistance for needy families (TANF) grant, what activities must I be involved in to be eligible for WCCC benefits?

If you do not receive TANF, you may be eligible for WCCC benefits for up to sixteen hours maximum per day for the hours of your participation or enrollment in the following:

- 1. Employment or self employment under WAC <u>388-290-0050</u>. We consider "employment" or "work" to mean:
 - Engaging in any legal, income generating activity that is taxable under the United States
 Tax Code or that would be taxable with or without a treaty between an Indian Nation and
 the United States; or
 - Working in a federal or state paid work study program. You may receive WCCC for paid work study and transportation hours (not for the time you are in an unapproved activity), unless you meet requirements in subsection (2) of this WAC;
 - c. VISTA volunteers, Americorps, and Washington Service Corps (WSC) if the income is taxed.
- 2. High school or general equivalency diploma (GED) program until you reach your twenty second birthday.
- Same day job search if you are a TANF applicant;
- 4. The food stamp employment and training program under chapter 388-444 WAC;
- 5. Adult basic education (ABE), English as a second language (ESL), high school/GED, vocational education, or job skills training or other program under WAC <u>388-310-1000</u>, <u>388-310-1200</u>, or <u>388-310-1800</u>, and you are:
 - a. Working:
 - i. Twenty or more hours per week; or
 - ii. Sixteen or more hours per week in a paid federal or state work study program.
 - b. Participating in post secondary education for no longer than thirty-six months. Child care for post secondary education in this section is limited up to thirty-six months maximum regardless of the length of the school program. The thirty-six months includes months you attended post secondary education, supported by WCCC, while receiving TANF.
- 6. WCCC may be approved for activities listed in WAC <u>388-290-0040</u> (3) through (5), when needed.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 **Previous Version:** WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. College work study: If the consumer wants child care authorized:
 - a. For both class time and work study hours, they must participate in work study at least 16 hours per week.
 - b. Only for the time they are in work study, there is no minimum hour requirement.
- 2. Education and training programs:
 - a. Consumers who are working 20 hours or more each week, 16 hours each week if the

employment is work study, may receive child care to participate in education and training programs. A consumers can combine work study and work hours to equal a minimum of 20 when the minimum of 16 hours of work study are not met.

- b. The community or technical college must be accredited and the courses must be part of a vocational program that leads to a degree or certificate in a specific job or skill. If the consumer is:
 - TANF, the activity must be approved by the WorkFirst program specialist (WFPS). A
 TANF client, is limited to participate in a voc ed program for a maximum of 12
 months.
 - ii. Non-TANF, they must attend an accredited community or technical college. The consumer may be asked to turn in their school schedule to verify their vocational education. The classes must meet WAC 388-290-0045(5). For a non-TANF consumer, the maximum amount of care authorized for education and training is a total of 36 months (This includes any monthe while on TANF).

We do not monitor for satisfactory progress in educational activities. If there is a question about actual attendance in the classes, request the WCCC consumer (student) provide an official school attendance document. If the documentation is not received, the AW can take appropriate action such as: processing an overpayment, adjusting the authorization, or sending a termination. If the supplied information is questionable, confusing, or outdated, request official school enrolment and schedule documents.

- 3. **Employment:** Consumers do not have to actually file taxes for their employment to be considered employment. However the activity must be legal, income generating, and the income taxable.
 - a. According to WAC <u>388-290-020(1)</u> Consumers "might be eligible for WCCC" if they are employed at a child care **center** and not providing direct care to their own children.
 - A consumer does not need to make minimum wage to be eligible for WCCC.
 - c. Consumers who request child care just for employment do not have to work a minimum number of hours per week. For example: An applicant who only works 12 hours a week may receive WCCC. This includes consumers who are requesting child care for work study hours only.
 - d. Refer to the self employment under the Clarifying Information under WAC <u>388-290-0050</u>. TANF consumers must have their self employment plan approved by their WFPS to be considered for WCCC eligibility.
 - e. Working for a WCCC consumer as a In home/Relative child care provider is considered employment. The child care provider can apply for WCCC.
- 4. Food Stamp Employment and Training (FS E&T) participants: Referred by Employment Security staff after they have been determined eligible. FS E&T activities consist of job search and educational activities deemed appropriate by Employment Security staff. See chapter 388-444 WAC.
- 5. **High School/GED completion:** High school and GED (HS/GED) programs administered through high schools (Office of Superintendent of Public Instruction, OSPI) or the community

and technical colleges (Community Trade and Economic Development, CTED) are accepted by and transferable to higher education programs in Washington. Therefore, WCCC can be authorized for consumers who are enrolled in HS/GED programs administered by OSPI or CTED.

HS/GED program participants do not need to meet the work requirement when they are:

- a. TANF clients who are 18 and 19 years old and temporarily deferred from work requirements due to participation in HS/GED activities; or
- b. Non-TANF consumers completing a high school or a GED program who are under 22 years of age. They do not need to be employed. This includes consumers with child only grants.

We do not monitor for satisfactory progress in educational activities. If there is a question about actual attendance in the classes, request the WCCC consumer (student) provide an official school attendance document. If the documentation is not received, the AW can take appropriate action such as: processing an overpayment, adjusting the authorization, or sending a termination. If the supplied information is questionable, confusing, or outdated, request official school enrolment and schedule documents.

6.

Internships and practicums:

- a. **TANF recipients:** See WAC <u>388-310-1000</u> (2)(c) WorkFirst Vocational education.
- b. **Non-TANF recipients** will be eligible for WCCC while participating in an internship or practicum, (not limited to 12 months) if the internship or practicum is linked to Vocational Education as defined in WAC <u>388-310-1000</u> (1) and:
 - i. Paid and equals 20 or more hours a week, or
 - ii. **Unpaid** and the consumer has outside employment of 20 or more hours a week, or 16 or more hours in a Work Study job, and the internship or practicum.
- 7. **IRP activities:** WAC <u>388-310-0200</u> lists the approved WorkFirst activities. Section, (2)(I) states: "Other activities identified by your case manager on your individual responsibility plan that will help you with situations such as: drug and / or alcohol abuse, homelessness, or mental health issues". If the case manager has included approved activities such as: medical appointments, AA meetings, or looking for housing in the IRP: WCCC can cover those activities as long as the consumer meets other eligibility requirements. The WFPS may list some activities on the IRP for tracking only this does not mean the activity is "approved/approvable". If a consumer has a history of inconsistent participation or lack of participation in the WorkFirst program a shorter time period may be authorized or a tickle may be set for the component end date.

EXAMPLE

Mark is a single parent and a mandatory TANF WorkFirst participant and has 2 children (8 and 2). He is currently has a back problem and is scheduled for surgery. He is unable to work at this time. His case manager includes his Doctor appointments and other medical needs in his IRP as approved activities. Mark is eligible for WCCC for the approved activities listed in his IRP.

NOTE: A consumer may claim or a Doctor state the consumer is unable to care for their child at

all. In such cases, a referral to Children's Administration may be appropriate to see if there are any programs the consumer may be eligible for. WCCC may not be an appropriate program for this family.

- 8. **Post-Employment services:** These services are designed to help keep current and former WorkFirst participants employed, attached to the labor market and gaining skills to help them increase their wages. (See WorkFirst chapter 4.1)
- 9. Same day job search: 'Same Day Job Search' refers to approving a TANF applicant for WCCC during their application period for same day job search. It does not refer to the length of eligibility for the job search child care. Refer to the following guidelines when authorizing care for same day job search:
 - a. If the TANF case is put into pending, authorize the care for no longer than the end date of that pending period.
 - b. If we have history that indicates this applicant has not shown stable activity or participation, a 2-4 week time period may be appropriate. Remember that the client will be subject to a review by the case manager at 4 weeks and 12 weeks if they have not found a job yet.
 - c. Requests for benefits for TANF must be processed within 30 days of receipt. This 30 day window could be used as a guideline for the child care authorization since most of these cases will have had a determination made for benefits by that time.

NOTE:

Consider deadline days and review timelines any time care is approved for a short time period or does not end on the last day of the month.

- Sanction-DCS: The consumer is in sanction due to non-cooperation with the Division of Child Support, but still has a child on the TANF grant. These recipients must still meet WorkFirst participation requirements. WCCC can cover approved activities as listed in the consumer's IRP.
- 10. **Sanction-WorkFirst:** The consumer is In WorkFirst sanction or Child SafetyNet Payment status, and is:
 - a. In their cooperation period and meeting WorkFirst requirements prior to being placed back on the TANF grant.
 - b. Working. The consumer can get WCCC for work related hours even if they are not working enough hours to remove the sanctions or Child SafetyNet.
- 11. **Tribal TANF approved activities or employment:** Certain tribes in Washington have chosen to offer TANF grants and manage their own type of WorkFirst program. A tribal member receiving tribal TANF must participate according to the specific Tribal requirements. These requirements may not be the same as those for WorkFirst participants. Tribal TANF recipients may receive child care from the tribe or DSHS. This is called "dual eligibility".

When the Tribal TANF recipient requests child care from DSHS, the recipient is subject to WCCC rules regarding family, income, copayments, etc. and:

- a. Tribe must inform DSHS of the approved hours of Tribal "WorkFirst" participation; or
- b. Recipient, if employed, must provide DSHS with the employment information.

EXAMPLE

Jack and Susan are married Tribal TANF recipients and both have approved Tribal IRPs that include 48-month training plans. Neither are employed. Jack and Susan are requesting WCCC for the IRP activity.

Jack and Susan are meeting WCCC activity requirements because they are in approved Tribal TANF activities. However, the AW would need to look at other WCCC rules, regarding family size, income, etc. to determine if Jack and Susan are eligible for WCCC.

The tribe may elect to pay the family's copayment, and/or the difference between the department's rate and the provider's rate, if the provider's rate is higher.

12. VISTA volunteers, Americorps and Washington Service Corps (WSC): These applicants may receive WCCC if they are receiving taxable income from VISTA, Americorps or WSC and are otherwise eligible.

Self Employment

See WAC 388-310-1700 WorkFirst - Self-employment.

See WAC 388-450-0085 How we count your self-employment income

Effective May 28, 2004

WAC 388-290-0050 If I am self-employed, can I get WCCC benefits?

You may be eligible for WCCC benefits for up to sixteen hours maximum per day when you are self employed.

- 1. We consider "employment" or "work" to mean engaging in any legal, income generating activity that is taxable under the United States Tax Code or that would be taxable with or without a treaty between an Indian Nation and the United States;
- 2. You are eligible for the calculation discussed in subsection (4)(a) of this section one time only, for one self employment venture. If you change self employment, any months left up to the first six months are covered by child care according to subsection (4)(a)(i) of this section.
- 3. If you get TANF and are self employed:
 - a. You must have an approved self employment plan under WAC 388-310-1700;
 - b. The amount of WCCC you get for self employment is equal to the number of hours in your approved plan; and
 - c. Income from self employment while you are receiving TANF is determined by WAC <u>388-</u> 450-0085.
- 4. If you don't get TANF at the time of application for WCCC and it is a:
 - a. New self employment business (established less than six months):
 - i. The hours of care you are eligible to receive for the first six months is based on your report of how many hours are needed, up to sixteen hours per day; and
 - ii. Your self employment income is based on WAC 388-290-0060.
 - b. For a self employment business (established for six months or more) the number of hours

of care you are eligible to receive is based on whichever is more:

- i. Your work hours reported in your business records; or
- ii. The average number of monthly hours equal to dividing your monthly self employment income by the federal or state minimum wage (whichever minimum wage is lower).
- c. After the first six months, the number of hours of WCCC you can get each month is based on the lesser of subsections (4)(b)(i) or (ii) of this section.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 **Previous Version:** WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

TANF recipients pursuing self-employment must:

- 1. Be working at least 32 hours a week at the business;
- 2. Have business income that is equal to the minimum wage (state or federal, whichever is higher) times 32 hours a week after the business expenses are subtracted; and
- 3. Have their self-employment plan approved by the local business resource center.

Non-TANF recipients pursuing self-employment must:

- Have an established income generating business which the consumer has been engaged in for 6
 or more months at the time of application. The consumer must meet the income guidelines for
 WCCC. If the consumer can verify the self-employment business has been established for the
 last 6 months, it is considered a new self-employment business.
- 2. Consumers are allowed the calculation in <u>388-290-0050(4)(a)</u> one time only (per household). If there is a gap between applications or a change in the type of self-employment, the next time they apply for WCCC as a self-employed consumer, their hours and income are calculated as described in <u>388-290-0050(4)(c)</u>. The self employment activity information can be entered into the "FLAG" screen in WCAP to keep track of when this allowable calculation has been used.

EXAMPLE 1

Jack has received WCCC for his self-employment for the past 6 months. His case is up for review and he is indicating that he has no income from the self-employment activity. Jack is not eligible for continuing child care.

Jack reapplies for WCCC in the future and reports the same self-employment activity. He believes that the first-six-month rule for self-employment should be applied for this new application.

Jack is not eligible to receive WCCC based on the first-six-month rule. The number of hours of child care he can receive is based on WAC <u>388-290-0050(4)(b)</u>.

EXAMPLE 2

William is self-employed as a gardener from April-September (6 months) and he has received WCCC for this activity. He works as an employee at an auto shop from October-March (6 months) and he also received WCCC for this activity. William now is self-employed as a mechanic and he believes

the first-six-month rule for self-employment should be applied to this new self-employment.

William is not eligible to receive benefits based on the first-six-month rule. The number of hours of child care he can receive is based on WAC <u>388-290-0050(4)(c)</u>.

EXAMPLE 3

Martha is a self-employed massage therapist and receives WCCC. After 4 months she calls to report she is no longer working as a massage therapist and requests her WCCC to close. Three months later she calls to apply for WCCC and reports she is self-employed as a Tupperware salesperson. She can receive WCCC according to WAC <u>388-290-0050(4)(a)</u> for two months.

consumers in activities that are not approved

Effective May 28, 2004

WAC 388-290-0055 If I am not working or in an approved activity right now, can I get WCCC benefits?

When care is approved in the situations described in subsections (1) and (2) of this section, the child needs to attend for the provider to bill.

- 1. We can authorize WCCC payments for a child's attendance in child care for up to fourteen consecutive days when you're waiting to enter an approved activity under WAC <u>388-290-0040</u> or <u>388-290-0045</u>.
- 2. We can authorize WCCC payments for a child's attendance in child care for up to twenty-eight consecutive days if you or the other parent in the household experience a gap in your approved activity.
- 3. Your household may be eligible for payment described in subsection (2) of this section:
 - a. Twice in a calendar year;
 - b. For the same number of units open while you were in the approved activity, not to exceed two hundred thirty hours a month;
 - c. If you report the loss of activity or employment timely following WAC 388-290-0031; and
 - d. If you receive WCCC immediately before the loss of employment or approved activity, and:
 - i. Your employment, or the approved activity, will resume within that period; or
 - ii. You are looking for another job.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. If the consumer uses any care during an authorized "gap" it is counted as one of their two allowable "gaps" per year.
- 2. Care is authorized at the same type of unit and number of unit, not to exceed 22, as the consumer was previously authorized. For example, if the consumer was approved for 15 half days, authorize a total of 15 half days for the "gap" activity.
- 3. Occasionally, consumers may request child care coverage for an activity not listed in WAC.

Handle these requests by exploring with the consumer other child care resources such as from Division of Vocational Rehabilitation or Child Protective / Welfare Services. Additionally, the process of submitting a <u>Rule Exception Request</u> or RER (DSHS 05-010) is available.

EXAMPLE 1

Mike is a single parent with 3 children. The family qualifies for WCCC and the children are each authorized for 22 full days. Mike broke his leg and will not be able to return to work for at least 6 weeks. He wants WCCC to cover the time he is off work. WCCC can not be authorized. The "gap" WAC would only apply if he was going back to work within 28 days.

EXAMPLE 2

Maria has a medical condition and she will need to temporary stop working. She thinks she will be back to work in about 2 or 3 weeks. Authorize WCCC to cover the "gap".

Maria used child care for the 28days. At the end of the 28 days she is still not able to return to work. This is not an overpayment to Maria but the WCCC authorization should be discontinue. If Maria still wants WCCC she may request a Rule Exception Request.





You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
For more ways to get in touch with the Department of Social and Health Services go to the DSHS Contact Information web page.

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Economic Services Administration

Working Connections Child Care (WCCC) Manual



[Previous Page] [WCCC TOC] [Category TOC] [Next Page]

COPAYMENTS

Revised: September 23, 2004

This category contains the following information:

- Calculating the copayment
- Minimum copayments
- Payments by a third party
- Copayments and the Social Service Authorization (DSHS 14-154)
- Splitting and pro-rating copayments

Calculating the Copayment

Effective May 28, 2004

WAC 388-290-0075 What steps does the WCCC program take to determine my family's WCCC eligibility and copayment amount?

- 1. The WCCC program takes the following steps to determine your WCCC income eligibility and copayment:
 - a. Determine your family size (under WAC 388-290-0015); and
 - b. Determine your countable income (under <u>WAC 388-290-0065</u>).
- 2. If your family's countable income falls within the range below, then your copayment is:

YOUR INCOME:	YOUR COPAYMENT IS:
At or below 82% of the FPL	\$15
From 82% to 137.5% of the FPL	\$50
From 137.5% to 200% of the FPL	The dollar amount equal to subtracting 137.5% of FPL from countable income, multiplying by 44%, then adding \$50.
Income above 200% of the FPL, you are not eligible for WCCC benefits.	

3. We do not pro rate the copayment when you use care for part of a month.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04

Previous Version: WSR 04-08-021, effective 4/29/04

Previous Version: WSR 03-06-045, effective 3/1/03 (Emergency)

Previous Version: WSR 02-14-067, effective 8/1/02

CLARIFYING INFORMATION

The Working Connections Child Care program requires that all families pay a portion of the child care costs. This is called a "copayment".

- 1. The minimum copayment is \$15 a month and any increase varies according to the family size and income.
- 2. The copayment does not vary with:
 - a. The number of children in care;
 - b. The amount of care required; or
 - c. The type of care a parent selects.
- 3. The copayment is automatically deducted from the DSHS payment.
- 4. The consumer must pay the copayment directly to the provider.
- 5. A family becomes ineligible for WCCC if they:
 - a. Fail to pay the copayment to the provider; and
 - b. Fail to make satisfactory arrangements to pay.

EXAMPLE

Kim has two children. Her expected average monthly income is \$2,500. She pays \$300 in child support for a child who does not live with her. Take the following steps to determine the child care copayment:

- 1. \$2,500 is the "expected average monthly income". Kim's countable income is \$2,200 or (\$2,500 300).
- 2. Kim's countable income, \$2,200, is the figure used to determine her monthly copayment amount. Since her countable income is over 137.5% (\$1,796) and less than 200% (\$2,612) of the FPL for a family of three, Kim's copayment is calculated by subtracting 137.5% of the FPL from the countable income, multiplying by 44%, and then adding \$50. (\$2,200 1796) x 44% + \$50). Therefore, Kim's regular monthly copayment to her child care provider is \$228.

WORKER RESPONSIBILITIES

If a reimbursement for an incorrect copayment amount is needed refer to the Reimbursement section of the manual.

Effective May 28, 2004

WAC 388-290-0085 When might my WCCC copayment change?

- 1. Once we determine that you are eligible for WCCC benefits, your copayment could change when:
 - a. Your monthly income decreases;
 - b. Your family size increases;
 - c. We make an error in your copayment computation;
 - d. You did not report all income, activity and household information;
 - e. You are no longer eligible for the minimum copayment under WAC 388-290-0090;
 - f. We make a mass change in benefits due to a change in law or program funding; or
 - g. You are approved for a new eligibility period.
- 2. If your copayment changes during your eligibility period, the change is effective the first of the month following our becoming aware of the change.
- 3. We do not increase your copayment during your current eligibility period when your countable income remains at or below two hundred percent of the FPL, and:
 - a. Your monthly countable income increases; or
 - b. Your family size decreases.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington

State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR <u>04-08-021</u>, effective 4/29/04 Previous Version: WSR 03-06-045, effective 3/1/03 - Rev. 1

CLARIFYING INFORMATION

1. If the consumer remains at or under 200% of the FPL due to an income increase or family size decrease, the copayment is **NOT** increased during their established eligibility period. However, the copayments can be decreased.

EXAMPLE 1

Jean is authorized for child care June 1st - Nov. 30th with a \$50 copayment. She receives a \$1.00 an hour raise on July 1st. The AW recalculates Jean's new countable income and it does not exceed 200% of the FPL. Jean's situation does not meet any of the criteria in WAC 388-290-0085 for refiguring her copayment. The copayment will remain at \$50 until the end of her eligibility period, Nov. 30th, unless future changes required a copayment change.

EXAMPLE 2

Jason was authorized for child care from January 1st to May 31st with a \$75 copayment. On March 13th, Jason reports that he was married on March 2nd. His new wife, who is working, has one child who needs child care.

Using the new household size and income the family's eligibility and copayment would need to be redetermined. If the family remains income eligible, the copayment does not increase during the remaining months of the current eligibility period.

EXAMPLE 3

A consumer's copayment was established at \$50 for 5/1 to 10/31. On July 15th, the worker discovers that the copayment was calculated incorrectly and it originally should've been \$250 per month. The copayment should be increased to the \$250 effective 8/1 with advance and adequate notice to the consumer. An overpayment to the consumer is established for the months of May, June and July.

EXAMPLE 4

A reapplication was completed on 7/15/02 for 8/1-1/31 with a \$50 copayment. The consumer did not know at the time of the reapplication they would be starting a new job 8/1. The consumer reports this change July 25th. The consumer's continued eligibility is redetermined based on the new income information. The new income would cause the copayment to be \$125 instead of the \$50. The copayment is not increased since the consumer did not withhold this information as it was not available at the time of the reapplication. Since the eligibility period has already been established, the copayment will remain at \$50 until 1/31 unless the consumer meets the criteria in WAC 388-290-0085 for a copayment change.

EXAMPLE 5

Daisy is approved for WCCC until July 31, 2004 with a \$200 copayment. Daisy receives a raise April 10th, but she does not report the increased income until May 15th. You determine she remains eligible for WCCC with the increase in income and inform her that her copayment at her next review will most likely increase. No change is made to Daisy's current copayment due to her income increase during this eligibility period.

EXAMPLE 6

Same situation as in Example 5, but Daisy's increase in income makes her ineligible for WCCC. Daisy is sent a termination notice, following advance and adequate notice procedures, and she is assessed an overpayment from April 10th, the date she began receiving the raise.

Minimum Copayments

Effective May 28, 2004

WAC 388-290-0090 When do I pay the minimum copayment?

You pay the minimum copayment:

- 1. If your countable monthly income is at or below eighty two percent of the FPL;
- 2. If you are a minor parent, and are:
 - a. Receiving TANF; or
 - b. Part of your parent's or relative's TANF assistance unit.
- 3. For the first full month following the month you get a job or apply for WCCC and we pay benefits:
- 4. If there is a break of at least thirty days in your WCCC benefits due to your activity ending; or
- 5. If you received child care benefits within the last thirty days immediately prior to the eligibility period and you do not meet the qualifications in subsections (1) through (4) of this section, your

copayment will be computed according to WAC 388 290 0075.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR <u>04-08-021</u>, effective 4/29/04

CLARIFYING INFORMATION

The intent of applying the minimum copayment for the **first full month following the month of application/benefits** to the WCCC program is to provide relief to families just applying for WCCC or the newly employed. Although the WAC language does not directly specify, the intent is also to allow for the minimum copayment in the first month of benefits.

The rule is not intended as a one-time lifetime limit for families. The minimum copayment rule can be applied again if a consumer has a break in their WCCC of more than 30 days due to their approved activity ending.

EXAMPLE 1

Mrs. Jones (non-TANF) has received child care from April-August. She received the \$15 copayment in April (her first month) and May (the first full month following her eligibility according to WAC 388-290-0090(3)).

Mrs. Jones' eligibility was due to end on August 31st. She was sent a reapplication packet and asked to return it on or before August 15th. Mrs. Jones didn't return the packet and child care was terminated effective August 31st. Mrs. Jones finally sends the reapplication packet in on October 10th. From the reapplication packet, it is determined she has not worked for 45 days but now has new employment. Mrs. Jones is determined eligible for WCCC and is allowed the minimum copayment again for October and November.

EXAMPLE 2

Same example as above, but Mrs. Jones remained at her same place of employment. Her break in WCCC was due to her not returning her reapplication information. She is not eligible for the minimum copayment rule.

Non-TANF minor parents

Non-TANF minor parents can be assessed a copayment above the minimum amount. See <u>WAC 388-290-0075</u>. All non-exempt income would be verified and counted toward eligibility and the copayment, as with other non-TANF families.

Third Party Copayments

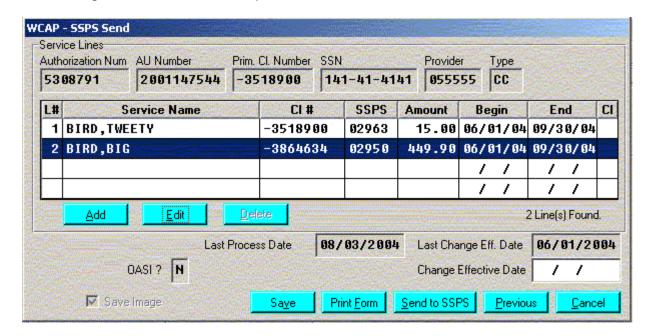
The child care consumer may make arrangements for someone else, such as a "third party", to pay a portion of or all of the copayment directly to the child care provider.

This arrangement would not be considered income received by the parent and is not counted towards household income.

Copayments and the Social Service Authorization (DSHS 14-154)

SSPS **only** deducts the copayment from the overall child care payment when it is included on a Social Services Authorization (DSHS 14-154) that has other service lines specific to payment for care.

For this reason, many workers set up the copayment(s) to be on the first several lines, followed by a payment for daily care. WCAP defaults to entering the copayment on the first line of an authorization. See the figure below as an example.



Splitting Copayments

1. The WCCC program does not advocate splitting copayments as customary practices. However, there may be unusual circumstances in a child care case that call for splitting the copayment. A consumer may also request their copayment be split among providers.

EXAMPLE

Juanita has been determined eligible for WCCC with a \$250 copayment. She has 2 children who require care; a school-age child and an infant.

The school-age child requires half-day care only in the afternoon at an after-school program. The total cost of care for the school-age child is \$158.24 (\$9.89 x 16 days per month).

The infant requires half-day care at a family home. The total cost of care for the infant is \$224 (\$14.00 x 16 days per month).

The copayment may be split as follows:

		School-age Child		
Line 1	2963	\$125.00/ea	1	\$125.00
Line 2	2947	\$9.89/da	16	\$158.24
		Infant		
Line 1	2963	\$125.00/ea	1	\$125.00
Line 2	2948	\$14.00/da	16	\$224.00

2. If a consumer has both a licensed and in-home / relative care provider, it is not necessary to split the copayment unless this is a specific request by the consumer. Additionally, the copayment is not required to be assigned to the licensed provider exclusively. The consumer must be given a choice of assigning the copayment to either provider.







You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
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Economic Services Administration

Working Connections Child Care (WCCC) Manual



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COPAYMENTS

Revised: September 23, 2004

This category contains the following information:

- Calculating the copayment
- Minimum copayments
- Payments by a third party
- Copayments and the Social Service Authorization (DSHS 14-154)
- Splitting and pro-rating copayments

Calculating the Copayment

Effective May 28, 2004

WAC 388-290-0075 What steps does the WCCC program take to determine my family's WCCC eligibility and copayment amount?

- 1. The WCCC program takes the following steps to determine your WCCC income eligibility and copayment:
 - a. Determine your family size (under WAC 388-290-0015); and
 - b. Determine your countable income (under WAC 388-290-0065).
- 2. If your family's countable income falls within the range below, then your copayment is:

YOUR INCOME:	YOUR COPAYMENT IS:
At or below 82% of the FPL	\$15
From 82% to 137.5% of the FPL	\$50
	The dollar amount equal to subtracting 137.5% of FPL from countable income, multiplying by 44%, then adding \$50.
Income above 200% of the FPL, you are not eligible for WCCC benefits.	

3. We do not pro rate the copayment when you use care for part of a month.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04

Previous Version: WSR 04-08-021, effective 4/29/04

Previous Version: WSR 03-06-045, effective 3/1/03 (Emergency)

Previous Version: WSR 02-14-067, effective 8/1/02

CLARIFYING INFORMATION

The Working Connections Child Care program requires that all families pay a portion of the child care costs. This is called a "copayment".

- 1. The minimum copayment is \$15 a month and any increase varies according to the family size and income.
- 2. The copayment does not vary with:
 - a. The number of children in care;
 - b. The amount of care required; or
 - c. The type of care a parent selects.
- 3. The copayment is automatically deducted from the DSHS payment.
- 4. The consumer must pay the copayment directly to the provider.
- 5. A family becomes ineligible for WCCC if they:
 - a. Fail to pay the copayment to the provider; and
 - b. Fail to make satisfactory arrangements to pay.

EXAMPLE

Kim has two children. Her expected average monthly income is \$2,500. She pays \$300 in child support for a child who does not live with her. Take the following steps to determine the child care copayment:

- 1. \$2,500 is the "expected average monthly income". Kim's countable income is \$2,200 or (\$2,500 300).
- 2. Kim's countable income, \$2,200, is the figure used to determine her monthly copayment amount. Since her countable income is over 137.5% (\$1,796) and less than 200% (\$2,612) of the FPL for a family of three, Kim's copayment is calculated by subtracting 137.5% of the FPL from the countable income, multiplying by 44%, and then adding \$50. (\$2,200 1796) x 44% + \$50). Therefore, Kim's regular monthly copayment to her child care provider is \$228.

WORKER RESPONSIBILITIES

If a reimbursement for an incorrect copayment amount is needed refer to the Reimbursement section of the manual.

Effective May 28, 2004

WAC 388-290-0085 When might my WCCC copayment change?

- 1. Once we determine that you are eligible for WCCC benefits, your copayment could change when:
 - a. Your monthly income decreases;
 - b. Your family size increases;
 - c. We make an error in your copayment computation;
 - d. You did not report all income, activity and household information;
 - e. You are no longer eligible for the minimum copayment under WAC 388-290-0090;
 - f. We make a mass change in benefits due to a change in law or program funding; or
 - g. You are approved for a new eligibility period.
- 2. If your copayment changes during your eligibility period, the change is effective the first of the month following our becoming aware of the change.
- 3. We do not increase your copayment during your current eligibility period when your countable income remains at or below two hundred percent of the FPL, and:
 - a. Your monthly countable income increases; or
 - b. Your family size decreases.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington

State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR <u>04-08-021</u>, effective 4/29/04 Previous Version: WSR 03-06-045, effective 3/1/03 - Rev. 1

CLARIFYING INFORMATION

1. If the consumer remains at or under 200% of the FPL due to an income increase or family size decrease, the copayment is **NOT** increased during their established eligibility period. However, the copayments can be decreased.

EXAMPLE 1

Jean is authorized for child care June 1st - Nov. 30th with a \$50 copayment. She receives a \$1.00 an hour raise on July 1st. The AW recalculates Jean's new countable income and it does not exceed 200% of the FPL. Jean's situation does not meet any of the criteria in WAC 388-290-0085 for refiguring her copayment. The copayment will remain at \$50 until the end of her eligibility period, Nov. 30th, unless future changes required a copayment change.

EXAMPLE 2

Jason was authorized for child care from January 1st to May 31st with a \$75 copayment. On March 13th, Jason reports that he was married on March 2nd. His new wife, who is working, has one child who needs child care.

Using the new household size and income the family's eligibility and copayment would need to be redetermined. If the family remains income eligible, the copayment does not increase during the remaining months of the current eligibility period.

EXAMPLE 3

A consumer's copayment was established at \$50 for 5/1 to 10/31. On July 15th, the worker discovers that the copayment was calculated incorrectly and it originally should've been \$250 per month. The copayment should be increased to the \$250 effective 8/1 with advance and adequate notice to the consumer. An overpayment to the consumer is established for the months of May, June and July.

EXAMPLE 4

A reapplication was completed on 7/15/02 for 8/1-1/31 with a \$50 copayment. The consumer did not know at the time of the reapplication they would be starting a new job 8/1. The consumer reports this change July 25th. The consumer's continued eligibility is redetermined based on the new income information. The new income would cause the copayment to be \$125 instead of the \$50. The copayment is not increased since the consumer did not withhold this information as it was not available at the time of the reapplication. Since the eligibility period has already been established, the copayment will remain at \$50 until 1/31 unless the consumer meets the criteria in WAC 388-290-0085 for a copayment change.

EXAMPLE 5

Daisy is approved for WCCC until July 31, 2004 with a \$200 copayment. Daisy receives a raise April 10th, but she does not report the increased income until May 15th. You determine she remains eligible for WCCC with the increase in income and inform her that her copayment at her next review will most likely increase. No change is made to Daisy's current copayment due to her income increase during this eligibility period.

EXAMPLE 6

Same situation as in Example 5, but Daisy's increase in income makes her ineligible for WCCC. Daisy is sent a termination notice, following advance and adequate notice procedures, and she is assessed an overpayment from April 10th, the date she began receiving the raise.

Minimum Copayments

Effective May 28, 2004

WAC 388-290-0090 When do I pay the minimum copayment?

You pay the minimum copayment:

- 1. If your countable monthly income is at or below eighty two percent of the FPL;
- 2. If you are a minor parent, and are:
 - a. Receiving TANF; or
 - b. Part of your parent's or relative's TANF assistance unit.
- 3. For the first full month following the month you get a job or apply for WCCC and we pay benefits:
- 4. If there is a break of at least thirty days in your WCCC benefits due to your activity ending; or
- 5. If you received child care benefits within the last thirty days immediately prior to the eligibility period and you do not meet the qualifications in subsections (1) through (4) of this section, your

copayment will be computed according to WAC 388 290 0075.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR <u>04-08-021</u>, effective 4/29/04

CLARIFYING INFORMATION

The intent of applying the minimum copayment for the **first full month following the month of application/benefits** to the WCCC program is to provide relief to families just applying for WCCC or the newly employed. Although the WAC language does not directly specify, the intent is also to allow for the minimum copayment in the first month of benefits.

The rule is not intended as a one-time lifetime limit for families. The minimum copayment rule can be applied again if a consumer has a break in their WCCC of more than 30 days due to their approved activity ending.

EXAMPLE 1

Mrs. Jones (non-TANF) has received child care from April-August. She received the \$15 copayment in April (her first month) and May (the first full month following her eligibility according to WAC 388-290-0090(3)).

Mrs. Jones' eligibility was due to end on August 31st. She was sent a reapplication packet and asked to return it on or before August 15th. Mrs. Jones didn't return the packet and child care was terminated effective August 31st. Mrs. Jones finally sends the reapplication packet in on October 10th. From the reapplication packet, it is determined she has not worked for 45 days but now has new employment. Mrs. Jones is determined eligible for WCCC and is allowed the minimum copayment again for October and November.

EXAMPLE 2

Same example as above, but Mrs. Jones remained at her same place of employment. Her break in WCCC was due to her not returning her reapplication information. She is not eligible for the minimum copayment rule.

Non-TANF minor parents

Non-TANF minor parents can be assessed a copayment above the minimum amount. See <u>WAC 388-290-0075</u>. All non-exempt income would be verified and counted toward eligibility and the copayment, as with other non-TANF families.

Third Party Copayments

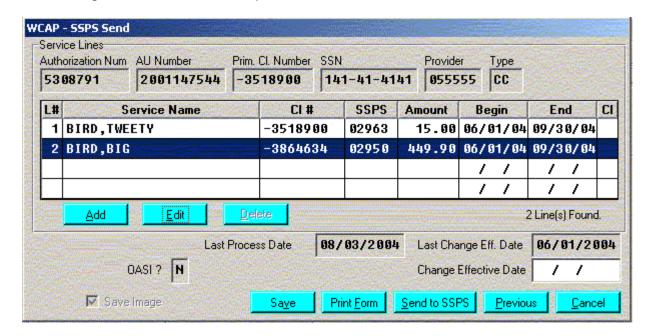
The child care consumer may make arrangements for someone else, such as a "third party", to pay a portion of or all of the copayment directly to the child care provider.

This arrangement would not be considered income received by the parent and is not counted towards household income.

Copayments and the Social Service Authorization (DSHS 14-154)

SSPS **only** deducts the copayment from the overall child care payment when it is included on a Social Services Authorization (DSHS 14-154) that has other service lines specific to payment for care.

For this reason, many workers set up the copayment(s) to be on the first several lines, followed by a payment for daily care. WCAP defaults to entering the copayment on the first line of an authorization. See the figure below as an example.



Splitting Copayments

1. The WCCC program does not advocate splitting copayments as customary practices. However, there may be unusual circumstances in a child care case that call for splitting the copayment. A consumer may also request their copayment be split among providers.

EXAMPLE

Juanita has been determined eligible for WCCC with a \$250 copayment. She has 2 children who require care; a school-age child and an infant.

The school-age child requires half-day care only in the afternoon at an after-school program. The total cost of care for the school-age child is \$158.24 (\$9.89 x 16 days per month).

The infant requires half-day care at a family home. The total cost of care for the infant is \$224 (\$14.00 x 16 days per month).

The copayment may be split as follows:

		School-age Child		
Line 1	2963	\$125.00/ea	1	\$125.00
Line 2	2947	\$9.89/da	16	\$158.24
		Infant		
Line 1	2963	\$125.00/ea	1	\$125.00
Line 2	2948	\$14.00/da	16	\$224.00

2. If a consumer has both a licensed and in-home / relative care provider, it is not necessary to split the copayment unless this is a specific request by the consumer. Additionally, the copayment is not required to be assigned to the licensed provider exclusively. The consumer must be given a choice of assigning the copayment to either provider.







You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
For more ways to get in touch with the Department of Social and Health Services go to the DSHS Contact Information web page.

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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PROVIDERS

B. IN-HOME / RELATIVE PROVIDERS

Revised: May 19, 2006

Effective May 19, 2006

WAC 388-290-0130 What in-home / relative providers can I choose under the WCCC program?

- 1. To be eligible as an in-home / relative provider the person must:
 - a. Be an adult who is a U.S. citizen or legally residing in the United States;
 - b. Meet the requirements in WAC 388-290-0135; and
 - c. Be one of the following adults providing care in the home of either the child or the adult:
 - A sibling living outside the child's home;
 - ii. An extended tribal family member according to chapter 74.15 RCW; or
 - iii. A grandparent, aunt, uncle, or great-grandparent, great-aunt or great-uncle.
- 2. An adult not listed in (1)(c)(i), (ii), or (iii) of this section must:
 - a. Meet the requirements in subsection (1)(a) and (b) of this section; and
 - b. Provide care in the child's own home.
- 3. If you use an in-home/relative provider you can:
 - a. Have no more than two in home/relative providers authorized for payment during your eligibility period at the same time (not including back up providers);
 - b. Have one back up provider (licensed or an in home/relative provider);

NOTE:

Sections of this WAC were moved to other WAC:

- WAC 388-290-0138 now contains information about WCCC paying for up to 6 children.
- WAC 388-290-0140 describes who can be a provider and that background checks are needed before payment can begin.

CLARIFYING INFORMATION

1. For individuals listed in WAC 388-290-0130(1)(c) a "step" relative also qualifies as a relative

provider as long as the relationship is not severed due to divorce.

2. WAC 388-290-0130 (1) and (2) outline the rules of where the in-home / relative provider must provide the care.

These rules, however, are not meant to restrict the provider from providing "activities for the children that are consistent with their developmental stages" (<u>WAC 388-290-0135 (5)(e)(ii)</u>) outside of the home such as:

- Taking the child to museums, the park, bowling, the movies, play groups, etc.
- Taking the child to medical or therapeutic appointments.

EXAMPLE 1

Mark is an unrelated in-home provider for Bill's son, Jordan. Mark takes Jordan to the park each day then afterwards takes Jordan to his house and waits for Bill to pick Jordan up. Mark is eligible for WCCC payment while he provides care in Bill's home and at the park. He becomes ineligible for WCCC payment when he takes Jordan to his home, as it is not the child's home.

FXAMPIF 2

Mary applies to be the in-home/relative provider for her sisters Peggy and Stacy for the same hours. All three sisters live in different homes. Mary wants WCCC payment for both families while she takes Peggy's children to Stacey's house to provide care. As the eligible relative, Mary can provide care in her own home for both families. However, WCCC will not pay for her to take Peggy's children to Stacey's house or vice versa.

3. A consumer can have up to two primary in-home/relative providers at one time with open authorizations during their eligibility period. They can also have one back up provider; either a licensed or an in-home/relative provider. Consumers can change providers during their eligibility period to a new provider who meets the requirements in <u>WAC 388-290-0125</u>.

EXAMPLE

John wants to use three in-home/relative providers for his two children. He requests one provider for both children for 2 hours before school. This provider is only available in the morning. He requests two different providers after school to care for one child each for 2 hours. All three providers meet the requirements in 388-290-0125. John needs to choose two primary providers who will have care opened for 2 hours a day, 5 days a week. The third provider could be authorized as a back up provider for lesser hours when one of the other providers is not available.

WORKER RESPONSIBILITIES

Effective December 1, 2005

WAC 388-290-0135 When I choose an in-home / relative provider, what information must I give to the department?

When you choose in-home/relative child care, you must complete certain forms and give us the following:

- 1. The in-home/relative child care provider's legal name, address and telephone number;
- 2. A copy of the provider's valid Social Security card;
- 3. A copy of the provider's photo identification;

- 4. A completed background check authorization; and
- 5. A form supplied by us, completed and signed by you and the provider in which both of you attest to the following:
 - a. The provider is:
 - i. Of suitable character and competence;
 - ii. Of sufficient physical and mental health to meet the needs of the children in care. If we request it, you must provide written evidence that the in-home child care provider of your choice is of sufficient physical and mental health to be a safe child care provider;
 - iii. Able to work with the children without using corporal punishment or psychological abuse:
 - iv. Able to accept and follow instructions;
 - v. Able to maintain personal cleanliness;
 - vi. Prompt and regular in job attendance
 - vii. Informed about basic health practices, prevention and control of infectious disease, immunizations; and
 - viii. Able to provide constant care, supervision and activities based on the child's developmental needs.
 - b. The children are current on the immunization schedule as described in the National Immunization Guidelines, developed by the American Academy of Pediatrics and the Advisory Committee on Immunization Practices;
 - c. The home where care is provided is safe for the care of the children.

CLARIFYING INFORMATION

- Minor consumers, who are on a TANF grant with his/her relative, can use that adult as his/her in-home/relative provider. The provider must meet requirements outlined in <u>WAC 388-290-0130</u> and <u>WAC 388-290-0135</u>.
- 2. <u>WAC 388-290-0135</u> states photo identification for the provider is required. Photo identification can include items such as a driver's license, Washington State ID, or passport.
- 3. A valid address for the provider is mandatory as important tax documents are sent on a monthly and yearly basis to the provider. Let the provider know this is the reason for the address.
 - The reported address (given on the provider form) is sufficient. However, if there is reason to suspect the current address is not correct, then request verification.

Verification can include items such as:

- Landlord forms or shared living statements (can be used but cannot be required), or
- A dated piece of mail the provider recently received at the reported address.
- 4. WAC <u>388-290-0135(2)</u> states an in-home / relative provider must submit "A ...valid Social Security card...":
 - a. Valid can mean the SSN:
 - i. Really belongs to that person;
 - ii. Card and number are not fake and / or tampered with; and
 - iii. Can be used for employment.

b. If there is verifiable information indicating the card and/or number are not valid, the provider has not met the WAC requirement and cannot be approved as an in-home/relative provider. For example: A provider submits a card that indicates additional verification from the INS (Immigration and Naturalization Service) is needed in order for the provider to use the SSN for employment. The provider must submit this verification from the INS in order for the SSN to be considered valid.

Please Note: If a social security card says "Valid for work only with INS verification" the individual needs to obtain a separate Employment Authorization Document (EAD) in order to engage in employment. However, if the individual has a Green Card, he/she has a right to work without further documentation.

- 5. Written guidance about using in-home/relative care for the consumer is attached to the in-home/relative pending letter.
- 6. Additional printed resources for parents include:
 - DSHS 22-649 Winning Ways to Talk with Young Children
 - DSHS 22-114 A Family's Guide to Early Intervention Services in Washington State
 - DSHS 22-299 Brain Research Findings and Suggested Actions
 - DSHS 22-300 Rethinking the Brain New Insights into Early Development for parents, caregivers and policy makers
 - DSHS 22-302 Babies are Born Learning Make Every Moment Count
 - DSHS 22-486 Include Me: Guide to Inclusive Child Care, Child care for children and youth with special needs.

Effective December 1, 2005

WAC 388-290-0138 What responsibilities does my eligible in home/relative provider have? Your in home/relative provider must:

- 1. Report within ten days changes in their legal name, address or telephone number;
- 2. Report within twenty-four hours pending charges or convictions they have;
- 3. Report within twenty-four hours pending charges or convictions for anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home;
- 4. Bill WCCC only for care he/she provided;
- 5. Not bill WCCC for more than six children at one time for the same hours of care; and
- 6. Keep correct attendance records. Records must:
 - a. Show both days and times the care was provided;
 - b. Be kept for five years; and
 - c. Be given to us, within fourteen consecutive calendar days, if we ask for them.

CLARIFYING INFORMATION

- 1. A provider may want to care for more than 6 children at the same time, however, WCCC will only pay for 6. If one family has more than 6 eligible children, an ETR can be submitted.
- 2. Some providers will not be able to care for all the families due to issues such as schedule conflicts, the location of care, or the number of children they are requesting payment for. The families and the provider will need to be contacted to resolve for whom, when and where the provider does care.

EXAMPLE

Lisa is the relative provider for Becky and Holly. Becky and Holly both have 4 children. Lisa wants to care for all 8 children during the same time of the day. WCCC will pay Lisa for a maximum of 6 children. Lisa and the parents can decide which 6 children she is available to care for by completing Section 2 of Part 2: Provider Information (DSHS 14-417) If Lisa chooses to care for all 8 children, WCCC will still only pay for 6. Payment for the other 2 children is between Lisa and the parents.

3. For who is responsible for an overpayment, refer to the WAC 388-290-0274.

WORKER RESPONSIBILITY

Review each family's case needs carefully when the in-home/relative provider is caring for another family's children. When authorizing correct care to a provider caring for multiple families review, at a minimum, the:

- a. Relationship to the provider;
- b. Location of care;
- c. Schedules; and
- d. Number of children authorized for WCCC payment.

NOTE:

To search for families that a provider is caring for, access the "clients served by a provider" in WCAP under the Reports/Forms menu selection, or from the PV0 screen in SSPS WebConnect.

Character and Suitability of In-home / Relative Providers

Effective December 1, 2005

WAC 388-290-0140 When is my in-home/relative provider not eligible for WCCC payment?

We do not pay for the cost of in-home / relative care if:

- 1. Your provider does not meet the requirements in <u>WAC 388-290-0130</u>, <u>388-290-0135</u> or <u>388-290-0138</u>;
- 2. Your in home/relative provider has been convicted of, or has charges pending for crimes posted on the DSHS secretary's crime and action list for background checks for ESA. You can find the complete list at http://www1.dshs.wa.gov/pdf/esa/dccel/Crime_and_Backg_Chex.pdf;
- 3. We do not have background check results according to WAC 388-290-0143;
- 4. The provider is:

- a. The child's biological, adoptive or step parent;
- b. The child's nonneedy or needy relative or relative's spouse or live in-partner;
- c. The child's legal guardian or the guardian's spouse or live in-partner; or
- d. Another adult acting in loco parentis or that adult's spouse or live in-partner.
- 5. We do not have the results of all applicable criminal background checks under <u>WAC 388-290-0143(1)</u> and <u>388-290-0150</u>. An in home/relative provider is not an eligible provider (per WAC 388-290-0095 and 388-290-0100) prior to receiving these background results. Providers other than in home/relative providers you can use are described in WAC 388-290-0125; or
- 6. We determine your provider is not of suitable character and competence or of sufficient physical or mental health to meet the needs of the child in care, or the household may be at risk of harm by this provider, as indicated by information other than conviction information. We will use criteria, such as the following, when reviewing information about incidents/issues/reports/findings:
 - a. Recency;
 - b. Seriousness;
 - c. Type;
 - d. Frequency; and
 - e. Relationship to the direct care of a child including health, mental health, learning, and safety.

CLARIFYING INFORMATION

- 1. All background check results are needed before any care is authorized. This includes the results of those living with the provider who are age 16 or older.
- 2. The payment begin date is not backdated if the CBI is returned to the consumer to be completed.
- 3. "Partner" refers to someone who is living as a couple with the relative, legal guardian, or in loco parentis consumer and is acting as the other parental role model. Workers are not expected to research in depth the personal relationship of the "partner" to the consumer.

WORKER RESPONSIBILITIES

- 1. In order to assist in the background check process:
 - Explain to the consumer the process and time involved in doing a background check.
 Remind the consumer they can use a licensed provider while waiting for the inhome/relative provider to be approved;
 - b. Ask the consumer if there is anyone age 16 or older living with the relative provider when care is done in the relative's home. This will allow the worker to send the correct number of

- Background Authorization forms;
- c. Remember if the applicant on the Background Authorization is 16 or 17 years old, the form must be signed by the minor's parent/guardian.
- d. Screen the Background Authorization form for completeness and legibility before processing it. The Background Authorization form is a legal document, signed under penalty of perjury; **no one** except the person whose signature is on the bottom of the form may add or delete information.
- e. Do not deny the case if the background check process takes more than 30 days.
- 2. When payment is open to a provider and there is no current background results (current meaning within the last 2 years) for either the provider or people over the age of 16 who live with the provider and care is done in the provider's home:
 - a. Give the consumer ten days notice of payment termination;
 - b. Send them a new background authorization form (and Part II if needed); and
 - c. Document the action taken in the consumer's case notes.

Effective May 28, 2004

WAC 388-290-0143 Who must have a background check for the WCCC program and how often is the check done?

- 1. A background check must be completed for:
 - a. All in-home/relative providers who apply to care for a WCCC consumer's child; and
 - b. Any individual sixteen years of age or older who is residing with a provider when care occurs outside of the child's home.
- 2. A background check must be completed for individuals listed in subsection (1)(a) and (b) of this section at least every two years;
- 3. Additional background checks must be completed for individuals listed in subsection (1)(a) and (b) of this section when:
 - a. Any individual sixteen years of age or older is newly residing with a provider when care occurs outside of the child's home;
 - b. We have a valid reason to do a check more frequently;
 - c. An in-home/relative provider applies to provide care for a family such as when:
 - i. A break in service occurs to the current consumer;
 - ii. There is a break in consumer eligibility; or
 - iii. A provider is currently providing care and there are no prior background results for this provider.
- 4. We do not need to request a new background check for an individual in subsection (1)(a) or (b) if:
 - a. We have results that were received no more than ninety days prior to the current

requested start date of care; and

b. The results indicate that there is no record.

CLARIFYING INFORMATION

If a provider is doing care for the same family or a new family, do not process a new background authorization if the background result meets requirements in WAC <u>388-290-0143 (4)</u>.

EXAMPLE

Chris is using Polly as his in-home/relative provider. On May 15th, the background check results indicate "No Record". A new consumer, Becky, wants to use Polly as her in-home/relative provider in the evenings. Polly applies to be a provider for Becky's children on July 1st and tells you she is also a provider for Chris and just completed a background authorization. You check the Background Inquiry database or Chris' electronic case record for the background results and confirm the check is less than 90 days old, and is a "No Record". Polly can be approved as a provider for Becky's case without completing a new background check.

Effective May 28, 2004

WAC 388-290-0145 Why is a background check required and will I be notified of the results?

- 1. We require the background check to:
 - a. Help safeguard the health, safety, and well-being of children;
 - b. Reduce the possible risk of harm from persons who have been convicted or have charges pending of certain crimes having access to WCCC children; and
 - c. Help you make informed decisions about individuals who have access to your children.
- 2. We notify you, the WCCC consumer:
 - a. Whether we can approve the provider for the WCCC program; and
 - b. Of the following results from the background check:
 - i. No background information is found given current sources of information;
 - ii. Background information is found, but the information will not disqualify the individual being checked; or
 - iii. Background information is found that disqualifies the individual being checked.

Effective May 28, 2004

WAC 388-290-0150 What information does the background check contain and where does it

come from?

- 1. The background information includes, at a minimum, criminal convictions and pending charges.
- 2. Additional sources may include:
 - a. Child/adult protective service case information; and
 - b. Civil judgments, determinations, or disciplinary board final decisions of abuse or neglect.
- 3. We obtain background information at a minimum, from the Washington state patrol under chapter 10.97 RCW via the background check central unit (BCCU).
- 4. Additional sources of the background information may be obtained from:
 - a. Child/adult protective service case files;
 - Other states and federally recognized Indian tribes;
 - c. The department of corrections and the courts;
 - d. Law enforcement records of convictions and pending charges in other states or locations if:
 - i. The individual being checked has lived in another state; and
 - ii. Reports from credible community sources indicate a need to investigate another state's records
 - e. The individual being checked self-discloses information.

Effective December 1, 2005

WAC 388-290-0155 What happens after the WCCC program receives the background information?

After we receive the background information we:

- Compare the background information with convictions posted on the DSHS secretary's list of disqualifying convictions for economic services administration (ESA). You can find the complete list http://www1.dshs.wa.gov/esa/dccel/policy.shtml;
- 2. Review the background information using the following rules:
 - a. We give the same weight to a pending charge for a crime as a conviction;
 - b. If the conviction has been renamed we give the same weight as the previous named conviction. For example, larceny is now called theft;
 - c. We give convictions whose titles are preceded with the word "attempted" the same weight as those titles without the word "attempted"; and

- d. We do not consider the crime a conviction for the purposes of WCCC when:
 - i. It has been pardoned: or
 - ii. A court of law acts to expunge, dismiss, or vacate the conviction record.
- 3. Notify you whether or not we are able to approve the provider for WCCC.
- 4. Allow you, the consumer, to decide character and suitability of the provider when an individual is not automatically disqualified due to the background information from the record of arrests and prosecutions (RAP) sheet.
- 5. Deny or stop payment when the background information disqualifies the individual being checked.
- 6. Assist you in finding other child care arrangements.

Effective May 28, 2004

WAC 388-290-0160 What convictions would cause the WCCC program to permanently disqualify my in-home/relative provider?

- 1. If your provider or an individual listed in <u>WAC 388-290-0143</u>(1) has a background containing a permanently disqualifying conviction posted on the DSHS secretary's list of disqualifying convictions for ESA, we permanently disqualify the person as an in-home/relative child care provider for WCCC. You can find the complete list at http://www1.dshs.wa.gov/esa/dccel/.
- 2. If the conditions in WAC <u>388-290-0167(1)(a)</u> and (b) are met, the disqualifying background of an individual sixteen years of age or over living with the provider may not permanently disqualify the provider.

Effective July 1, 2002

WAC 388-290-0165 Is there other background information or convictions that will disqualify my in-home/relative provider?

- 1. We can disqualify your in-home/relative provider if the individual being checked has a background containing information other than conviction information that we determine:
 - a. Makes the individual not of suitable character and competence or of sufficient physical or mental health to meet the needs of the child in care: or
 - b. Puts the household at risk for harm.
- 2. If an individual being checked has a background containing a five year disqualifying conviction posted on the DSHS secretary's list of disqualifying convictions for ESA, your provider is disqualified as an in-home/relative child care provider for WCCC for five years after the

conviction date. You can find the complete list at http://www1.dshs.wa.gov/esa/dccel/.

- 3. If an individual being checked has:
 - A conviction listed in subsection (2) of this section, and it has been more than five years;
 or
 - b. Any conviction other than those posted on the DSHS secretary's list of disqualifying convictions for ESA we will allow you to determine the provider's character, suitability, and competence by reviewing important information such as the:
 - i. Amount of time that has passed since the conviction;
 - ii. Seriousness of the crime that led to the conviction;
 - iii. Individual's age at the time of conviction;
 - iv. Individual's behavior since the conviction;
 - v. Number and types of convictions in the individual's background; and
 - vi. Individual's verification, if any, of successful completion of all court-ordered programs and restitution.
- 4. If conditions in <u>WAC 388-290-0167(1)(a)</u> and (b) are met, the disqualifying background of an individual sixteen years of age or over living with the provider may not disqualify the provider.

Effective July 1, 2002

WAC 388-290-0167 What happens if my in-home/relative provider, who provides care in their home, is disqualified based solely on the disqualifying background of an individual living with that provider?

- 1. If we disqualify your provider based solely on the disqualifying background of an individual living with that provider, we require that:
 - a. Child care occurs in the child's home away from the disqualified individual, if you wish to continue using that provider; and
 - b. The parent and provider sign an agreement with us indicating that:
 - i. Care occurs in the child's home; and
 - ii. There is no contact between the child and disqualified individual during child care hours.
- 2. The parent may choose a licensed provider or submit an application for a different inhome/relative provider.
- 3. If we become aware that the parent and provider are not meeting the conditions in subsection

(1)(a) and (b) of this section:

- a. We terminate care without advance and adequate notice;
- b. You need to find a different provider; and
- c. You may be subject to an overpayment under WAC 388-290-0270.

CLARIFYING INFORMATION

- 1. DSHS staff take several steps to assist parents in determining whether an in-home / relative provider is suitable. However the parent / guardian has ultimate responsibility to determine whether the in-home / relative provider is the most appropriate person to care for their child.
- 2. The consumer and provider are not eligible for any child care payments prior to the date all applicable background check results are received by the department. The "received date" is the date DSHS receives the information from the Washington State Patrol. That date is printed on the results letter or listed in the background inquiry data base.
- By signing the DSHS 14-417 WCCC Application, Part 2, Section 4, the consumer attests the inhome / relative provider meets the criteria under <u>WAC 388-290-0135</u> at the time child care is authorized.
- 4. An individual provider on ADATSA (Alcohol and Drug Addiction Treatment and Support Act) at the time of application for WCCC does not meet suitability requirements and will not be approved as an in-home / relative child care provider. Please note you may not give the details to the consumer regarding this denial. The most we can disclose is the provider did not pass the background check. You can offer to discuss it with the provider. WAC 388-290-0135 and WAC 388-290-0140 can be used for denial reasons.
- 5. An individual provider receiving General Assistance (GAU/X) or Supplemental Security Income (SSI) must be evaluated for suitability to provide care before WCCC is authorized. Receipt of SSI/SSA means a disability has been validated by another reliable source and we want to determine whether the provider is likely to be able to fulfill the duties as outlined in Part II of the application. The provider does not need to disclose the disability but it may be important to know if the disability would impair the provider from doing tasks such as the following:
 - · Picking up or holding a child
 - Using a phone to call in an emergency
 - Identifying when a situation would be considered an emergency
 - Driving (if transporting the child--Is there a valid driver's license)
 - Staying awake while the child is in need of supervision
 - Identifying when a situation needs adult supervision
 - Disciplining a child appropriately when needed, etc...

If it is determined that a letter of recommendation is needed, ask for one from someone who knows the provider. Be very specific about what the provider's duties would be while watching the children so the person writing the letter can speak to those duties. Please note you may not give the details to the consumer regarding this denial. The most we can disclose is the provider did not pass the background check. You can offer to discuss it with the provider. WAC 388-290-

<u>0135</u> and <u>WAC 388-290-0140</u> can be used for denial reasons.

6. The DSHS 09-891A, "Important Notice to Parents Using Child Care," prints automatically along with the DSHS 09-653, Background Authorization, from the WCAP. The notice gives the consumer guidance when reading the criminal history record and how the history relates to character and suitability of the provider. You can search for the form here.

WORKER RESPONSIBILITIES

- 1. Ensure that a DSHS 09-653 Background Authorization form is received from individuals required to have a background check under <u>WAC 388-290-0143</u>. Once the provider completes and submits the form to the department, file a copy in the consumer case record (hard file or the electronic case record).
- 2. Do not, at any time, fill in missing information for the applicant if the background authorization form is incomplete or illegible in any way. The form becomes invalid if anyone other than the applicant fills in the applicant's information.

To process a rejection letter for an incomplete or illegible form:

- a. Use the Rejection Letter (DSHS 10-385) in WCAP. Fill in the appropriate check box indicating which item is causing the rejection.
- b. Locally print the form and attach a copy of the Background Authorization Form (DSHS 09-653) submitted by the applicant.
- c. Send both forms to the consumer so the provider can make the corrections.
- d. Process the form once it is complete and correct.
- 3. Do not disclose any non-conviction information about the provider to the consumer unless the provider has signed the DSHS 17-063 or another signed release of information.

Background Inquiry Results

The consumer is meant to be the primary audience for the background inquiry result's content and instructions. Background inquiry results are received via the Background Check Inquiry database now in WCAP. The Background Check Inquiry database will hold all results of the background checks for a provider including a copy of the Record or Arrests and Prosecution (RAP) sheet. As the system is populated with data, staff can use this system to look up dates of prior checks.

Staff enter the provider/applicant data into the Background Check Inquiry database and send it directly to the BCCU (Background Check Central Unit). In most cases, a response will be received within 30 seconds with one of the following messages:

1. "Provider has no record":

When no record is discovered, WCAP will enter the "No Record" result in the consumer's WCAP Notes and it is also automatically logged and saved in the Background Check Inquiry database. The consumer will not receive notification of these results. Proceed with authorizing child care at this time.

2. "This CBI has been sent to BCCU. The tracking number is XXXX. You will receive a tickle when the results are available":

One of the following results will be issued from this search:

a. Record (DSHS 10-384):

This indicates the applicant has a record that may be of concern to the WCCC consumer

when making a hiring decision, however, the applicant is not disqualified. The "Record" result may include information from the Washington State Patrol (WSP), Department of Corrections (DOC), out-of-state information, or other sources, including the applicant's self-disclosure.

The result of this search is logged and saved in the Background Check Inquiry database. A result letter is automatically imaged into the electronic case record and sent via centralized mail to the consumer*. If the result does not come back within 30 seconds, a tickle will be generated when the results are available. The result letter will be imaged and sent even if the tickle is not worked.

When there is only a record result, assume the consumer wants to use the provider and process the case for payment. The consumer does not need to give the department a verbal or written statement about wanting to use the provider.

b. Disqualification (DSHS 10-386):

This indicates disqualifying information is found and the provider is not eligible for payment. The "Disqualification" result may include information from the WSP, DOC, out-of-state information, or other sources, including the applicant's self-disclosure.

The result of this search is automatically logged and saved in the Background Check Inquiry database. A result letter and termination letter are automatically imaged to the electronic case record and sent via centralized mail to the consumer*. If the result does not come back within 30 seconds, a tickle will be generated when the results are available. The result letter will be imaged and sent even if the tickle is not worked.

The consumer is still eligible for care but must choose a different provider. Give the consumer time to choose a new provider. Provide the consumer with the contact information for the Child Care Resource and Referral Agency at 1-800-446-1114. Submit a new Background Authorization form for a new in-home/relative provider or process payment for a licensed/certified provider, per the consumer's request.

c. Thumbprint needed (DSHS 10-383):

This indicates the system cannot perform a search on the applicant and return results without a thumbprint.

When the "Thumbprint needed" result is returned, print both the Thumbprint Request Letter and the WSP thumbprint form from the WCAP. Send both of these letters to the consumer. The consumer must have the applicant complete the forms according to the directions and submit them to the WSP.

WSP will process the forms and return the results to the BCCU. The BCCU will then send the results via the Background Check Inquiry database and a tickle will be generated when the results are received. Process the results according to 2 a or b of this section. The final result letter will be sent even if the tickle is not worked.

*Please note: These items must be sent from the local office when the consumer is coded with needing items in languages other than English or Spanish.

When a Person living with the provider is disqualified

- 1. When a provider is disqualified due to the disqualifying background of an individual living with the provider, the provider is disqualified from providing care where the other disqualified individual lives. If a parent wants to use the disqualified provider, DSHS requires the parent and provider sign an agreement (<u>DSHS Form 7-080</u>) with DSHS indicating:
 - a. Care will occur in the child's home; and

- b. There will be no contact between the child and disqualified individual during child care hours.
- 2. A signed copy of the parent / provider agreement (DSHS Form 7-080) must be on file. Do not authorize care prior to receiving the completed agreement.
- 3. If the parent is unwilling or unable to meet either of the two conditions in 1. above, they may choose a licensed provider or submit an application for a different in-home / relative provider.
- 4. If DSHS becomes aware the parent and provider are not meeting conditions in 1. above, terminate care without advance and adequate notice. The parent must find a different eligible provider to continue to receive WCCC. The parent could also be subject to an overpayment.
- 5. If an individual living with the provider is disqualified, a consumer **cannot** file for hearing. However, a consumer **can** file for hearing if their provider is disqualified based on their personal background.





You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PROVIDERS

C. OTHER PROVIDERS

Revised: February 11, 2005

Out of State
Head Start / ECEAP
Seasonal Day Camps

out-of-state providers

- 1. Out-of-state child care providers, including those in bordering and non-bordering states can be approved for payment The provider must:
 - a. Meet their state's statutory requirements for providing child care, and
 - b. Agree to subsidy payment rates based on the child's age and place of residence or the provider's customary rate, whichever is less.

EXAMPLE

Tracy is a current WCCC consumer. She is being sent by her employer to California to attend a 3-week training course. Tracy is bringing her infant with her and is requesting WCCC to pay for licensed child care in California. Tracy would need to provide complete information on the California provider prior to approval, including name, address, rates, any applicable fees, etc.

2. If the licensed/certified/registered provider has not had a criminal history background check through their state, they must have a background check processed through Washington state and the BCCU.

ALL individuals listed in WAC <u>388-290-0143</u> (1) (a) and (b) must have a Washington state criminal history check even if they have had a check through their home state.

Consumers can ask a provider to have a background check through their home state if the provider has not had a criminal history check done. Consumers may also want to check the provider's home state for child abuse/neglect records if this is available to them.

The out-of-state provider is eligible for payment when:

- We verify the licensed/certified/registered provider has had a criminal history background check as a part of the state's statutory requirements for providing child care, or
- We receive criminal history results from the BCCU on all required applicants according to WAC <u>388-290-0143</u> (1) (a) and (b).
- 3. The regional WCCC coordinator or the child care worker can contact the licensing entity in the other state to verify the person's license (or certificate or registration) is in good standing. The

following is contact information for Oregon and Idaho:

OREGON

Employment Department

Child Care Division 875

Union Street, NE Salem, OR 97311 Phone: 503-947-1400

Hotline: 800-556-6616 (within state)

Fax: 503-947-1428

Web site: http://findit.emp.state.or.us/childcare/index.cfm

Email: child_care@emp.state.or.us

IDAHO

(Will refer family child care calls to regional licensing agencies)

Idaho Department of Health & Welfare Bureau of Family & Children's Services

450 W. State Street Boise, ID 83720-0036

Hotline: (2-1-1 Idaho CareLine) Dial 2-1-1 or 800-926-2588; (TDD) 208-332-7205

Phone: Dial 2-1-1 (within state) or 800-926-2588 (nationwide)

Fax: 208-334-5531

Web site: < http://www2.state.id.us/dhw/ecic/CC/Child_Ca.htm>

E-mail: careline@idhw.state.id.us

- 4. Once the out-of-state provider is found to be eligible, the child care worker requests an SSPS provider number from the SSPS provider unit. The worker can request numbers for both out-of-state licensed/registered/certified and in-home/relative providers.
- 5. The following tables outline which Wa. State rate structure to apply to providers from Oregon and Idaho.

OREGON PROVIDERS:

Provider:	Туре:	Pay at:
Able to care for more than 3 children from more than one family at one time, (other than the person's own children)	Registered Family Home (ages 6 weeks to under 13 years old)	Licensed Family Home Rates
Able to care for up to 12 children at one time in the provider's home	Certified Family Home (ages 6 weeks to under 13 years old)	Licensed Family Home Rates
Able to care for children outside the provider's home (13 or more children or 12 or fewer	Certified Center	Licensed Center Rates

IDAHO PROVIDERS:

Provider:	Туре:	Pay at:
unlicensed (cares for 3 or less	Family Child Care Home Must be registered with the Idaho Child Care Program (ICCP)	Licensed Family Home rates

children in the provider's home)		
Family child care home, licensed (cares for 1-6 children in the provider's home)	Licensed Family Child Care Home	Licensed Family Home rates
Group Home Care (cares for 7-12 children in the provider's home)	Certified Group Home Care	Licensed Family Home rates
Croup Child Caro Contor	Licensed Group Child Care Center	Licensed Center rates
Child Care Center	Licensed Child Care Center	Licensed Center rates

HeadStart and Early Childhood Education and Assistance Programs (ECEAP)

See Other Subsidized Child Care for more information on these two programs.

1. Many Head Start and Early Childhood Education and Assistance Program (ECEAP) sites have expanded their educational programs to include licensed child care. Expanded programs are licensed by DCCEL and are eligible child care providers for WCCC. The number of hours authorized to them is based on the parent's hours of participation in an approved activity and the child's child-care needs.

EXAMPLE

An eligible WCCC consumer works 7 hours a day and requires full time care. The consumer wants to enroll the preschool aged child at a HeadStart site that is also a licensed child care center. Because the consumer's need is for full time care and the site is a licensed child care center, a full time authorization is appropriate.

Seasonal Day Camps

- 1. Seasonal camps are not required to be licensed by DSHS but must be:
 - a. Three months' or less in duration; and
 - b. Engaged primarily in recreational or educational activities.

See WAC 388-290-0125

- 2. In order to receive payment through the WCCC program, a seasonal camp must meet the previous criteria, and must:
 - a. Have a contract with DSHS to provide subsidized child care; and
 - b. Hold current accreditation by the American Camping Association.
- 3. Payment should be authorized to seasonal camps at the camp's rate or the DSHS center rate, whichever is less. The seasonal camp is not eligible to receive an activity fee.
- 4. The SSPS service codes for seasonal day camps are:
- 2930 (Seasonal Day Camp full day)
- 2931 (Seasonal Day Camp half day)
- 2932 (Seasonal Day Camp Registration)
- 2933 (Seasonal Day Camp Special Needs CC)

Click here for a list of current contracted Seasonal Day Camps.





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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

SPECIAL CIRCUMSTANCES

A. SPECIAL NEEDS CHILD CARE

Revised: February 1, 2005

Children with special needs may have a physical, emotional or mental impairment that limits one or more major life activities. Major life activities mean functions such as breathing, hearing, seeing, speaking, walking, using arms and hands, learning and working. (**PLAY** is the **work** of children).

Providers, children, and consumers all benefit when children with and without disabilities can learn and play together. Inclusion contributes to acceptance, improved socialization, and understanding of individual differences.

Providers and consumers may find the following publication helpful: **Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act (ADA)**. It explains how the requirements of the ADA apply to child care.

Effective May 28, 2004

WAC 388-290-0220 How does DSHS determine that my child qualifies for a special needs daily rate?

To qualify for the DSHS child care program's special needs subsidy daily rate your child must be either:

- 1. Be thirteen to nineteen years old and be under court supervision; or
- 2. Be under nineteen years old, and
 - a. Have a verified physical, mental, emotional, or behavioral condition that requires a higher level of care while in the care of the licensed or certified facility, a DSHS contracted seasonal day camp or in-home/relative provider; and
 - b. Have their condition and need for higher level of care verified by an individual who is not employed by the child care facility; and is either a:
 - i. Health, mental health, education or social service professional with at least a master's degree; or
 - ii. Registered nurse.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

EXAMPLE 1

Samantha's 1 1/2 year old, Felicity, was premature at birth and receives services from the Infant / Toddler Early Intervention Program. Samantha applied for WCCC and the Special Needs Rate. Samantha provided the child care worker with a note from Felicity's primary physician outlining her special needs and Felicity's need for a higher level of care. Felicity is eligible for the Special Needs Rate.

EXAMPLE 2

A 15-year-old child committed a crime for which there is a verified court order requiring the teen be under 24-hour supervision. The consumer is employed and qualifies for WCCC. The 15-year-old is eligible for the Special Needs Rate.

Authorizing Special Needs Child Care

Effective May 28, 2004

WAC 388-290-0225 What is the DSHS additional subsidy daily rate for children with special needs in a licensed or certified child care center or DSHS contracted seasonal day camp?

- 1. In addition to the rate listed in WAC <u>388-290-0200</u>, we authorize special needs daily rates to licensed or certified child care centers or DSHS contracted seasonal day camps according to whichever of the following is greater:
 - a. The provider's reasonable documented additional cost associated with the care of the child; or
 - b. The daily rate listed in the table below after you have verified that your child has a special need and requires a higher level of care according to WAC <u>388-290-0220</u>:

Region 2 fu	ull-day	birth - 11 months	12 - 29 months	30 months	5 - 12
Region 2 fu	ull-day			- 5 years	years
Region 2 fu	•	\$7.30	\$6.14	\$5.80	\$5.45
	alf-day	\$3.65	\$3.07	\$2.90	\$2.73
ha	ull-day	\$7.36	\$6.15	\$5.70	\$5.05
	alf-day	\$3.68	\$3.08	\$2.85	\$2.52
Region 3 fu	ull-day	\$9.75	\$8.13	\$7.02	\$6.82
ha	alf-day	\$4.88	\$4.06	\$3.51	\$3.41
Region 4 fu	ull-day	\$11.35	\$9.48	\$7.95	\$7.16
ha	nalf-day	\$5.67	\$4.74	\$3.98	\$3.58
Region 5 fu	ull-day	\$8.32	\$7.16	\$6.30	\$5.59
ha	nalf-day	\$4.16	\$3.58	\$3.15	\$2.80
Region 6 fu	ull-day	\$8.18	\$7.02	\$6.14	\$6.00
ha		\$4.09	\$3.51	\$3.07	\$3.00

2. The child care provider must verify the child's additional care needs when they request a rate

- above that listed in subsection (1)(b) of this section. The verification should include details about all of the child's additional needs in relevant areas such as environmental accommodations, ambulation, eating, personal hygiene, communication, and behavior.
- 3. If a provider is requesting one-on-one supervision or direct care for the child with special needs the person providing the one-on-one care must be:
 - a. At least eighteen years of age; and
 - b. Meet the requirements for being an assistant under chapter 388-295 WAC.
- 4. If the provider has a waiver to care for a child who:
 - a. Is thirteen years or older; and
 - b. Has special needs according to WAC <u>388-290-0220</u>, we authorize the special needs payment rate as described in subsection (1) of this section using the five to twelve year age range for comparison.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

Effective July 1, 2002

WAC 388-290-0230 What is the additional subsidy daily rate for children with special needs in a licensed or certified family home child care?

- 1. In addition to the rate listed in WAC <u>388-290-0205</u>, We authorize special needs daily rates to licensed or certified family home child care providers according to whichever of the following is greater:
 - a. The provider's reasonable documented additional cost associated with the care of the child; or
 - b. The daily rate listed in the table below after you have verified that your child has a special need and requires a higher level of care according to WAC <u>388-290-0220</u>:

		Infants	Toddlers	Preschool	School-age
		birth - 11 months	12 - 29 months	30 months - 5 years	5 - 12 years
Region 1	full-day	\$6.00	\$5.40	\$5.40	\$4.80
	half-day	\$3.00	\$2.70	\$2.70	\$2.40
Region 2	full-day	\$6.00	\$5.70	\$5.10	\$5.10
	half-day	\$3.00	\$2.85	\$2.55	\$2.55
Region 3	full-day	\$8.70	\$7.50	\$6.60	\$6.00
	half-day	\$4.35	\$3.75	\$3.30	\$3.00
Region 4	full-day	\$9.00	\$8.90	\$7.50	\$7.20
	half-day	\$4.50	\$4.45	\$3.75	\$3.60
Region 5	full-day	\$6.60	\$6.00	\$5.70	\$5.10
	half-day	\$3.30	\$3.00	\$2.85	\$2.55
Region 6	full-day	\$6.60	\$6.00	\$6.00	\$5.70

half-day \$3.30 \$3.00 \$3.00	2.85	5
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- 2. A family home child care provider must verify the child's additional care needs when they request a rate above that listed in subsection (1)(b) of this section. The verification should include details about all of the child's additional needs in relevant areas such as environmental accommodations, ambulation, eating, personal hygiene, communication, and behavior.
- 3. If the provider has a waiver to care for a child who:
 - a. Is twelve years or older; and
 - b. Has special needs according to WAC <u>388-290-0220</u>, we authorize the special needs payment rate as described in subsection (1) of this section using the five to eleven year age range for comparison.
- 4. If a provider is requesting one-on-one supervision/direct care for the child with special needs. The person providing the one-on-one care must be:
 - a. At least eighteen years old; and
 - b. Meet the requirements for being an assistant under chapter 388-155 WAC.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

Effective May 28, 2004

WAC 388-290-0235 What is the DSHS in-home / relative child care daily rate for children with special needs?

- 1. We authorize a base rate of two dollars and six cents an hour for in-home/relative child care when a child has verified special needs and requires a higher level of care according to WAC 388-290-0220.
- 2. In addition to the base rate, we authorize whichever of the following is greater:
 - a. Sixty-two cents per hour; or
 - b. The provider's reasonable documented additional cost associated with the care for that child.
- 3. The in-home/relative provider must verify the child's additional care needs when they request a rate above that listed in subsection (1)(a) of this section. The verification must include details about all the child's additional needs in relevant areas such as environmental accommodations, ambulation, eating, personal hygiene, communication, and behavior.
- 4. If other children in the home are also authorized for in-home/relative care with the same provider, we authorize:
 - a. Two dollars and six cents an hour for the child needing the most care; and
 - b. One dollar and three cents an hour for any additional children.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

CLARIFYING INFORMATION

1. No two children with special needs are alike. Each child's situation and needs must be looked at individually and a plan developed to meet the child's specific needs. For example, do not assume that children who receive a certain service or benefit, such as SSI automatically have additional care needs while in child care and will qualify for the special needs rate. Also children with the same diagnoses do not always have the same exact care needs.

Children's levels of care may vary from setting to setting. What a child needs at home may not be the same when at school. For the purposes of authorizing the special needs rate, it is important to focus on the child's additional care needs while in child care.

Likewise, all child care provider's skill and comfort levels are not the same when serving children with special needs. One provider may request the special needs rate, while another may not for the same child. This does not mean the child's needs have increased or decreased.

- 2. Special Needs child care can be authorized at one of the two levels. Those levels are:
 - a. <u>Level 1</u>: Thirty percent (30%) above the basic DSHS maximum daily rate. This is paid when the consumer and professional have verified the child's special need(s) and need for a higher level of care, or
 - b. <u>Level 2</u>: The provider's reasonable documented additional cost associated with the care of the child if above the DSHS special needs rate.
- Requests by consumers for special needs payments must be accompanied by documentation outlining the child's special needs for a higher level of care. This documentation must come from:
 - a. A registered nurse; or
 - b. A health, mental health, education or social service professional with a master's level or above degree.

Professionals who meet the criteria in (a) or (b) above and who are contracted by a licensed provider are not considered an employee of the provider. The contracted professional can provide the documentation verifying a child's special needs and additional care needs while at the licensed site.

Documentation from the professional may come in a variety of forms, but must clearly state what the child's special needs are and the additional care needs while in child care. Documentation can include, but is not limited to items such as Individual Education Plans (IEP), basic health records from a pediatrician, comprehensive assessments from public health nurses, or medical/psychological reports from specialists.

4. The severity and duration of a child's special and additional care needs may vary from time to time. Therefore, the professional documentation verifying the child's needs should be dated no longer than 18 months prior to the date of the request.

The documentation from the provider who requests a rate above the daily special needs rate must be updated at least annually.

- 5. The DSHS forms (10-287) Consumer Request for Special Needs Child Care Rate and (10-288) Provider Request for Additional Special Needs Payment can be used to gather information from consumers and providers about a child's additional care needs while in child care. The use of these forms is not mandatory. However, the use of these forms will help standardize the request process and information gathered from consumers and providers.
 - If a consumer or provider chooses not to use one of these forms, they must still provide documentation according to WAC <u>388-290-0220</u>, <u>0225</u>, or <u>0230</u>.
- 6. The special needs authorization can begin the date of request for the special needs payment, regardless of who made the request, the consumer or the provider. For example, a child begins care on 5/1. The provider requests the special needs rate on 6/15 and all required verification is received on 6/30. The special needs rate can be authorized beginning 6/15.
- 7. DSHS does **not** pay for training or equipment. If a provider indicates the additional cost of care associated with a child with special needs is due to special training or equipment, refer the provider to the local Child Care Resource and Referral (CCR&R) agency. The CCR&R agency may be able to assist the provider in obtaining special funding for training and/or equipment.

The provider may also find there are tax credits or deductions available to help offset the costs associated with complying with the American with Disabilities Act (ADA) and serving a specific child with a disability. For more information, they can contact the:

U.S. Department of Justice P.O. Box 66738 Washington, D.C. www.usdoj.gov/crt/ada

WORKER RESPONSIBILITIES

For both Level 1 and Level 2 Special Needs Rate Authorizations:

- 1. Obtain from the consumer the documentation from the professional outlining the child's special needs and need for a higher level of care
- 2. Document in WCAP the consumer's request for the special needs rate and information provided by the professional regarding the child's need for a higher level of care in WCAP. The DSHS 10-287 (as previously noted) can be used to gather the request information from the consumer.
- 3. Contact the consumer to discuss whether he/she is in agreement with the request, if the initial request for the special needs rate comes from someone other than the consumer.

Level 1 Authorization

1. A level 1 authorization means the provider is willing to accept the standard special needs rate outlined in WAC <u>388-290-0225</u>, <u>388-290-0230</u>, or <u>388-290-0235</u>.

- 2. For children in licensed / certified care, authorize the:
 - a. Provider's or DSHS standard child care rate, whichever is less, with the appropriate SSPS code for full or half-day regular care, and
 - b. Special needs rate according to region, provider type, and the the child's age category, with SSPS code 02956.
- 3. The number of special needs units should match the number of regular child care units authorized.

EXAMPLE 1

In Region 1, a 3-year-old child with verified special needs and additional care requirements, in a licensed family home, needs 10 hours a day, Monday - Friday or 22 full-days of child care per month. Assumine in this example the provider's usual and customary rate is higher than the standard DSHS rate, and authorize as follows:

Line 1:	02951	22	\$396.00
Line 2:	02956	22	\$118.80

- 4. For children in in-home / relative care:
 - a. \$2.06 per hour with the appropriate SSPS code, and
 - b. \$.62 per hour for special needs with the appropriate SSPS code 2957.

FXAMPI F 2

Donna has two children in in-home / relative child care; the older child has special needs and requires 100 hours of care. The youngest child needs 175 hours of care. Assume in this example the provider's usual and customary rate is higher than the standard DSHS rate, and authorize as follows:

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Line 1:	8 hours	5 days	\$2.06	175	\$360.50	
02941	/ day	/ week	/ hour	hours		
Older Child with special needs and additional care requirements:						
Line 1:	5 hours	5 days	\$2.06	100	\$206.00	
02941	/ day	/ week	/ hour	hours		
Line 2:	5 hours	5 days	\$0.62	100	\$62.00	
02957	/ day	/ week	/ hour	hours		

Note: Even though the special needs child requires less hours than the other child, pay the \$2.06 per hour rate plus the \$.62 per hour special needs rate. Normally the child in care for the lesser hours would get the \$1.03 rate.

Level 2 Authorization

1. A level 2 authorization means the provider is asking for a special needs rate greater than one listed in WAC 388-290-0225, 388-290-0230, or 388-290-0235.

For Level 2 authorizations providers submit their "reasonable documented additional cost associated with the care of the child". What is "reasonable" will differ from provider to provider and the amount of additional care provided.

There is not a WAC that sets a limit on the amount that can be authorized at this time. However, the following dollar figures can be used as guidelines. These figures are based on other DSHS agencies' payment limits for similar care.

- In-home/relative care- Total of the regular rate and special needs rate; not to exceed \$8.93 an hour.
- Licensed care- Special needs rate only; not to exceed \$14.93 an hour.

When a rate greater than these are requested, attempt to staff the case with headquarters personnel. Please use local chains of command for staffing with headquarters.

- a. Authorize the provider's or DSHS standard child care rate, whichever is less, with the appropriate SSPS code,
- b. Obtain from the provider a written description of child's additional care needs and the provider's additional cost associated with the care. The 10-288 can be used to obtain this information.
- 3. The number of special needs units should match the number of regular child care units authorized.
- 4. If a special needs rate above that listed in WAC <u>388-290-0225</u>, <u>388-290-0230</u>, or <u>388-290-0235</u> is authorized, the special needs SSPS service code should be proceeded by a '9' and supervisory approval obtained.
 - a. If a special needs rate above that which is listed in <u>WAC 388-290-0225</u>, or <u>388-290-0230</u> is authorized, the SSPS service code should be proceeded by a '9'.

EXAMPLE 1

Jack and Sara have a 4 yr. old child with severe behavioral problems due to an early child-hood brain trauma who needs full-time/full-day child care. In order to maintain the child in a licensed family home, the provider is choosing to decrease her ratio by two children (an infant and toddler). She will take no more than 4 children.

The child's needs are well documented and this is a good match between the child and provider. The provider documents the following as her cost of care (she charges the same as DSHS):

Regular child care rate: \$462.00 a month or \$21.00 a day

2 slots: (infant-\$610.06 and toddler-\$524.92 or \$1134.98)

Authorize the care as follows:

2951	22	\$462.00
92956	22	\$1134.98

EXAMPLE 2

A licensed provider states that in order to maintain a child at their site, a staff person must "shadow" or provide 1 on 1 care to the child. Situations requiring this level of care can occur, for example, when a child: needs help to actively participate in all activities, poses a health or safety threat to himself and/or other children, or has significant medical needs. In these cases, the provider often asks for a special needs rate that will cover the wage for the individual staff person.

A provider presents with the following information:

They have decided to enroll Sam who is a 4 yr old, diagnosed with autism. Sam can speak a few words but he does not normally ask for anything. He can feed himself with some help but cannot use the toilet by himself. Sam does not interact with his classmates; but sometimes he hits out at them and the staff. The provider has a staff person assigned only to Sam. The staff person has no special

training (she meets the "assistant" requirements of WAC <u>388-295-1040</u>) but Sam responds well to her and she can get Sam to "participate" in some activities. The provider is also developing a plan to see if the need for the 1 on 1 staff can be decreased over time.

The provider is requesting the regular child care rate for a 4 yr old and an additional special needs rate of \$9.50 an hour. The \$9.50 will cover the \$8.50 wage for the staff person and the administrative costs for that employee (L&I, medicare, taxes, etc...). The \$9.50 could be considered a "reasonable documented cost." This amount can be authorized in addition to the daily child care rate for a 4 year old according to the regional rates.



Facing the Future



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Working Connections Child Care (WCCC) Manual



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PAYMENTS

K. REAUTHORIZATION & ELIGIBILITY REVIEWS

Revised: October 2002

Effective July 1, 2002

WAC 388-290-0105 What is the process for my review for reauthorization of my WCCC benefits?

- 1. You are required to complete a review of your WCCC benefits. We determine if you are still eligible by:
 - a. Requesting on-going eligibility review information prior to the end date of your current WCCC eligibility period; and
 - b. Reviewing the requested information.
- 2. Your WCCC benefits may continue if:
 - a. Your review eligibility information is received no later than ten days after your previous eligibility period ends;
 - b. Your provider is eligible for payment under WAC 388-290-0125; and
 - c. You are eligible for WCCC.
- 3. If you are determined eligible for WCCC benefits based on your review information, the program will notify you of continued benefits.
- 4. If you provide the requested review information to us more than ten days beyond your last eligibility period, you are determined eligible for WCCC and you:
 - a. Receive TANF, your benefit begins when:
 - i. You are participating in your approved activity, and
 - ii. Your eligible provider (under WAC 388-290-0125) is caring for your child.
 - b. Do not receive TANF, your benefit begin date is the date your:
 - i. Application is date stamped as received;
 - ii. Eligible provider (under WAC 388-290-0125) is caring for your child; and

iii. Participation in an approved activity has started.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

Previous Version:

CLARIFYING INFORMATION

- 1. The WCAP is designed so that DSHS 14-430(X) WCCC Child Care Review can be generated anytime prior to the eligibility end date.
- 2. Consumers must be given at least 10 days to respond to a request for information which means that reviews should be sent out at least 15-30 working days prior to the eligibility end date.

WORKER RESPONSIBILITIES

- 1. Generate the "reviews due" list through WCAP under the Reports menu.
- 2. Generate the DSHS 14-430(X) from WCAP and mail to the consumer.
- 3. Generate and send to the provider the DSHS 14-430(A)(X) Child Care End Date Reminder, from the WCAP. The DSHS 14-430(A)(X) is a courtesy reminder which must be mailed to the provider.

How is Child Care Re-Authorized at Time of Review?

- 1. Determine if the consumer's hours of employment or participation in WorkFirst activities have changed; (review ACES and/or JAS if the consumer receives TANF to verify their current eligibility status, employment information, address, and living situation).
- 2. Enter any new or missing information into the Activity / Schedule screen of the WCAP.
- 3. Using the WCAP, re-determine income eligibility and the copayment based on new income information.
- 4. Determine the child's need for care based on the:
 - a. Consumer's employment and/or approved activity schedule;
 - b. Child's school or other scheduled activities; and
 - c. Availability and ability of the second parent in a family.
- Generate the DSHS 7-066 (X) WCCC Award / Change Letter in the automated program and send to the consumer. If you determine the consumer is ineligible, see Terminating Eligibility -A. Terminating Eligibility or Benefits.
- 6. Generate and send the DSHS 07-075 (X) In-Home / Relative Letter (if applicable) to that particular provider. This letter notifies the in-home / relative provider of the parent's activity,

copayment amount and eligibility period. The letter also reminds providers of their responsibilities for care of the children and billing with DSHS.

- 7. Contact the provider (if needed) to verify their customary rate and schedule of care.
- 8. Update the authorization in the WCAP and send to SSPS.
- 9. Document the re-approval of benefits in the case notes in the WCAP.
- 10. If the family is receiving TANF, and the case manager is not the AW, notify the WorkFirst case manager of continuing child care benefits.

Pending of Reviews

- When you receive an incomplete review send the consumer a pending letter giving them another 10 days to provide the necessary information. If the consumer fails to return the information as requested notify them that child care benefits are denied using the DSHS 15-247 (X) Denial / Termination Notice.
- 2. If the consumer returns all necessary information within the timeframe given on the pending letter, authorize child care to begin retroactively to the day after the original eligibility end date.

EXAMPLE

Stacy's eligibility end date is June 30th. She received a request for review information and sent the items in on the 25th of June. She was sent a pending letter for missing items and was given until the 7th of July to provide the information. Stacy was able to provide all needed information by the 7th. She was determined to be re-eligible for WCCC effective July 1st.

Reviews and Changes in Benefits

DSHS is not required to provide 10-day notice to a consumer if a change in benefit will occur from a current period of eligibility to one immediately following. (WAC 388-290-0120)

EXAMPLE 1

Debra's eligibility end date is April 30th. She was unable to provide all the necessary review information on this date. A pending letter was sent. All information to determine eligibility and the copayment was received on May 10th. Based on new income Debra's copayment will increase from \$25 to \$275. Authorization for the child care and the new copayment amount is effective May 1st.

EXAMPLE 2

Joan's eligibility end date is October 31st. Her review information was received on October 28th. Joan indicated she would be getting a raise effective November 1st. The raise will make her over income for WCCC benefits. A denial letter should be sent, but the worker can make the denial effective October 31st.

Late Return of Reviews

- 1. If a consumer fails to return a review within the given time frame, the consumer does not need to receive a notice of termination or denial in this case (<u>WAC 388-290-0120</u>) as they received advanced notice of the eligibility end date via the DSHS 07-066 (X), Award / Change Letter. The individual lines of service on the DSHS 14-159 (X) Social Service Authorization should be terminated. This will generate a Social Services Notice sent automatically to the licensed or certified provider.
- 2. Establish a new eligibility period according to WAC 388-290-0105.

EXAMPLE

Tom's eligibility end date was October 31st. He failed to return any of the review information, his care was not extended and the lines of service on the DSHS 14-159 were terminated. Tom comes in on December 5th and wants child care re-established. You determined that Tom has all the information required for you to re-determine eligibility including November's pay stubs. Tom's care is re-authorized effective December 5th.







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Working Connections Child Care (WCCC) Manual



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PAYMENTS

M. PAYMENT REDUCTIONS, TERMINATIONS AND INCREASES

Revised: October 2002

In this section:

- Advance and Adequate Notice of Payment Changes
- Statewide Rate Increases

Advance and Adequate notice of payment changes

Effective January 19, 2002

WAC 388-290-0115 When does the WCCC program provide me with advance and adequate notice of payment changes?

- 1. The WCCC program provides you with advance and adequate notice for changes in payment when the change results in a suspension, reduction, termination, or forces a change in child care arrangements, except as noted in WAC 388-290-0120.
- "Advance and adequate notice," means a written notice of a WCCC reduction, suspension, or termination that is mailed at least ten days before the date of the intended action which includes the Washington Administrative Code (WAC) supporting the action, and your right to request a fair hearing.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version:

CLARIFYING INFORMATION

- Payments made after the change and during the advance notice period may be considered an
 overpayment if the consumer is not eligible. Consumers are entitled to a ten-day notice, but may
 not necessarily be eligible for the care provided during the time period.
- 2. WAC 388-290-0115 does not apply to child care providers. However, a copy of the DSHS 14-247(X) WCCC Denial / Termination Notice sent to the consumer should be sent as a courtesy whenever possible. Always send the DSHS 14-430A (x) Child Care End Date Reminder to the provider at a consumers eligibility review.

WORKER RESPONSIBILITIES

Use the DSHS 14-247(X) WCCC Denial / Termination Notice to inform consumers that WCCC has been denied or terminated.

Effective July 1, 2002

WAC 388-290-0120 When doesn't advance and adequate notice of payment changes apply to me?

We do not give you advance and adequate notice in the following circumstances:

- 1. You tell the us you no longer want WCCC;
- 2. Your whereabouts are unknown to us;
- 3. You are receiving duplicate child care benefits;
- 4. Your new authorization period results in a change in child care benefits;
- The location where child care occurs does not meet requirements under WAC 388-290-0130;
- 6. We determine your in-home/relative provider:
 - a. Is not of suitable character and competence;
 - b. May cause a risk of harm to your children based on the provider's physical or mental health; or
 - c. Has been convicted of, or has charges pending for crimes listed in WAC 388-290-0160 or 388-290-0165.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. Advance and adequate notice is not required when:
 - a. The department has received a written or verbal statement from the consumer that they no longer want benefits. Complete and send the DSHS 15-247 (x) WCCC Denial / Termination Notice to the consumer confirming the request;
 - b. Department mail to the consumer has been returned by the Post Office indicating no known forwarding address;
 - c. The consumer is receiving child care assistance in another catchment area or another state.

2. When a case is up for review, the consumer will receive the DSHS 14-430 (x) Review Letter which serves as a reminder that the consumer's child care authorization is scheduled to end on a specific date. There is no need to send a 10-day termination notice to the consumer, per WAC 388-290-0120 (4) above.

For a more complete description of advance and adequate notice, refer to <u>EA-Z Manual</u> (<u>Letters</u>, and <u>Change of Circumstances</u>).

Statewide rate increases

CLARIFYING INFORMATION

- 1. Rate increases are phased in over a period of six months.
- 2. New rates are authorized at the time of a review or a new or changed authorization.

EXAMPLE 1

DSHS has authorized a rate increase effective September 1st. All authorizations prior to September 1st should remain unchanged. The current authorized rates can be increased to the new rates when an authorization comes up for review, or when a change in the authorization is needed for any reason.

For example, a case is authorized April - September. The new rates should be implemented for this case on October 1st (at the time of review) if the consumer is still eligible. However, if a change is needed to the authorization in September, i.e., the number of hours of care needed changes, the rate change would be made at the same time.

EXAMPLE 2

A consumer applies for child care on September 15th, the new rates which took effect on September 1st would be used for this authorization.

The WCAP automatically retrieves the correct rates based on the eligibility begin date on the income screen. The AW may need to manually change the rates if a consumer applies prior to a rate change, but does not start using care until after the rate change.

EXAMPLE 3

A rate change is effective January 1st. Jack applies for WCCC on December 12th and is approved on the 20th. His provider does not start care until January 15th. The new rates would be used as care does not actually begin until after the rate change.









Facing the Future





Working Connections Child Care (WCCC) Manual



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PAYMENTS

I. REGISTRATION AND ACTIVITY FEES

Revised: October 2002

Effective July 1, 2002

WAC 388-290-0245 When can the WCCC program authorize payment of fees for registration?

- 1. We pay licensed or certified child care providers and seasonal day camps that have contracts with us to provide subsidized child care a registration fee once per calendar year of fifty dollars per child or the provider's usual fee, whichever is less only if the fees are:
 - a. Required of all parents whose children are in care with that provider; and
 - b. Needed to maintain the child care arrangement.
- 2. The registration fee may be authorized more than once per calendar year when:
 - a. There is a break in your child care services for more than sixty days and the provider's usual policy is to charge an additional registration fee when there is a break in care; or
 - b. The children change child care providers and the new provider meets subsection (1)(a) and (b) of this section.
- 3. The WCCC program pays licensed or certified child care providers a monthly activity fee of twenty dollars per child or the provider's actual cost for the activity, whichever is less only if the fees meet the conditions in subsection (1)(a) and (b) of this section.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

Registration Fees

Some child care programs charge a per-child registration fee. Other programs charge a per-family registration fee.

Activity Fees

1. Child care programs may charge an additional fee to families for a variety of "activities". For

example, field trips, bowling, the movies and/or the purchase of 1-time items for a special craft project. The requests for authorization of "activity" fees are usually more common during the summer, although the fee can be authorized year-round.

- 2. The activity fee must be required of all parents, subsidized and unsubsidized. It can be used to cover:
 - a. The cost of admissions (to the zoo, museums, movies, etc...),
 - b. Food (if purchased while on an outing), and
 - c. Travel, but only for public transportation to a specific recreational activity;
- 3. The activity fee does not cover:
 - a. Transportation costs if the provider is regularly transporting children to and from school or using a business vehicle to transport to and from activities;
 - b. "Optional enrichment programs" for the child such as preschool (and preschool curriculum items), language classes, kindergym, dance, gymnastics, swimming lessons, etc.)

WORKER RESPONSIBILITIES

Registration Fees

- 1. Authorize either \$50 per child or the provider's rate for the fee, whichever is less.
- 2. The registration fee is paid once per calendar year, per provider. Pay the fee only when the provider requires this annual fee of all parents, subsidized and non-subsidized (private pay).
- 3. Pay the fee more than once per year if the consumer changes providers and the new provider charges a registration fee.
- 4. Authorize and allow payment of the registration fee if:
 - a. The consumer is eligible,
 - b. The child does not attend, and
 - c. There was verbal authorization by the AW for the child to begin care or Part 2 of the application was completed.

Activity Fees

- 1. Request the licensed / certified child care provider to supply written verification of their activity fees.
- 2. If this fee is charged, authorize up to \$20 per child, per month using SSPS code 2939.







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Working Connections Child Care (WCCC) Manual



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PAYMENTS

J. INFANT BONUS

Revised: October 2002

Effective January 19, 2002

WAC 388-290-0250 When can WCCC pay a bonus for enrolling an infant?

The WCCC program pays licensed or certified child care providers a one-time bonus of two hundred fifty dollars for each infant they newly enroll in care if all the following conditions are met:

- 1. The child being cared for is less than twelve months of age;
- 2. The child care facility has not already received a bonus for that infant;
- 3. We expect care to be provided for five days or more; and
- 4. The provider must care for the infant a minimum of five days in order to claim the bonus.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

CLARIFYING INFORMATION

- 1. A licensed / certified provider caring for a child from birth up to the age of 12 months should be authorized a \$250 "infant bonus" at the time they begin care for the child. Authorize the bonus using **SSPS code 2936**.
- 2. The licensed / certified provider:
 - a. Does not need to request the bonus;
 - b. Is not required to document how the infant bonus is going to be used, and
 - c. Eligible to claim for the infant bonus when 5 days of care has actually been provided.









Facing the Future

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Working Connections Child Care (WCCC) Manual



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PAYMENTS

K. REAUTHORIZATION & ELIGIBILITY REVIEWS

Revised: October 2002

Effective July 1, 2002

WAC 388-290-0105 What is the process for my review for reauthorization of my WCCC benefits?

- 1. You are required to complete a review of your WCCC benefits. We determine if you are still eligible by:
 - a. Requesting on-going eligibility review information prior to the end date of your current WCCC eligibility period; and
 - b. Reviewing the requested information.
- 2. Your WCCC benefits may continue if:
 - a. Your review eligibility information is received no later than ten days after your previous eligibility period ends;
 - b. Your provider is eligible for payment under WAC 388-290-0125; and
 - c. You are eligible for WCCC.
- 3. If you are determined eligible for WCCC benefits based on your review information, the program will notify you of continued benefits.
- 4. If you provide the requested review information to us more than ten days beyond your last eligibility period, you are determined eligible for WCCC and you:
 - a. Receive TANF, your benefit begins when:
 - i. You are participating in your approved activity, and
 - ii. Your eligible provider (under WAC 388-290-0125) is caring for your child.
 - b. Do not receive TANF, your benefit begin date is the date your:
 - i. Application is date stamped as received;
 - ii. Eligible provider (under WAC 388-290-0125) is caring for your child; and

iii. Participation in an approved activity has started.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

Previous Version:

CLARIFYING INFORMATION

- 1. The WCAP is designed so that DSHS 14-430(X) WCCC Child Care Review can be generated anytime prior to the eligibility end date.
- 2. Consumers must be given at least 10 days to respond to a request for information which means that reviews should be sent out at least 15-30 working days prior to the eligibility end date.

WORKER RESPONSIBILITIES

- 1. Generate the "reviews due" list through WCAP under the Reports menu.
- 2. Generate the DSHS 14-430(X) from WCAP and mail to the consumer.
- 3. Generate and send to the provider the DSHS 14-430(A)(X) Child Care End Date Reminder, from the WCAP. The DSHS 14-430(A)(X) is a courtesy reminder which must be mailed to the provider.

How is Child Care Re-Authorized at Time of Review?

- 1. Determine if the consumer's hours of employment or participation in WorkFirst activities have changed; (review ACES and/or JAS if the consumer receives TANF to verify their current eligibility status, employment information, address, and living situation).
- 2. Enter any new or missing information into the Activity / Schedule screen of the WCAP.
- 3. Using the WCAP, re-determine income eligibility and the copayment based on new income information.
- 4. Determine the child's need for care based on the:
 - a. Consumer's employment and/or approved activity schedule;
 - b. Child's school or other scheduled activities; and
 - c. Availability and ability of the second parent in a family.
- Generate the DSHS 7-066 (X) WCCC Award / Change Letter in the automated program and send to the consumer. If you determine the consumer is ineligible, see Terminating Eligibility -A. Terminating Eligibility or Benefits.
- 6. Generate and send the DSHS 07-075 (X) In-Home / Relative Letter (if applicable) to that particular provider. This letter notifies the in-home / relative provider of the parent's activity,

copayment amount and eligibility period. The letter also reminds providers of their responsibilities for care of the children and billing with DSHS.

- 7. Contact the provider (if needed) to verify their customary rate and schedule of care.
- 8. Update the authorization in the WCAP and send to SSPS.
- 9. Document the re-approval of benefits in the case notes in the WCAP.
- 10. If the family is receiving TANF, and the case manager is not the AW, notify the WorkFirst case manager of continuing child care benefits.

Pending of Reviews

- When you receive an incomplete review send the consumer a pending letter giving them another 10 days to provide the necessary information. If the consumer fails to return the information as requested notify them that child care benefits are denied using the DSHS 15-247 (X) Denial / Termination Notice.
- 2. If the consumer returns all necessary information within the timeframe given on the pending letter, authorize child care to begin retroactively to the day after the original eligibility end date.

EXAMPLE

Stacy's eligibility end date is June 30th. She received a request for review information and sent the items in on the 25th of June. She was sent a pending letter for missing items and was given until the 7th of July to provide the information. Stacy was able to provide all needed information by the 7th. She was determined to be re-eligible for WCCC effective July 1st.

Reviews and Changes in Benefits

DSHS is not required to provide 10-day notice to a consumer if a change in benefit will occur from a current period of eligibility to one immediately following. (WAC 388-290-0120)

EXAMPLE 1

Debra's eligibility end date is April 30th. She was unable to provide all the necessary review information on this date. A pending letter was sent. All information to determine eligibility and the copayment was received on May 10th. Based on new income Debra's copayment will increase from \$25 to \$275. Authorization for the child care and the new copayment amount is effective May 1st.

EXAMPLE 2

Joan's eligibility end date is October 31st. Her review information was received on October 28th. Joan indicated she would be getting a raise effective November 1st. The raise will make her over income for WCCC benefits. A denial letter should be sent, but the worker can make the denial effective October 31st.

Late Return of Reviews

- 1. If a consumer fails to return a review within the given time frame, the consumer does not need to receive a notice of termination or denial in this case (<u>WAC 388-290-0120</u>) as they received advanced notice of the eligibility end date via the DSHS 07-066 (X), Award / Change Letter. The individual lines of service on the DSHS 14-159 (X) Social Service Authorization should be terminated. This will generate a Social Services Notice sent automatically to the licensed or certified provider.
- 2. Establish a new eligibility period according to <u>WAC 388-290-0105</u>.

EXAMPLE

Tom's eligibility end date was October 31st. He failed to return any of the review information, his care was not extended and the lines of service on the DSHS 14-159 were terminated. Tom comes in on December 5th and wants child care re-established. You determined that Tom has all the information required for you to re-determine eligibility including November's pay stubs. Tom's care is re-authorized effective December 5th.







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Working Connections Child Care (WCCC) Manual



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PAYMENTS

WAC 388-290-0105

A. PAYMENT BEGIN DATE	<u>s</u>
WAC 388-290-0095	If I receive temporary assistance for needy families (TANF) and I am determined eligible for WCCC, when do my benefits begin?
WAC 388-290-0100	If I do not receive temporary assistance for needy families (TANF) and I am determined eligible for WCCC, when do my benefits begin?
B. DETERMINING MONTHL	Y HOURS OF CARE
C. DETERMINING UNIT OF	CARE AUTHORIZED FOR LICENSED CARE PROVIDERS
D. MULTIPLE PROVIDERS	
E. 24-HOUR CARE	
F. PROVIDER RATE STRU	<u>CTURES</u>
WAC 388-290-0180	When are the WCCC program subsidy rates in this chapter effective?
WAC 388-290-0185	How does the WCCC program set rates when my child is five years old?
WAC 388-290-0190	What does the WCCC program pay for and when can the program pay more?
WAC 388-290-0200	What daily rates does DSHS pay for child care in a licensed or certified child care center or DSHS seasonal contracted day camps?
WAC 388-290-0205	What daily rates does DSHS pay for child care in a licensed or certified family home and child care?
WAC 388-290-0240	What is the DSHS child care subsidy rate for in-home / relative child care and how is it paid?
G. SPECIAL REQUIREMEN	I <u>TS</u>
H. REGISTRATION AND FI	ELD TRIP FEES
WAC 388-290-0245	When can the WCCC program authorize payment of fees for registration?
WAC 388-290-0247	When can the WCCC program authorize payment for field trip fees?
I. INFANT BONUS	
WAC 388-290-0250	When can WCCC pay a bonus for enrolling an infant?
J. ELIGIBILITY REVIEWS	

How do I reapply for WCCC when my eligibility period is ending?

K. PRIVATE AND THIRD-PARTY PAYMENTS

L. PAYMENT REDUCTIONS, TERMINATIONS AND INCREASES

M. Statewide Rate Increases







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PAYMENTS

M. PAYMENT REDUCTIONS, TERMINATIONS AND INCREASES

Revised: October 2002

In this section:

- Advance and Adequate Notice of Payment Changes
- Statewide Rate Increases

Advance and Adequate notice of payment changes

Effective January 19, 2002

WAC 388-290-0115 When does the WCCC program provide me with advance and adequate notice of payment changes?

- 1. The WCCC program provides you with advance and adequate notice for changes in payment when the change results in a suspension, reduction, termination, or forces a change in child care arrangements, except as noted in WAC 388-290-0120.
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WORKER RESPONSIBILITIES

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For a more complete description of advance and adequate notice, refer to <u>EA-Z Manual</u> (<u>Letters</u>, and <u>Change of Circumstances</u>).

Statewide rate increases

CLARIFYING INFORMATION

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EXAMPLE 1

DSHS has authorized a rate increase effective September 1st. All authorizations prior to September 1st should remain unchanged. The current authorized rates can be increased to the new rates when an authorization comes up for review, or when a change in the authorization is needed for any reason.

For example, a case is authorized April - September. The new rates should be implemented for this case on October 1st (at the time of review) if the consumer is still eligible. However, if a change is needed to the authorization in September, i.e., the number of hours of care needed changes, the rate change would be made at the same time.

EXAMPLE 2

A consumer applies for child care on September 15th, the new rates which took effect on September 1st would be used for this authorization.

The WCAP automatically retrieves the correct rates based on the eligibility begin date on the income screen. The AW may need to manually change the rates if a consumer applies prior to a rate change, but does not start using care until after the rate change.

EXAMPLE 3

A rate change is effective January 1st. Jack applies for WCCC on December 12th and is approved on the 20th. His provider does not start care until January 15th. The new rates would be used as care does not actually begin until after the rate change.





You can email your questions or comments about the Working Connections
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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

B. WHAT MAKES UP A FAMILY?

Revised: April 10, 2006

Effective May 28, 2004

WAC 388-290-0015 How does the WCCC program determine my family size for eligibility?

We determine your family size by reviewing those individuals who live together in the same household as follows:

1. If you are:	We count the following individuals as part of the family for WCCC eligibility:
a. A single parent, including a minor parent living independently;	You and your children.
b. Unmarried parents who have at least one mutual child;	Both parents and all their children living in the household.
c. Unmarried parents with no mutual children;	Unmarried parents and their respective children living in the household as separate WCCC families.
d. Married parents;	Both parents and all their children living in the household.
e. Undocumented parents;	Parents and children, documented and undocumented, as long as the child needing care is a U.S. citizen or legally residing in the United States. All other family rules in this section apply.

f. A consumer as defined in WAC 388-290-0005 (1)(c) through (i);	The children only. (The children and their income are counted.)
g. A minor parent with children and live with a parent/guardian;	Only the minor parent and their children.
h. A family member who is out of the household because of employer requirements, such as the military or training, and is expected to return to the household.	You, the absent individual, and the children. Subsection (1)(b) and (d) of this section apply.
i. A family member who is voluntarily out of the household for reasons other than requirements of the employer, such as unapproved schooling and visiting family members, and is expected to return to the household.	You, the absent individual and the children. Subsection (1)(b) and (d) of this section apply as well as WAC 388-290-0020.
j. An incarcerated family member.	The absent individual is removed from the household. We count all remaining household members. All other family rules in this section apply.
2. If your household includes:	We count the following individuals as part of the family for WCCC eligibility:
a. Eighteen year old siblings of the children who require care and are enrolled in high school or general equivalency diploma (GED) program.	The eighteen year olds (unless they are a parent themselves), until they turn nineteen or complete high school/GED, whichever comes first. All other family rules in this section apply.
b. Siblings of the children requiring care who are up to twenty-one years of age and who are participating in an approved program through the school district's special	The individual participating in an approved program through RCW 28A.155.020 up to twenty-one years of age (unless they are a parent themselves). All other family rules in this section apply.

education department under RCW 28A.155.020.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. Married or unmarried TANF and non-TANF minor parents are considered a separate family when they, with their child, reside with a parent, or guardian.
 - a. The income of the grandparent or guardian is not counted toward household income.
 - b. The ability and availability of the grandparent or guardian to provide care is not considered.

EXAMPLE 1

Jack and Diane are the unmarried parents of Shady Tree. The three of them live with Diane's mother. Diane has 1 sibling still living at home. Jack, Diane, and Shady Tree are considered a separate family from Diane's mother and sibling. Consider only the income of Jack, Diane and Shady Tree for the purposes of eligibility and co-payment. Do not consider Diane's mother for ability or availability to provide care.

EXAMPLE 2

Tony is a single father of a one year old child. He and the child live with his father. Tony, his child and his father are all on a TANF grant together. Tony needs child care to attend his last year of high school.

Count only Tony and his child as part of the WCCC household and their income for eligibility and copayment purposes. Tony's father would not be considered for ability or availability to provide care for his grandchild.

2. WCCC family units are based primarily on how the child is related to the adults, not to other children.

EXAMPLE 1

Lucy and Kevin are unmarried parents. They have 2 mutual children and he has 1 child from a previous relationship. While living together, they are considered a family of 5. Kevin leaves the home with no indication he is returning. All the children remain with Lucy. Lucy is potentially eligible for WCCC for herself and 2 children. To receive WCCC for Kevin's child she would need to apply for and receive TANF as an *in loco parentis*.

EXAMPLE 2

Lucy and Kevin are unmarried parents. They have 2 mutual children and he has 1 child from a previous relationship. They are considered a family of 5. Kevin leaves the home for a non work related reason and expects to return to the household. All the children remain with Lucy. The family is considered a family of 5. All eligibility rules must be met, including WAC 388-290-0020 and WAC

388-290-0045

3. If a parent is out of the household due to an approved activity, their actual schedule does not have to coincide with the remaining parent's schedule. In these cases, allow for WCCC for the remaining parent's schedule if the family is income eligible.

EXAMPLE

Jason and Jennifer are approved for WCCC with children. She is in the military and is sent out on assignment. Jason's work schedule is Monday-Friday 8am-5pm. Jennifer works graveyard. We do not consider her work hours as she is not available for care and she is in an approved activity. Care is authorized using Jason's schedule only.

4. If a parent in a two parent home voluntarily leaves the home but has plans to return, they continue to be counted in the household number and all WCCC rules continue to apply to them.

EXAMPLE 1

Mary and Rick receive WCCC. Rick leaves his job to care for his mother in Alabama. Rick is still considered part of the household but his activity no longer meets WAC <u>388-290-0010(2)</u>. The family is no longer eligible for WCCC as Rick would be considered "available" for care per WAC <u>388-290-0020(1)(c)(ii)</u>.

EXAMPLE 2

Kerry and Steve apply for WCCC on 5/15. Kerry reports she is working but plans to quit work on 6/30 to attend college/training out of state for 60 days. Kerry is still considered part of the household when she leaves but her activity no longer meets WAC <u>388-290-0010(2)</u>. The family is no longer eligible for WCCC as of 6/30 as Kerry would be considered "available" for care per WAC <u>388-290-0020(1)(c)(ii)</u>.

5. If a parent is either removed from the country or is waiting to enter the country, that parent is not considered as part of the household and their income is not counted. If the second parent is sending money back to the WCCC consumer, consider it child support income for the WCCC consumer.

The worker should strongly remind the WCCC consumer they are required to report to WCCC as soon as the second parent enters the household. The consumer's eligibility should be redetermined to ensure the family remains eligible for WCCC.

EXAMPLE

Jerry and Maria are approved for WCCC and have two children. On February 20th, Maria reports Jerry was deported to Mexico and he is waiting to return to the country. Because he is no longer in the country, not by his choice, he is removed from the household and Maria's copayment is adjusted for March. Maria is advised to report when he returns to the country.

6. The employment earnings of a person described in WAC <u>388-290-0015</u> (2) are not counted toward the household's income.

EXAMPLE 1

Mary applies for child care while she is employed. She has two children - an 11-year-old and an 18-year old who are siblings. The 11-year-old requires before and after school care. The 18-year-old is

enrolled in high school and working part-time. Include the 18-year-old as part of the household until she has completed high school or turns 19 whichever comes first. Do not count the 18-year-old's employment earnings toward the household income.

EXAMPLE 2

Jack and Janet apply for care for their 9-year-old. They also have a 19-year-old at home. The 19-year-old is still enrolled in a special education program at the high school. He also works at a sheltered employment site. The 19-year-old is counted as a member of the household but his income is not counted. The family size is four.

7. Legal shared custody, visitation and informal custody arrangements: When a case arises where one or both parents apply for child care and the children either live in both households or visit (such as for spring break, summer, or overnight):

Gather as much information as possible from both parents about their agreed custody arrangement. Based on the information you receive, determine eligibility as you would for any WCCC applicant.

If a parent is paying child support and the child come to visiting them for the summer, allow the deduction for the child support paid and authorize WCCC if the family qualifies.

EXAMPLE 1

Nick and Gwen are divorced and have 3 children. Nick has primary custody and the children visit Gwen one week a month. Both Nick and Gwen work and are financially eligible for WCCC as separate households. Gwen pays child support to Nick.

Both parents can apply and be eligible for WCCC as separate households. The amount of care they are eligible for is based on their individual work schedules.

EXAMPLE 2

Joe and Lilly have mutual children but are not married and do not live together. Joe is eligible for 115 hours of care Monday-Wednesday. Approve WCCC for Joe for 22 units.

Joe reports that the children spend every Thursday and Friday with their mom who works Sunday-Wednesday. Lilly applies for WCCC and wants care for Thursday and Friday when she does not work. Deny Lilly as she does not work on the days she is requesting care.

EXAMPLE 3

Julie and Juan have 2 mutual children. The children live with Juan and receive WCCC. Julie, who lives in another town, will have the children during spring break week.

Julie works Monday through Friday. She applies for WCCC to cover the time she will be working and is determined eligible. Authorize child care for the week the children are with Julie.

See D. - <u>Allowable Activities for WCCC Consumers</u> for information about consumers who are selfemployed and who are not in approved activities.





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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

INCOME AND ELIGIBILITY

B. DEFINING AND USING INCOME

Revised: February 8, 2005

Effective May 28, 2004

WAC 388-290-0065 How does the WCCC program define and use my income?

We use your countable income when determining your eligibility and copayment. Your countable income is the sum of all income listed in WAC <u>388-290-0060</u> minus any child support paid out (through a court order, division of child support administrative order, or tribal government order).

- 1. To determine your income we:
 - a. Determine the number of months, weeks or pay periods it took your family to earn the income and divide the income by the number of months, weeks or pay periods to get an average monthly amount; or
 - b. Use the best available estimate of your family's current income when you begin new employment or if you don't have an income history to make an accurate estimate of your future income, we may ask your employer to verify your income.
- 2. If you receive a lump sum payment (such as money from the sale of property or back child support payment) in the month of application or during your WCCC eligibility we:
 - a. Divide the lump sum payment by twelve to come up with a monthly amount; and
 - b. Add the monthly amount to your expected average monthly income for the month it was received and the remaining months of the current authorization period;
 - c. You must meet income guidelines for WCCC after the lump sum payment is applied to remain eligible for WCCC.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 **Previous Version:** WSR <u>04-08-021</u>, effective 4/29/04 **Previous Version:** WSR <u>02-01-135</u>, effective 1/19/02

CLARIFYING INFORMATION

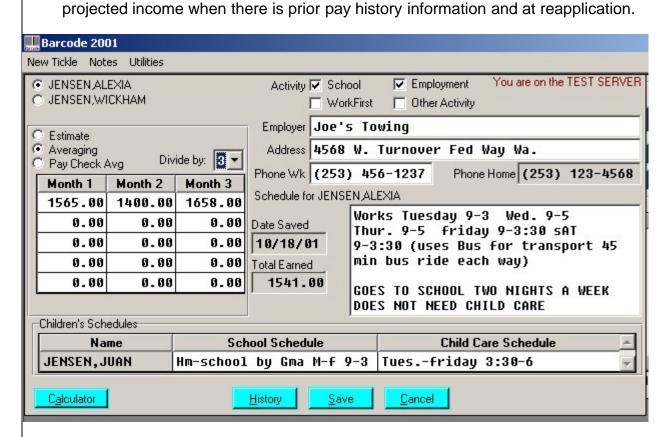
There are two types of income discussed in this section:

- Ongoing wages / salary
- One-time and lump sum payments

Ongoing wages / salary

- 1. Verification of income is done at application, reapplication and when changes are reported during the eligibility period. Verification can:
 - Pay stubs for the 3 most recent months of employment or a current pay stub showing yearto-date earnings
 - b. A written employer statement indicating the gross wages earned and hours of employment;
 - c. A note in the client case record indicating the employer was contacted (by mail or telephone) and the gross wages and hours were verified; or
 - d. The DSHS 07-042B--Self Employment Income Report or other written verification indicating gross income for self-employment; or
 - e. From other source such as SEMS, ACES, SSI, statement of child support paid by non-custodial parent, etc.
- 2. If there is not recent income history, the verification can be self reported (for new employment), or an employer statement.
- 3. Use the following WCAP functions to calculate earned income:

 The "Averaging" function within the activity / schedule screen of WCAP is best suited to give



- Allows worker to input any combination of totals for up to 3 months and have that information divided by up to 3.
 - EXAMPLE: The worker could enter up to 8 paychecks for month 1; 2 paychecks in month 2, and 1 paycheck for month 3 and use the drop down menu to divide by 3.
- The "divide by" must match the number of months that income is entered for.
 - **EXAMPLE**: If a consumer supplies 2 months worth of income the worker must divide by 2 rather than 1 or 3.

- "Total earned" amount = All income for months entered divided by the number # indicated in "Divide by" field.
- "Total Earned" amount transfers to the income screen.

EXAMPLE 1

Deryl, a non-TANF consumer, applies for child care in March. Deryl has been working as a substitute teacher for the past five months. He expects no changes in his employment situation "anytime soon" and the school district confirms this. Deryl doesn't keep all his pay stubs, but his employer reports his past gross earnings to be \$1200 in December, \$1400 in January, and \$1325 in February. Use the "Averaging" function to enter his last three months of income and divide by three.

Deryl's income is averaged across multiple months because historical wage information is available. Deryl's expected average monthly income is about \$1293 (the average of the 5 months of income above).

EXAMPLE 2

Candy is self-employed and has been receiving WCCC for the past year and a half. Her case is due for reapplication on 9/30. Candy has had an unusual dip in business over the past 3 months. Candy's last three months of income would not provide the best estimate of future income. Income from the past 9 months could actually be totaled and divided by 9 to get an estimate of future income. Her new eligibility and copayment can be based on more than the last 3 months of income.

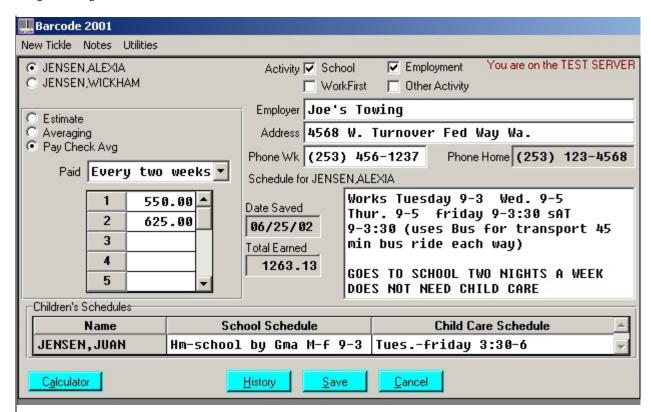
EXAMPLE 3

Stacey is an approved self employed WCCC consumer. At her reapplication she turns in the self employment form 07-042B. She also supplies some receipts to verify her deductions. Stacey reports she has a gross income of \$1,500 for May, \$1,600 for June and \$2,500 for July. She had work related deductions of \$300 each month. Use the averaging function and enter \$1,200, \$1,300 and \$2,200 for each month. Her average income for the last three months is \$1,567.

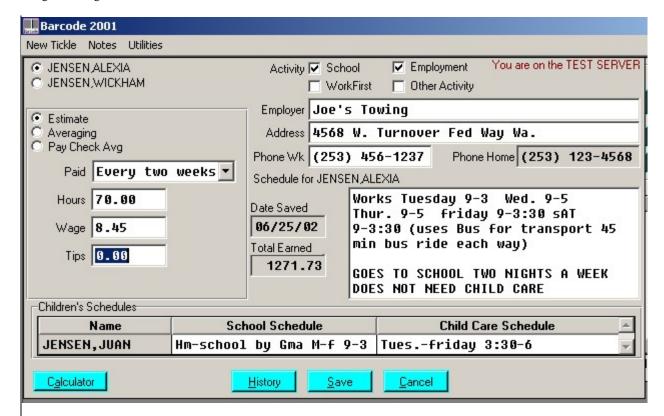
EXAMPLE 4

Using Example 3 above, Stacey turns in receipts she has received from her clients and the gross income for May-July is as noted above. She does not claim any deductions. You allow a \$100 standard deduction for each month (per memo dated November 29, 2001). Use the averaging method and enter \$1,400, \$1,500 and \$2,400. Her expected average monthly income is \$1,767.

b. The "Pay Check Averaging" function within the activity / schedule screen of WCAP is best used to average multiple paychecks for a single month.



- "Paid" drop down box lists payment cycles as weekly, every two weeks, two times a month, and monthly.
- Allows up to 15 paycheck entries.
- Paycheck entries are added together, divided by the total number of entries and the result is multiplied using current calculations: 4.3 if paid 1x a week; 2.15 if paid every 2 weeks; 2 if paid 2x a month; and 1x if paid monthly.
- "Total Earned" amount transfers to the income screen.
 - c. The "Estimate" function within the activity / schedule screen of WCAP is best suited to give projected income when there is new employment and no current pay history or the income changes and their future income is anticipated to be different than actual earned income. This function should not be used at reapplication when pay history or an employer statement of actual gross earnings could be used to determine expected average monthly income.



- "Paid" drop down box lists payment cycles as weekly, every two weeks, two times a month, and monthly.
- "Hours" total should coincide with payment cycle, for example: 25 hours weekly, 70 hours every 2 weeks, 80 hours 2x a month, or 165 hours a month.
- "Total Earned" amount = ("Wage" x "Hours") x 4.3 if paid 1x a week; 2.15 if paid every 2 weeks; 2 if paid 2x a month; and 1x if paid monthly.
- "Tips" amount will be multiplied by "Paid" and added to the monthly total.
 - Example: \$50.00 in tips x 4.3; 2.15, etc. + "Total earned."
- "Total Earned" amount transfers to the income screen.

EXAMPLE 1

Robert, a new WCCC applicant, reports that he will start a new job on July 15. The department receives an employer statement that indicates Robert will be paid once a month. He will receive \$0.00 in July, approximately \$1500 in August and approximately \$3000 in September. To figure the expected average monthly income using the WCAP, choose "paid" one time a month. Enter the approximate number of hours to be worked in a month, and the hourly wage. Given the following figures (165 hours a month X \$18.00 an hour) X one payment cycle a month, the expected average monthly income will be \$2970. Use the \$2970 figure to determine eligibility for the program beginning July 15 and the ongoing copayment.

EXAMPLE 2

Regina's case is up for reapplication on 2/28. Over the past three months she was on a reduced work week due to a physical injury. She is now returning to her normal schedule on 3/1 at her previous wages. Regina's last three months of income would not provide the best estimate of her expected average monthly income. Her wages and hours can be re-verified with the employer.

4. Using the last 3 months of income is a general practice or standard for determining eligibility.

You can accept less verification or more verification, as the case needs.

EXAMPLE 1

A family that is self-employed shows a net loss of income at reapplication. At previous reapplications they have had enough income to warrant full time child care hours. The family can verify their income for the last 12 months (instead of just the last 3 months). You can divide this income by 12 then apply WAC 388-290-0050 to the amount to determine the number of child care hours allowed.

EXAMPLE 2

At reapplication in October, Bill turns in only his most current pays stub. You can use Bill's year-to-date (YTD) total gross income to determine his expected average monthly income amount by dividing the number of:

- a. Months the pay stub covers; or dividing
- b. Pay periods the pay stub covers and multiplying it by how often Bill is paid a month.

Bill's YTD total gross income is \$15,875.37. You know that Bill is paid twice a month and his stub covers 17 pay periods. You calculate his income as follows:

Bill's average pay stub total is \$15875.37÷17=\$933.85

Bills average monthly total income is \$933.85*2=**\$1867.70**

5. Lump Sum payments

Examples of lump sum payments are back child support, gambling winnings, an inheritance, or money from property sales. Lump sum payment totals are divided by 12 months, considered expected average monthly income and only counted against the month it is received and the remaining months in the current eligibility period. Income tax returns, cash diversion payments, TANF Early Exit bonuses and other payments listed in WAC 388-290-0070 are not countable lump sum payments.

A consumer may be determined ineligible at application or reapplication due to a lump sum payment received the month they apply. When this occurs, the consumer is ineligible only for the month they apply. The lump sum payment is not counted towards eligibility if they apply the following months.

EXAMPLE 1

Mary Lou is a non-TANF consumer receiving child care. Her expected average monthly income is \$1032. Her countable income is also \$1032. Her WCCC copayment is \$50. She is authorized for care from May 1 to September 30.

Mary Lou reports that on June 5th she received a lump sum payment of \$4,800 for back child support. The AW averages Mary Lou's lump sum over 12 months ($$4,800 \div 12 = 400), and \$400 is added to Mary Lou's average monthly-expected income. In addition, she is now receiving her regularly scheduled child support payments of \$300 per month. This raises her countable income to \$1,732 (\$1,032 + 400 + 300). While Mary's income has increased significantly, she remains eligible for WCCC and her copayment remains the same through the current authorization period (See WAC 388-290-0085).

The lump sum amount divided by 12 (\$400) is counted toward the period of June 5th to September 30th. No amount of the lump sum is counted toward income for the next eligibility period.

EXAMPLE 2

In the previous example, Mary Lou was still eligible for child care.

If Mary Lou's lump sum payment had put her over 200% of the FPL for her family size, she would be ineligible only for the remaining months of the current eligibility period. She reports the lump sum on June 5th. Given a ten-day notice, she would be ineligible June 15th through September 30th. She could reapply for child care in October.

EXAMPLE 3

In the same case as examples 1 and 2, Mary Lou does not report the change. The worker discovers it at Mary Lou's reapplication in September. Take the lump sum payment and apply it to her income in June to determine if she remains under 200% of the FPL from June 16th-September 30th. If she is over the program eligibility, process an overpayment. No amount of the lump sum payment received in June is counted towards her new eligibility period if she applies for care after September.

EXAMPLE 4

Mary Lou applies for WCCC in May. She reports a lump sum payment received in May. The payment is divided by 12 and applied to her expected average monthly income. The total income places her over 200% of the FPL. Mary Lou is denied WCCC for May but could re-apply for eligibility starting June 1st.

WORKER RESPONSIBILITIES

- 1. When available income verification is from pay stubs, an employer statement of gross wages earned (not expected schedule or hourly wage), or a W-2 from previous months, determine expected monthly income by totaling the amount earned and averaging the amount over the number of months in which it took to earn the income.
 - a. Averaging method; or
 - b. Income averaging method.

Consider whether the consumer is paid weekly, twice a month, every two weeks, or monthly when entering pay check averaging information.

- 2. When there is no previous wage information available, such as pay stubs or a W-2, the consumer may provide an employer's statement (verbal or written) that shows current hourly wage. Determine the expected average monthly income by:
 - a. Multiplying weekly income by 4.3 if the consumer is paid once a week;
 - b. Multiplying bi-weekly income by 2.15 if the consumer is paid every two weeks;
 - c. Multiplying semi-monthly income by 2 if the consumer is paid twice a month; or;
 - d. Using monthly income if the consumer is paid once per month.

- 3. Allow the consumer to itemize or use the standard 100.00 deduction when they are self-employed. The Clarifying Information under WAC 388-450-0085 lists examples of deductions. Please see memo from November 29, 2001.
- 4. Take into consideration the following when determining expected average monthly income if the consumer has commission or overtime pay in addition to an hourly / monthly wage:
 - a. Is the commission pay on-going, and
 - b. Does the amount vary due to seasonality of the industry?

EXAMPLE 1

Sara works in retail and averages 34 hours a week and \$1400 a month (gross). During Nov., Dec., and Jan., she averaged 50 hours a week and received commission on her sales. Her reapplication was due in December. Looking at Sara's recent income, the AW must determine if the increased income in Nov. Dec., and Jan. would have made Sara ineligible. If not, no action is taken.

Determine future eligibility beginning January 1st. Sara's overtime and commission pay has ended and she will resume her 34-hour a week schedule. Future eligibility based on Sara's normal 34-hour work-week.

EXAMPLE 2

Chuck receives both a base wage and commission each month. His commissions vary considerably. The AW must include the commissions when determining expected average monthly income. Averaging past earned commissions over the time it took to earn them would give the AW an accurate idea of how much to count toward the average monthly expected income.

5. If the consumer has bonus pay in addition to an hourly / monthly wage, take into consideration the payment schedules bonuses may take such as a regular scheduled payment (such as monthly or quarterly) or at certain times of the year (such as during the holidays). Count all bonuses as income regardless of the method of distribution (either as ongoing income or lump sum payments).

The difficulty with bonuses begins when there is not a way to predict how much the bonuses will be. Use the following as a guideline when dealing with employee bonuses:

Bonuses paid on a monthly schedule:

Treat like ongoing wages/salary according to the WCCC handbook. If previous bonuses have been received, average the amount and apply to the monthly countable income. Bonuses without any pay history are projected based on employer information and applied to monthly countable income. If the bonus payment schedule is monthly.

Bonuses received on any other time schedule other than monthly:

Treat as a lump sum payment and apply lump-sum payment process to determine monthly countable income.

EXAMPLE 1

Patsy's employer pays out bonuses on a monthly schedule based on the previous months profit. At

her reapplication, her pay stubs show she received a bonus for 2 of the last 3 months. Take the total bonus amount and divide by 3 to determine the amount to add to her monthly income.

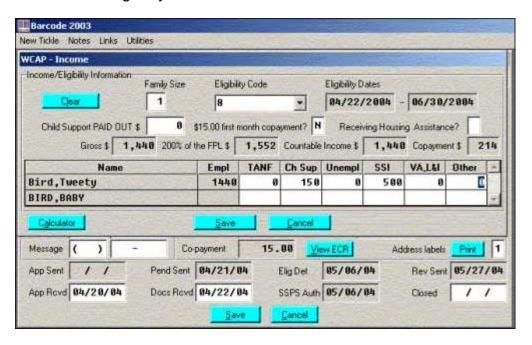
EXAMPLE 2

Patsy's employer pays out bonuses twice a year based on the company's profits. At reapplication, one of her stubs shows she received a bonus of \$3,000. Divide the bonus by 12 to determine the amount to add to her monthly income.

NOTE:

Commission and bonus pay can be included as part of the "total income" by placing the amount in the "Other" column on the Income Eligibility or by adding it to the averaging or pay check averaging functions on the Activity/Schedule screen in the WCAP.

6. Countable income includes earned income and unearned income. All countable income is entered on the Income/Eligibility Information screen.



- 7. To determine countable income and eligibility:
 - a. Subtract verifiable child support paid out (including arrears) from the expected monthly income.
 - b. Determine whether the family is income eligible by comparing countable income to 200% of the FPL. If countable income exceeds 200% of the FPL for their family size, the family is ineligible for WCCC.

NOTE: The WCAP determines eligibility and copayment when you enter the necessary information. The WCAP program should be used at all times.

- c. If eligible, send the consumer the <u>DSHS 07-066(X)</u>, The Award / Change Letter. A copy is automatically imaged into the electronic case record (ECR).
- d. If ineligible, send the consumer the DSHS <u>15-247(X)</u>, Working Connections Child Care Denial/Termination Notice. A copy is automatically imaged into the ECR. A copy is automatically imaged into the ECR.





You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PROVIDERS

B. IN-HOME / RELATIVE PROVIDERS

Revised: May 19, 2006

Effective May 19, 2006

WAC 388-290-0130 What in-home / relative providers can I choose under the WCCC program?

- 1. To be eligible as an in-home / relative provider the person must:
 - a. Be an adult who is a U.S. citizen or legally residing in the United States;
 - b. Meet the requirements in WAC 388-290-0135; and
 - c. Be one of the following adults providing care in the home of either the child or the adult:
 - A sibling living outside the child's home;
 - ii. An extended tribal family member according to chapter 74.15 RCW; or
 - iii. A grandparent, aunt, uncle, or great-grandparent, great-aunt or great-uncle.
- 2. An adult not listed in (1)(c)(i), (ii), or (iii) of this section must:
 - a. Meet the requirements in subsection (1)(a) and (b) of this section; and
 - b. Provide care in the child's own home.
- 3. If you use an in-home/relative provider you can:
 - a. Have no more than two in home/relative providers authorized for payment during your eligibility period at the same time (not including back up providers);
 - b. Have one back up provider (licensed or an in home/relative provider);

NOTE:

Sections of this WAC were moved to other WAC:

- WAC 388-290-0138 now contains information about WCCC paying for up to 6 children.
- WAC 388-290-0140 describes who can be a provider and that background checks are needed before payment can begin.

CLARIFYING INFORMATION

1. For individuals listed in WAC 388-290-0130(1)(c) a "step" relative also qualifies as a relative

provider as long as the relationship is not severed due to divorce.

2. WAC 388-290-0130 (1) and (2) outline the rules of where the in-home / relative provider must provide the care.

These rules, however, are not meant to restrict the provider from providing "activities for the children that are consistent with their developmental stages" (<u>WAC 388-290-0135 (5)(e)(ii)</u>) outside of the home such as:

- Taking the child to museums, the park, bowling, the movies, play groups, etc.
- Taking the child to medical or therapeutic appointments.

EXAMPLE 1

Mark is an unrelated in-home provider for Bill's son, Jordan. Mark takes Jordan to the park each day then afterwards takes Jordan to his house and waits for Bill to pick Jordan up. Mark is eligible for WCCC payment while he provides care in Bill's home and at the park. He becomes ineligible for WCCC payment when he takes Jordan to his home, as it is not the child's home.

FXAMPIF 2

Mary applies to be the in-home/relative provider for her sisters Peggy and Stacy for the same hours. All three sisters live in different homes. Mary wants WCCC payment for both families while she takes Peggy's children to Stacey's house to provide care. As the eligible relative, Mary can provide care in her own home for both families. However, WCCC will not pay for her to take Peggy's children to Stacey's house or vice versa.

3. A consumer can have up to two primary in-home/relative providers at one time with open authorizations during their eligibility period. They can also have one back up provider; either a licensed or an in-home/relative provider. Consumers can change providers during their eligibility period to a new provider who meets the requirements in <u>WAC 388-290-0125</u>.

EXAMPLE

John wants to use three in-home/relative providers for his two children. He requests one provider for both children for 2 hours before school. This provider is only available in the morning. He requests two different providers after school to care for one child each for 2 hours. All three providers meet the requirements in 388-290-0125. John needs to choose two primary providers who will have care opened for 2 hours a day, 5 days a week. The third provider could be authorized as a back up provider for lesser hours when one of the other providers is not available.

WORKER RESPONSIBILITIES

Effective December 1, 2005

WAC 388-290-0135 When I choose an in-home / relative provider, what information must I give to the department?

When you choose in-home/relative child care, you must complete certain forms and give us the following:

- 1. The in-home/relative child care provider's legal name, address and telephone number;
- 2. A copy of the provider's valid Social Security card;
- 3. A copy of the provider's photo identification;

- 4. A completed background check authorization; and
- 5. A form supplied by us, completed and signed by you and the provider in which both of you attest to the following:
 - a. The provider is:
 - i. Of suitable character and competence;
 - ii. Of sufficient physical and mental health to meet the needs of the children in care. If we request it, you must provide written evidence that the in-home child care provider of your choice is of sufficient physical and mental health to be a safe child care provider;
 - iii. Able to work with the children without using corporal punishment or psychological abuse:
 - iv. Able to accept and follow instructions;
 - v. Able to maintain personal cleanliness;
 - vi. Prompt and regular in job attendance
 - vii. Informed about basic health practices, prevention and control of infectious disease, immunizations; and
 - viii. Able to provide constant care, supervision and activities based on the child's developmental needs.
 - b. The children are current on the immunization schedule as described in the National Immunization Guidelines, developed by the American Academy of Pediatrics and the Advisory Committee on Immunization Practices;
 - c. The home where care is provided is safe for the care of the children.

CLARIFYING INFORMATION

- Minor consumers, who are on a TANF grant with his/her relative, can use that adult as his/her in-home/relative provider. The provider must meet requirements outlined in <u>WAC 388-290-0130</u> and <u>WAC 388-290-0135</u>.
- 2. <u>WAC 388-290-0135</u> states photo identification for the provider is required. Photo identification can include items such as a driver's license, Washington State ID, or passport.
- 3. A valid address for the provider is mandatory as important tax documents are sent on a monthly and yearly basis to the provider. Let the provider know this is the reason for the address.
 - The reported address (given on the provider form) is sufficient. However, if there is reason to suspect the current address is not correct, then request verification.

Verification can include items such as:

- Landlord forms or shared living statements (can be used but cannot be required), or
- A dated piece of mail the provider recently received at the reported address.
- 4. WAC <u>388-290-0135(2)</u> states an in-home / relative provider must submit "A ...valid Social Security card...":
 - a. Valid can mean the SSN:
 - i. Really belongs to that person;
 - ii. Card and number are not fake and / or tampered with; and
 - iii. Can be used for employment.

b. If there is verifiable information indicating the card and/or number are not valid, the provider has not met the WAC requirement and cannot be approved as an in-home/relative provider. For example: A provider submits a card that indicates additional verification from the INS (Immigration and Naturalization Service) is needed in order for the provider to use the SSN for employment. The provider must submit this verification from the INS in order for the SSN to be considered valid.

Please Note: If a social security card says "Valid for work only with INS verification" the individual needs to obtain a separate Employment Authorization Document (EAD) in order to engage in employment. However, if the individual has a Green Card, he/she has a right to work without further documentation.

- 5. Written guidance about using in-home/relative care for the consumer is attached to the in-home/relative pending letter.
- 6. Additional printed resources for parents include:
 - DSHS 22-649 Winning Ways to Talk with Young Children
 - DSHS 22-114 A Family's Guide to Early Intervention Services in Washington State
 - DSHS 22-299 Brain Research Findings and Suggested Actions
 - DSHS 22-300 Rethinking the Brain New Insights into Early Development for parents, caregivers and policy makers
 - DSHS 22-302 Babies are Born Learning Make Every Moment Count
 - DSHS 22-486 Include Me: Guide to Inclusive Child Care, Child care for children and youth with special needs.

Effective December 1, 2005

WAC 388-290-0138 What responsibilities does my eligible in home/relative provider have? Your in home/relative provider must:

- 1. Report within ten days changes in their legal name, address or telephone number;
- 2. Report within twenty-four hours pending charges or convictions they have;
- 3. Report within twenty-four hours pending charges or convictions for anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home;
- 4. Bill WCCC only for care he/she provided;
- 5. Not bill WCCC for more than six children at one time for the same hours of care; and
- 6. Keep correct attendance records. Records must:
 - a. Show both days and times the care was provided;
 - b. Be kept for five years; and
 - c. Be given to us, within fourteen consecutive calendar days, if we ask for them.

CLARIFYING INFORMATION

- 1. A provider may want to care for more than 6 children at the same time, however, WCCC will only pay for 6. If one family has more than 6 eligible children, an ETR can be submitted.
- 2. Some providers will not be able to care for all the families due to issues such as schedule conflicts, the location of care, or the number of children they are requesting payment for. The families and the provider will need to be contacted to resolve for whom, when and where the provider does care.

EXAMPLE

Lisa is the relative provider for Becky and Holly. Becky and Holly both have 4 children. Lisa wants to care for all 8 children during the same time of the day. WCCC will pay Lisa for a maximum of 6 children. Lisa and the parents can decide which 6 children she is available to care for by completing Section 2 of Part 2: Provider Information (DSHS 14-417) If Lisa chooses to care for all 8 children, WCCC will still only pay for 6. Payment for the other 2 children is between Lisa and the parents.

3. For who is responsible for an overpayment, refer to the WAC 388-290-0274.

WORKER RESPONSIBILITY

Review each family's case needs carefully when the in-home/relative provider is caring for another family's children. When authorizing correct care to a provider caring for multiple families review, at a minimum, the:

- a. Relationship to the provider;
- b. Location of care;
- c. Schedules; and
- d. Number of children authorized for WCCC payment.

NOTE:

To search for families that a provider is caring for, access the "clients served by a provider" in WCAP under the Reports/Forms menu selection, or from the PV0 screen in SSPS WebConnect.

Character and Suitability of In-home / Relative Providers

Effective December 1, 2005

WAC 388-290-0140 When is my in-home/relative provider not eligible for WCCC payment?

We do not pay for the cost of in-home / relative care if:

- 1. Your provider does not meet the requirements in <u>WAC 388-290-0130</u>, <u>388-290-0135</u> or <u>388-290-0138</u>;
- 2. Your in home/relative provider has been convicted of, or has charges pending for crimes posted on the DSHS secretary's crime and action list for background checks for ESA. You can find the complete list at http://www1.dshs.wa.gov/pdf/esa/dccel/Crime_and_Backg_Chex.pdf;
- 3. We do not have background check results according to WAC 388-290-0143;
- 4. The provider is:

- a. The child's biological, adoptive or step parent;
- b. The child's nonneedy or needy relative or relative's spouse or live in-partner;
- c. The child's legal guardian or the guardian's spouse or live in-partner; or
- d. Another adult acting in loco parentis or that adult's spouse or live in-partner.
- 5. We do not have the results of all applicable criminal background checks under <u>WAC 388-290-0143(1)</u> and <u>388-290-0150</u>. An in home/relative provider is not an eligible provider (per WAC 388-290-0095 and 388-290-0100) prior to receiving these background results. Providers other than in home/relative providers you can use are described in WAC 388-290-0125; or
- 6. We determine your provider is not of suitable character and competence or of sufficient physical or mental health to meet the needs of the child in care, or the household may be at risk of harm by this provider, as indicated by information other than conviction information. We will use criteria, such as the following, when reviewing information about incidents/issues/reports/findings:
 - a. Recency;
 - b. Seriousness;
 - c. Type;
 - d. Frequency; and
 - e. Relationship to the direct care of a child including health, mental health, learning, and safety.

CLARIFYING INFORMATION

- 1. All background check results are needed before any care is authorized. This includes the results of those living with the provider who are age 16 or older.
- 2. The payment begin date is not backdated if the CBI is returned to the consumer to be completed.
- 3. "Partner" refers to someone who is living as a couple with the relative, legal guardian, or in loco parentis consumer and is acting as the other parental role model. Workers are not expected to research in depth the personal relationship of the "partner" to the consumer.

WORKER RESPONSIBILITIES

- 1. In order to assist in the background check process:
 - a. Explain to the consumer the process and time involved in doing a background check. Remind the consumer they can use a licensed provider while waiting for the inhome/relative provider to be approved;
 - b. Ask the consumer if there is anyone age 16 or older living with the relative provider when care is done in the relative's home. This will allow the worker to send the correct number of

- Background Authorization forms;
- c. Remember if the applicant on the Background Authorization is 16 or 17 years old, the form must be signed by the minor's parent/guardian.
- d. Screen the Background Authorization form for completeness and legibility before processing it. The Background Authorization form is a legal document, signed under penalty of perjury; **no one** except the person whose signature is on the bottom of the form may add or delete information.
- e. Do not deny the case if the background check process takes more than 30 days.
- 2. When payment is open to a provider and there is no current background results (current meaning within the last 2 years) for either the provider or people over the age of 16 who live with the provider and care is done in the provider's home:
 - a. Give the consumer ten days notice of payment termination;
 - b. Send them a new background authorization form (and Part II if needed); and
 - c. Document the action taken in the consumer's case notes.

Effective May 28, 2004

WAC 388-290-0143 Who must have a background check for the WCCC program and how often is the check done?

- 1. A background check must be completed for:
 - a. All in-home/relative providers who apply to care for a WCCC consumer's child; and
 - b. Any individual sixteen years of age or older who is residing with a provider when care occurs outside of the child's home.
- 2. A background check must be completed for individuals listed in subsection (1)(a) and (b) of this section at least every two years;
- 3. Additional background checks must be completed for individuals listed in subsection (1)(a) and (b) of this section when:
 - a. Any individual sixteen years of age or older is newly residing with a provider when care occurs outside of the child's home;
 - b. We have a valid reason to do a check more frequently;
 - c. An in-home/relative provider applies to provide care for a family such as when:
 - i. A break in service occurs to the current consumer;
 - ii. There is a break in consumer eligibility; or
 - iii. A provider is currently providing care and there are no prior background results for this provider.
- 4. We do not need to request a new background check for an individual in subsection (1)(a) or (b) if:
 - a. We have results that were received no more than ninety days prior to the current

requested start date of care; and

b. The results indicate that there is no record.

CLARIFYING INFORMATION

If a provider is doing care for the same family or a new family, do not process a new background authorization if the background result meets requirements in WAC <u>388-290-0143 (4)</u>.

EXAMPLE

Chris is using Polly as his in-home/relative provider. On May 15th, the background check results indicate "No Record". A new consumer, Becky, wants to use Polly as her in-home/relative provider in the evenings. Polly applies to be a provider for Becky's children on July 1st and tells you she is also a provider for Chris and just completed a background authorization. You check the Background Inquiry database or Chris' electronic case record for the background results and confirm the check is less than 90 days old, and is a "No Record". Polly can be approved as a provider for Becky's case without completing a new background check.

Effective May 28, 2004

WAC 388-290-0145 Why is a background check required and will I be notified of the results?

- 1. We require the background check to:
 - a. Help safeguard the health, safety, and well-being of children;
 - b. Reduce the possible risk of harm from persons who have been convicted or have charges pending of certain crimes having access to WCCC children; and
 - c. Help you make informed decisions about individuals who have access to your children.
- 2. We notify you, the WCCC consumer:
 - a. Whether we can approve the provider for the WCCC program; and
 - b. Of the following results from the background check:
 - No background information is found given current sources of information;
 - ii. Background information is found, but the information will not disqualify the individual being checked; or
 - iii. Background information is found that disqualifies the individual being checked.

Effective May 28, 2004

WAC 388-290-0150 What information does the background check contain and where does it

come from?

- 1. The background information includes, at a minimum, criminal convictions and pending charges.
- Additional sources may include:
 - a. Child/adult protective service case information; and
 - b. Civil judgments, determinations, or disciplinary board final decisions of abuse or neglect.
- 3. We obtain background information at a minimum, from the Washington state patrol under chapter 10.97 RCW via the background check central unit (BCCU).
- 4. Additional sources of the background information may be obtained from:
 - a. Child/adult protective service case files;
 - Other states and federally recognized Indian tribes;
 - c. The department of corrections and the courts;
 - d. Law enforcement records of convictions and pending charges in other states or locations if:
 - i. The individual being checked has lived in another state; and
 - ii. Reports from credible community sources indicate a need to investigate another state's records
 - e. The individual being checked self-discloses information.

Effective December 1, 2005

WAC 388-290-0155 What happens after the WCCC program receives the background information?

After we receive the background information we:

- Compare the background information with convictions posted on the DSHS secretary's list of disqualifying convictions for economic services administration (ESA). You can find the complete list http://www1.dshs.wa.gov/esa/dccel/policy.shtml;
- 2. Review the background information using the following rules:
 - a. We give the same weight to a pending charge for a crime as a conviction;
 - b. If the conviction has been renamed we give the same weight as the previous named conviction. For example, larceny is now called theft;
 - c. We give convictions whose titles are preceded with the word "attempted" the same weight as those titles without the word "attempted"; and

- d. We do not consider the crime a conviction for the purposes of WCCC when:
 - i. It has been pardoned: or
 - ii. A court of law acts to expunge, dismiss, or vacate the conviction record.
- 3. Notify you whether or not we are able to approve the provider for WCCC.
- 4. Allow you, the consumer, to decide character and suitability of the provider when an individual is not automatically disqualified due to the background information from the record of arrests and prosecutions (RAP) sheet.
- 5. Deny or stop payment when the background information disqualifies the individual being checked.
- 6. Assist you in finding other child care arrangements.

Effective May 28, 2004

WAC 388-290-0160 What convictions would cause the WCCC program to permanently disqualify my in-home/relative provider?

- 1. If your provider or an individual listed in <u>WAC 388-290-0143</u>(1) has a background containing a permanently disqualifying conviction posted on the DSHS secretary's list of disqualifying convictions for ESA, we permanently disqualify the person as an in-home/relative child care provider for WCCC. You can find the complete list at http://www1.dshs.wa.gov/esa/dccel/.
- 2. If the conditions in WAC <u>388-290-0167(1)(a)</u> and (b) are met, the disqualifying background of an individual sixteen years of age or over living with the provider may not permanently disqualify the provider.

Effective July 1, 2002

WAC 388-290-0165 Is there other background information or convictions that will disqualify my in-home/relative provider?

- 1. We can disqualify your in-home/relative provider if the individual being checked has a background containing information other than conviction information that we determine:
 - a. Makes the individual not of suitable character and competence or of sufficient physical or mental health to meet the needs of the child in care: or
 - b. Puts the household at risk for harm.
- 2. If an individual being checked has a background containing a five year disqualifying conviction posted on the DSHS secretary's list of disqualifying convictions for ESA, your provider is disqualified as an in-home/relative child care provider for WCCC for five years after the

conviction date. You can find the complete list at http://www1.dshs.wa.gov/esa/dccel/.

- 3. If an individual being checked has:
 - A conviction listed in subsection (2) of this section, and it has been more than five years;
 or
 - b. Any conviction other than those posted on the DSHS secretary's list of disqualifying convictions for ESA we will allow you to determine the provider's character, suitability, and competence by reviewing important information such as the:
 - i. Amount of time that has passed since the conviction;
 - ii. Seriousness of the crime that led to the conviction;
 - iii. Individual's age at the time of conviction;
 - iv. Individual's behavior since the conviction;
 - v. Number and types of convictions in the individual's background; and
 - vi. Individual's verification, if any, of successful completion of all court-ordered programs and restitution.
- 4. If conditions in <u>WAC 388-290-0167(1)(a)</u> and (b) are met, the disqualifying background of an individual sixteen years of age or over living with the provider may not disqualify the provider.

Effective July 1, 2002

WAC 388-290-0167 What happens if my in-home/relative provider, who provides care in their home, is disqualified based solely on the disqualifying background of an individual living with that provider?

- 1. If we disqualify your provider based solely on the disqualifying background of an individual living with that provider, we require that:
 - a. Child care occurs in the child's home away from the disqualified individual, if you wish to continue using that provider; and
 - b. The parent and provider sign an agreement with us indicating that:
 - i. Care occurs in the child's home; and
 - ii. There is no contact between the child and disqualified individual during child care hours.
- 2. The parent may choose a licensed provider or submit an application for a different inhome/relative provider.
- 3. If we become aware that the parent and provider are not meeting the conditions in subsection

(1)(a) and (b) of this section:

- a. We terminate care without advance and adequate notice;
- b. You need to find a different provider; and
- c. You may be subject to an overpayment under WAC 388-290-0270.

CLARIFYING INFORMATION

- 1. DSHS staff take several steps to assist parents in determining whether an in-home / relative provider is suitable. However the parent / guardian has ultimate responsibility to determine whether the in-home / relative provider is the most appropriate person to care for their child.
- 2. The consumer and provider are not eligible for any child care payments prior to the date all applicable background check results are received by the department. The "received date" is the date DSHS receives the information from the Washington State Patrol. That date is printed on the results letter or listed in the background inquiry data base.
- 3. By signing the DSHS 14-417 WCCC Application, Part 2, Section 4, the consumer attests the inhome / relative provider meets the criteria under <u>WAC 388-290-0135</u> at the time child care is authorized.
- 4. An individual provider on ADATSA (Alcohol and Drug Addiction Treatment and Support Act) at the time of application for WCCC does not meet suitability requirements and will not be approved as an in-home / relative child care provider. Please note you may not give the details to the consumer regarding this denial. The most we can disclose is the provider did not pass the background check. You can offer to discuss it with the provider. WAC 388-290-0135 and WAC 388-290-0140 can be used for denial reasons.
- 5. An individual provider receiving General Assistance (GAU/X) or Supplemental Security Income (SSI) must be evaluated for suitability to provide care before WCCC is authorized. Receipt of SSI/SSA means a disability has been validated by another reliable source and we want to determine whether the provider is likely to be able to fulfill the duties as outlined in Part II of the application. The provider does not need to disclose the disability but it may be important to know if the disability would impair the provider from doing tasks such as the following:
 - · Picking up or holding a child
 - Using a phone to call in an emergency
 - Identifying when a situation would be considered an emergency
 - Driving (if transporting the child--Is there a valid driver's license)
 - Staying awake while the child is in need of supervision
 - Identifying when a situation needs adult supervision
 - Disciplining a child appropriately when needed, etc...

If it is determined that a letter of recommendation is needed, ask for one from someone who knows the provider. Be very specific about what the provider's duties would be while watching the children so the person writing the letter can speak to those duties. Please note you may not give the details to the consumer regarding this denial. The most we can disclose is the provider did not pass the background check. You can offer to discuss it with the provider. WAC 388-290-

0135 and WAC 388-290-0140 can be used for denial reasons.

6. The DSHS 09-891A, "Important Notice to Parents Using Child Care," prints automatically along with the DSHS 09-653, Background Authorization, from the WCAP. The notice gives the consumer guidance when reading the criminal history record and how the history relates to character and suitability of the provider. You can search for the form here.

WORKER RESPONSIBILITIES

- 1. Ensure that a DSHS 09-653 Background Authorization form is received from individuals required to have a background check under <u>WAC 388-290-0143</u>. Once the provider completes and submits the form to the department, file a copy in the consumer case record (hard file or the electronic case record).
- 2. Do not, at any time, fill in missing information for the applicant if the background authorization form is incomplete or illegible in any way. The form becomes invalid if anyone other than the applicant fills in the applicant's information.

To process a rejection letter for an incomplete or illegible form:

- a. Use the Rejection Letter (DSHS 10-385) in WCAP. Fill in the appropriate check box indicating which item is causing the rejection.
- b. Locally print the form and attach a copy of the Background Authorization Form (DSHS 09-653) submitted by the applicant.
- c. Send both forms to the consumer so the provider can make the corrections.
- d. Process the form once it is complete and correct.
- 3. Do not disclose any non-conviction information about the provider to the consumer unless the provider has signed the DSHS 17-063 or another signed release of information.

Background Inquiry Results

The consumer is meant to be the primary audience for the background inquiry result's content and instructions. Background inquiry results are received via the Background Check Inquiry database now in WCAP. The Background Check Inquiry database will hold all results of the background checks for a provider including a copy of the Record or Arrests and Prosecution (RAP) sheet. As the system is populated with data, staff can use this system to look up dates of prior checks.

Staff enter the provider/applicant data into the Background Check Inquiry database and send it directly to the BCCU (Background Check Central Unit). In most cases, a response will be received within 30 seconds with one of the following messages:

1. "Provider has no record":

When no record is discovered, WCAP will enter the "No Record" result in the consumer's WCAP Notes and it is also automatically logged and saved in the Background Check Inquiry database. The consumer will not receive notification of these results. Proceed with authorizing child care at this time.

2. "This CBI has been sent to BCCU. The tracking number is XXXX. You will receive a tickle when the results are available":

One of the following results will be issued from this search:

a. Record (DSHS 10-384):

This indicates the applicant has a record that may be of concern to the WCCC consumer

when making a hiring decision, however, the applicant is not disqualified. The "Record" result may include information from the Washington State Patrol (WSP), Department of Corrections (DOC), out-of-state information, or other sources, including the applicant's self-disclosure.

The result of this search is logged and saved in the Background Check Inquiry database. A result letter is automatically imaged into the electronic case record and sent via centralized mail to the consumer*. If the result does not come back within 30 seconds, a tickle will be generated when the results are available. The result letter will be imaged and sent even if the tickle is not worked.

When there is only a record result, assume the consumer wants to use the provider and process the case for payment. The consumer does not need to give the department a verbal or written statement about wanting to use the provider.

b. Disqualification (DSHS 10-386):

This indicates disqualifying information is found and the provider is not eligible for payment. The "Disqualification" result may include information from the WSP, DOC, out-of-state information, or other sources, including the applicant's self-disclosure.

The result of this search is automatically logged and saved in the Background Check Inquiry database. A result letter and termination letter are automatically imaged to the electronic case record and sent via centralized mail to the consumer*. If the result does not come back within 30 seconds, a tickle will be generated when the results are available. The result letter will be imaged and sent even if the tickle is not worked.

The consumer is still eligible for care but must choose a different provider. Give the consumer time to choose a new provider. Provide the consumer with the contact information for the Child Care Resource and Referral Agency at 1-800-446-1114. Submit a new Background Authorization form for a new in-home/relative provider or process payment for a licensed/certified provider, per the consumer's request.

c. Thumbprint needed (DSHS 10-383):

This indicates the system cannot perform a search on the applicant and return results without a thumbprint.

When the "Thumbprint needed" result is returned, print both the Thumbprint Request Letter and the WSP thumbprint form from the WCAP. Send both of these letters to the consumer. The consumer must have the applicant complete the forms according to the directions and submit them to the WSP.

WSP will process the forms and return the results to the BCCU. The BCCU will then send the results via the Background Check Inquiry database and a tickle will be generated when the results are received. Process the results according to 2 a or b of this section. The final result letter will be sent even if the tickle is not worked.

*Please note: These items must be sent from the local office when the consumer is coded with needing items in languages other than English or Spanish.

When a Person living with the provider is disqualified

- 1. When a provider is disqualified due to the disqualifying background of an individual living with the provider, the provider is disqualified from providing care where the other disqualified individual lives. If a parent wants to use the disqualified provider, DSHS requires the parent and provider sign an agreement (<u>DSHS Form 7-080</u>) with DSHS indicating:
 - a. Care will occur in the child's home; and

- b. There will be no contact between the child and disqualified individual during child care hours.
- 2. A signed copy of the parent / provider agreement (DSHS Form 7-080) must be on file. Do not authorize care prior to receiving the completed agreement.
- 3. If the parent is unwilling or unable to meet either of the two conditions in 1. above, they may choose a licensed provider or submit an application for a different in-home / relative provider.
- 4. If DSHS becomes aware the parent and provider are not meeting conditions in 1. above, terminate care without advance and adequate notice. The parent must find a different eligible provider to continue to receive WCCC. The parent could also be subject to an overpayment.
- 5. If an individual living with the provider is disqualified, a consumer **cannot** file for hearing. However, a consumer **can** file for hearing if their provider is disqualified based on their personal background.





You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
For more ways to get in touch with the Department of Social and Health Services go to the DSHS Contact Information web page.

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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PROVIDERS

A. ELIGIBLE PROVIDERS

Revised: August 15, 2005

Effective May 28, 2004

WAC 388-290-0125 What child care providers can I choose under the WCCC program?

To receive payment under the WCCC program, your child care provider must be:

- 1. Licensed as required by chapter 74.15 RCW and chapters <u>388-155</u>, <u>388-295</u>, or <u>388-151</u> WAC;
- 2. Meeting their states licensing regulations, for providers who care for children in states bordering Washington. We pay the lesser of the following to qualified child care facilities in bordering states:
 - a. The provider's usual daily rate for that child; or
 - b. The DSHS maximum child care subsidy daily rate for the DSHS region where the child resides.
- 3. Exempt from licensing but certified by us, such as:
 - a. Tribal child care facilities that meet the requirements of tribal law;
 - b. Child care facilities on a military installation; and
 - c. Child care facilities operated on public school property by a school district.
- 4. Seasonal day camps that have a contract with us to provide subsidized child care and are:
 - a. Of a duration of three months or less;
 - b. Engaged primarily in recreational or educational activities; and
 - c. Accredited by the American Camping Association (ACA).
- 5. An in-home / relative provider meeting the requirements in WAC 388-290-0130.

CLARIFYING INFORMATION

- According to minimum licensing requirements, licensed providers are restricted to caring for children within specific age categories. Authorization of care to these facilities should fall within the following categories:
 - a. Birth through eleven years of age (Family Child Care Homes); and
 - b. One month through twelve years of age (Child Day Care Centers).
- 2. In an individual case, the department (usually licensing staff), for good cause, may waive a specific minimum licensing requirement (<u>chapters 388-295</u>, <u>388-296</u>, or <u>388-151</u> WAC). "The department may approve a waiver request only for a specific purpose or child and for a specific period of time not exceeding the expiration date of the license."
- 3. Private and public schools are not eligible for subsidy payments. However, if these programs also offer licensed/certified child care per <u>WAC 388-151</u> or <u>388-295</u>; subsidies can be paid for the time the eligible child is in the licensed/certified program.

EXAMPLE 1

Jack works 8-5 M-F and wants to enroll his 3rd grader in a private school. The school offers licensed child care before and after school. WCCC is available in this case for the hours the child is in the licensed child care only. The cost of the schooling would be the parent's responsibility.

EXAMPLE 2

A public school offers both kindergarten and child care on the school grounds. Only the child care program is licensed/certified and runs from 12:00 to 3:00. Jacob is eligible for full-time WCCC and needs care for his son from 9:00 to 4:00. Jacob wants to enroll his son in both the kindergarten and the child care. Because the kindergarten program is not licensed/certified, WCCC can only cover care for 12:00 to 3:00. If Jacob needs care beyond 3:00, WCCC can pay for another eligible provider.

EXAMPLE 3

A public school offers both kindergarten and child care on the school grounds. Both the kindergarten class and the child care are run in licensed/certified locations. Kindergarten is from 9:00 to 12:00 and the child care is from 12:00 to 5:00. Janice wants to enroll her child in the kindergarten and the child care. She is eligible for WCCC and needs child care from 9:00 to 4:00. Because both the kindergarten class and the child care are licensed/certified, WCCC can cover care from 9:00 to 4:00.

4. Consumers may receive subsidies to use private licensed child care facilities that also offer kindergarten.

EXAMPLE 1

Jackie wants to enroll her 5 yr. old child in a licensed child care facility that also has a kindergarten program. The kindergarten program is incorporated into the child care day. Jackie needs child care for work from 7 a.m. to 11a.m. (this includes travel time).

Assuming Jackie meets all other WCCC requirements, she would be eligible for part-time child care

based on her needs and regardless of the child's involvement in the educational program. Jackie, however, wants to leave her child in care until 5 p.m. She would need to pay privately for care from 11a.m. to 5 p.m.

WORKER RESPONSIBILITIES

- Staff are encouraged to build positive working relationships with all providers including inhome/relative providers. Licensed and certified child care providers are regarded as business partners with DSHS.
- 2. Offer consumers assistance in finding and using child care through their local Child Care Resource and Referral Agency. Consumers can contact this agency at 1-800-446-1114 or visit http://www.childcarenet.org.
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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

OVERPAYMENTS

A. DETERMINING OVERPAYMENTS

Revised: December 1, 2005

Effective May 28, 2005

WAC 388-290-0270 What is a WCCC overpayment and what can be included?

- 1. A WCCC overpayment:
 - a. Occurs when you or a provider receives benefits or payment from WCCC that you or they are not eligible to receive;
 - b. Is written by us and expected to be paid back by you or the provider; and
 - c. Is written for the month care is billed for, not the month it is paid or the month the overpayment is written.
- 2. When setting up an overpayment, we reduce the WCCC overpayment by the amount of the WCCC underpayment when applicable.
- 3. In areas not covered by this section, you are subject to chapter 388-410 WAC (Benefit errors).
- 4. Payments made through departmental error fall under subsection (1) of this section.
- Absent days can be added to an overpayment, either yours or the provider's, when care is used or billed when you were not eligible for WCCC per WAC <u>388-290-0032</u> or care is billed incorrectly.

CLARIFYING INFORMATION

Absent days the provider is allowed to bill are not included in the overpayment to the consumer
or to the provider unless the absent days were billed based on care the consumer used when
the consumer was not eligible for the benefit. Check the <u>provider booklet</u> for information on how
to bill absent days.

EXAMPLE

The consumer's approved activity ends May 20th and they continue to use care without reporting the change to the department. The department discovers this June 2nd and sends a ten-day termination letter effective June 12th. The consumer stops using care on June 5th. The provider is allowed to bill 5 absent days if the child attended 1 day in June. Although this is not a benefit the consumer receives directly, the payment for the absent

days is a result of the consumer using care they were not eligible for. The consumer overpayment is for all the days the consumer used and the provider appropriately billed.

2. Unless the overpayment is for the copayment, the copayment amount is not included in the overpayment calculation because DSHS does not make this payment.

EXAMPLE

The copayment is assessed at \$15.00 for July 1st, the first two months of eligibility and \$200.00 for the rest of the eligibility period through December 31st. The authorization is not adjusted to increase the copay timely and the September invoice prints with the \$15.00 co-payment. The worker discovers this October 15th, before deadline, and corrects the copayment amount on the authorization to \$200.00 effective October 1st. There is an overpayment of \$185.00 assessed to the:

- a. Provider if the consumer paid the \$200.00 for September; or
- b. Consumer if they did not pay the \$200.00 for September.
- 3. Holiday(s) are treated as absent days if the child has left care within the month unexpectedly and a holiday occurs after their last day of attendance.

EXAMPLE

Junior leaves care on October 14th, prior to his scheduled authorization end date. After his last day of attendance, there are two state holidays. Count these as absent days because they occur after he left care. Junior's total absent days for the month of November is 10, the provider should bill no more than 17 units.

Effective December 1, 2005

WAC 388-290-0271 When might I get an overpayment?

You get WCCC overpayments whether you are a current or past WCCC consumer, when we make payment for WCCC benefits and:

- 1. You are no longer eligible or you are eligible for a smaller amount of care, such as using care for an unapproved activity or for children not in your WCCC household;
- 2. You fail to report information to us that results in an error in our determination of:
 - a. Your eligibility;
 - b. The amount of care authorized; or
 - c. The amount of your copayment.
- 3. Your provider is not an eligible provider per WAC 388-292-0140;
- 4. Your child is not eligible per WAC 388-290-0015 or 388-290-0020.

CLARIFYING INFORMATION

1. The AW establishes the overpayment to the consumer for care used and billed when the consumer:

- Was ineligible for part or all of the child care benefits, or
- Used an unapproved or ineligible in-home/relative provider.

Example 1

A consumer is working and is approved for WCCC. Their employment ends May 15th and they do not report this to the department. On August 4th the department discovers the consumer is not in an approved activity, and a ten-day termination notice is sent effective August 14th. All care used and billed from May 16th through August 14th is an overpayment to the consumer.

Example 2

A consumer is using a licensed/certified center. The child turns 13 and she continues to use the provider because the provider has a waiver. The consumer has not received approval for Special Needs Payment. All care billed from the child's 13th birthday is an overpayment to the consumer.

2. Consumers (TANF or non-TANF) approved for activities (such as work, job search, community jobs, IRP activities, or school) may use their child care (licensed or in-home/relative care) for family support activities (such as medical appointments, illness or injury) as long as their approved activity is still active (for employment, they would need to continue to receive income). Please see WORKER RESPONSIBILITIES FOR MORE INFORMATION.

EXAMPLE 1

Beth is approved for WCCC for WorkFirst job search. She is authorized for 22 full day units. Her scheduled attendance days are Monday-Friday. She reports sick to job club Thursday and Friday and uses the child care. As long as Beth remains eligible for job search she does not receive an overpayment for using child care on a scheduled job search day that she did not participate due to an illness.

EXAMPLE 2

Kate is working and is approved for 22 full day units. Her scheduled work week is Monday-Thursday. She is unable to work due to an injury. She reports sick to work and uses the child care Wednesday-Friday. Beth does not receive an overpayment for using child care for a scheduled work day that she did not work due to the injury, but would receive an overpayment for using care on a non-work day. In this case, she would receive an overpayment for Friday.

EXAMPLE 3

Janice is working and is approved for 22 full day units. Her scheduled work week is Monday-Friday. She has two children in child care. She is attending counseling for herself and one child. She leaves the other child in child care while attending the counseling sessions. Beth does not receive an overpayment for using child care for a scheduled work day that she did not work due to a counseling appointment.

EXAMPLE 4

Barbi was employed until she became ill and was released from work. After she is released from employment, she continues to uses child care due to her illness. Barbi is not eligible for child care for her illness once her employer terminated her. Any care used after her employment ended would be an overpayment.

WORKER RESPONSIBILITIES

You **do not** need to verify every day a consumer misses work due to medical appointments (including counseling), illness or injury. As long as the consumer is still employed they may use care for sick days and medical appointments (including counseling appointments). The consumer's verbal statement of why they missed work and used child care can be accepted. You may need to verify the consumer's statement:

- To be sure the consumer is still employed if the absence from work because extensive; or
- If someone reports that the consumer was using the child care for something other than a family support activity as described under the clarifying information above.

Effective December 1, 2005

WAC 388-290-0273 When would my licensed or certified provider or DSHS contracted Seasonal Day Camp get an overpayment?

- 1. We establish WCCC overpayments for your licensed or certified child care provider and DSHS contracted seasonal day camps, when your provider:
 - a. Billed and received payment for WCCC services not provided;
 - b. Does not have attendance records that comply with licensing requirements (refer to WAC 388-295-7030, 388-296-0520, and 388-151-460 for attendance record requirements).
 Only attendance records meeting WAC requirements will be accepted for attendance verification;
 - c. Billed and received payment for more than they are eligible to bill;
 - d. Billed and received payment and the provider is not eligible based on WAC <u>388-290-0125</u>; or
 - e. Is caring for a child outside their licensed allowable age range without a waiver.
- 2. The WCCC program staff may request documentation from your provider when preparing to establish an overpayment. Your provider has fourteen consecutive calendar days to supply any requested documentation.

- 4. Provider/vendor overpayments include:
 - a. Payment to the licensed/certified provider they are not eligible to bill for per the <u>provider</u> <u>booklet</u> (DSHS 22-877(x));
 - b. Payment to the licensed/certified provider at a rate higher than the provider's customary rate.

Example 1

A licensed/certified family home provider cares for a child over the age of 12 and there is no licensing waiver. The overpayment is established to the provider for all days billed from the child's 12th birthday.

Example 2

A consumer's last day of attendance was July 31st. The provider bills 5 absent days on the August invoice. The overpayment is established to the provider, as the provider was ineligible to bill for any days in August.

Example 3

A child starts care on May 15th. There are only 12 possible billing days left in the month in a Monday-Friday activity schedule. On the invoice, the provider bills for 17 days. Following attendance and holiday rules, the provider over billed by 5 days. An overpayment for 5 units is established to the provider.

Effective December 1, 2005

WAC 388-290-0274 When would my in home/relative provider get an overpayment?

- 1. We establish WCCC overpayments for your in home/relative provider when your provider:
 - a. Billed and received payment for WCCC services not provided;
 - b. Does not have attendance records that comply with attendance records based on WAC 388 290 0138. Only attendance records meeting WAC requirements will be accepted for attendance verification:
 - c. Billed and received payment for more than they are eligible to bill;
- The WCCC program staff may request documentation from your provider when preparing to establish an overpayment. Your provider has fourteen consecutive calendar days to supply any requested documentation.

In-home/relative providers will be responsible for overpayments resulting from billing and receiving payment they are not eligible for. This can include billing and receiving payment for more:

- · Hours than they provided; or
- Than 6 children for the same time periods.

Monitoring child care payments and authorizations

- 1. The department is responsible to review monitoring reports and to evaluate information as needed for possible overpayment action.
- 2. The following staff monitor case activities:
 - a. The Division of Child Care and Early Learning (DCCEL);
 - b. The Social Service Payment Systems staff (SSPS);
 - c. The Administrative Services Division, Operations Review/Consultation (by request only);
 - d. The Office of the State Auditor;

- e. Division of Employment Assistance Program;
- f. CSO/CSC staff; and
- g. The Payment Review Program (PRP).
- Monitoring activities may include reviews of case records in WCAP, documents in DMS, SSPS
 reports, E-JAS on-line case information, ACES, SEMS, on-site visits to a child care facility or
 home and, telephone and/or written communication with DSHS staff, consumers, providers and
 licensors.

WORKER RESPONSIBILITIES

Discovering overpayments

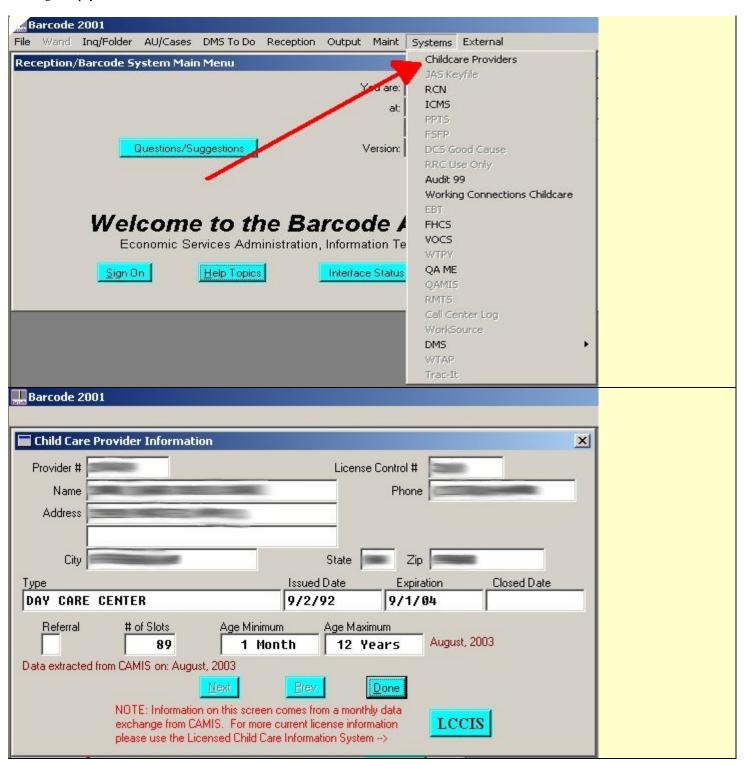
Use the following methods to discover possible overpayments:

- 1. Read SSPS reports including:
 - a. SSPS 031 (Provider Listing by Paid Service Report);
 - b. SSPS 032 (Worker Service Report);
 - c. 40N40 (Client Payment Detail Listing Report) and the;
 - d. 40N51 (Child Care Payment Alert).

These reports are available on the **SSPS COLD Report System**.

- 2. Ask the following questions when reviewing for possible overpayments:
 - a. Is the licensed/certified provider consistently claiming the maximum number of units authorized, (i.e., 22 full-days, 22 to 30 half days per month)?
 - b. Is the provider billing for more children than the provider's licensed/certified capacity allows? (Licensed/certified capacity can be found from the Barcode main menu screen under Systems and Child Care Providers)
 - c. Is the authorization for in-home/relative care consistently billed for the maximum authorized units per month?
 - d. Is the in-home/relative provider claiming for WCCC payment for more than 6 children for the same time period (overlapping days and hours)?

EXAMPLE			



- d. Does the authorized payment exceed the DSHS rate for the child's age or geographic area?
- e. Is there a service code that does not match the provider type (i.e. the 2950 for full-time center care is authorized for a family home)?
- f. Is a child age 13 years or older being authorized for care? (Only children age 13 and older who have special needs or who are under court supervision can be authorized for child care). If the provider is licensed/certified, they must have a waiver. Or is there a 12 year old in a licensed/certified family home authorized for care without a waiver?

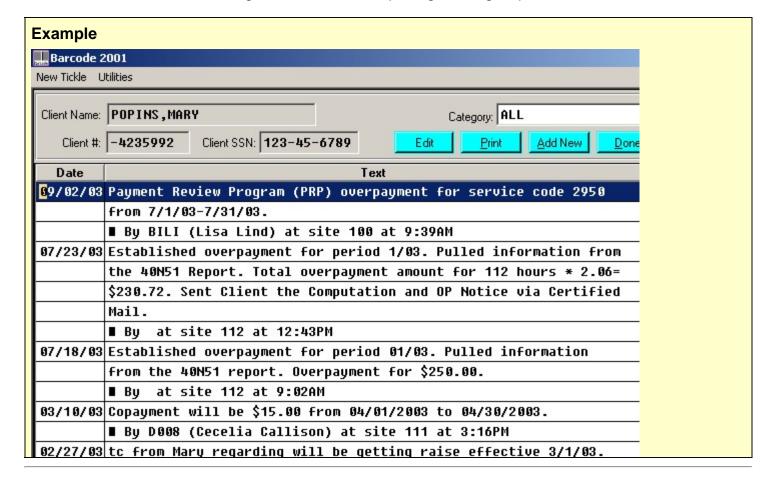
g. Are there duplicate authorizations and payments for a child?

EXAMPLE

A child's name is listed on the SSPS Payment Alert Report SPS40N51 more than once for the same dates or overlapping dates. Explore whether there is an error in the authorization or if there has been an inappropriate duplicate billing. If so, an overpayment is established to the payee (consumer or provider). If the authorizations are ongoing and correct, then the duplicate service needs to be closed and re-opened with a "9" code.

- 3. Review information in the case record to determine:
 - a. If the need for child care is clearly supported in the case file including household composition and approvable activities;
 - b. Total hours of care needed:
 - c. If the income was determined correctly; and
 - d. The copayment was applied correctly.
- 4. Review the SSPS authorization documents to note if the authorization is accurate, including:
 - a. Service code(s);
 - b. Reason codes(s);
 - c. Children's ages;
 - d. Authorization periods;
 - e. Total hours of care approved; and
 - f. Rate of payment, including correct copayment authorized.
- 5. When reviewing a case, check the SSPS S02 screen, and if necessary for in-home/relative care the S01 screen, for payment history going back 6 months. If you need to review billing older than 6 months, check the <u>SSPS COLD system</u> to find out how much child care was actually billed. When there is minimal billing, yet the consumer's request is for full-time child care, determine if the number of hours need to be decreased. If the maximum in-home/relative care is continually billed or the licensed/certified provider continually bills 30 half-day units, review with the consumer and/or provider the hours/days attended and compare with the approved consumer schedule.
- 6. When a reviewer, other than the AW, DFI or PRP, discovers a possible child care overpayment, the reviewer notifies the appropriate supervisor of the:
 - a. Information needed to evaluate the potential overpayment; and,
 - b. Require a response back to the reviewer.
- 7. If the reviewer is from PRP, they will process the overpayment. Overpayments completed by PRP will be electronically documented in WCAP case notes and overpayment screens. OFR

sends the consumer/provider an overpayment notice directing them to call a toll free number if they have questions. Field staff are not required to answer questions regarding PRP overpayments. If the field staff is called with a question regarding a PRP overpayment, refer the caller to the toll free number from their form. Hearing requests generated from PRP overpayments will go through OFR. PRP will represent the department at the Hearing. DSHS staff will continue assisting consumers in completing hearing requests as needed.



Verifying overpayments

To verify an overpayment, do one or more of the following:

- 1. Gather, analyze and verify all the necessary information;
- 2. Contact the consumer and/or provider to request an explanation of what may have caused the overpayment;
- 3. Verify the consumer's scheduled hours of participation in an approved educational, training, WorkFirst or employment activity.
- 4. Request the consumer verify child care attendance when a dispute arises with the provider's reported attendance.
- 5. Review the licensed/certified provider's attendance records (as a last resort) if discrepancies, omissions, or inconsistencies are noted while reviewing the case. Licensed/certified child care centers and licensed family homes must keep daily attendance records per WAC <u>388-295-7030</u> for centers and WAC <u>388-296-0520</u> for homes and WAC <u>388-151-460</u> for school age facilities. If the provider cannot produce attendance records in accordance with the WAC's, call the CPS

intake line and make a report. This information is passed on to the DCCEL Licensor. If the provider is required to have the parent sign in and out, consider as much information on the attendance form as possible to determine if an overpayment is needed.

EXAMPLE

Happy Tots is requested to turn in their attendance records for a possible overpayment for child Barney. On two days Barney's mom signed him in, but forgot to sign him out. It is clear that Barney did attend child care that day. You may accept Barney's mom's sign in as verification that he did attend care. Since the provider is not following their WAC requirements, make a report to CPS re

- 6. Review in-home/relative care attendance records. The in-home/relative care attendance keeping requirement is noted WAC 388-290-0138 and is included on the in-home/relative award letter sent from WCAP (letter 07-075) and on the <u>DSHS 14-417(X) WCCC Application</u>, <u>Part 2</u> that is required to be signed by the consumer and the in-home/relative provider and kept in the consumer's Electronic Case Record (ECR). The <u>DSHS 06-59(X) Report of Child Care</u> may be supplied to the consumer and provider for hourly record keeping. This form is optional.
- 7. Review waivers for children who are not covered by the provider's license. Most waivers are for children over the maximum age limit or under the minimum age limit and not covered by their license. Providers incur an overpayment for dates of service not listed on the waiver. This includes the time period prior to the waiver approval date and the last date the provider was allowed to bill for the child.





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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PROVIDERS

A. ELIGIBLE PROVIDERS

Revised: August 15, 2005

Effective May 28, 2004

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Jack works 8-5 M-F and wants to enroll his 3rd grader in a private school. The school offers licensed child care before and after school. WCCC is available in this case for the hours the child is in the licensed child care only. The cost of the schooling would be the parent's responsibility.

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A public school offers both kindergarten and child care on the school grounds. Only the child care program is licensed/certified and runs from 12:00 to 3:00. Jacob is eligible for full-time WCCC and needs care for his son from 9:00 to 4:00. Jacob wants to enroll his son in both the kindergarten and the child care. Because the kindergarten program is not licensed/certified, WCCC can only cover care for 12:00 to 3:00. If Jacob needs care beyond 3:00, WCCC can pay for another eligible provider.

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based on her needs and regardless of the child's involvement in the educational program. Jackie, however, wants to leave her child in care until 5 p.m. She would need to pay privately for care from 11a.m. to 5 p.m.

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 - a. They can call the Working Connections Information Phone (please give the provider the clients application number if they need it).
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Working Connections Child Care (WCCC) Manual



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TERMINATING ELIGIBILITY

A. TERMINATING ELIGIBILITY OR BENEFITS

Revised: October 2002

Effective January 19, 2002

WAC 388-290-0110 What circumstances might affect my on-going eligibility for the WCCC benefits and when might I be eligible again?

- 1. Your eligibility for WCCC stops when you:
 - a. Do not pay copayment fees assessed by the department and mutually acceptable copayment arrangements are not made with your child care provider;
 - b. Do not complete the requested review information before the deadline noted in WAC 388-290-0105 (2) (a); or
 - c. Do not meet other WCCC eligibility requirements.
- 2. You might be eligible for WCCC again when you meet all WCCC eligibility requirements, and:
 - a. Back copayment fees are paid; or
 - b. Mutually acceptable payment arrangements are made with your child care provider(s).

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-01-135, effective 1/19/02.

WORKER RESPONSIBILITIES

- 1. Terminate WCCC benefits when
 - a. The circumstances in WAC 388-290-0110 apply, or
 - b. The consumer:
 - i. Moves to another state, or;
 - ii. Requests termination.
- 2. When terminating WCCC:

- a. Notify the consumer at least ten days in advance of termination per <u>WAC 388-290-0120</u>, using the DSHS Form 15-247(X) WCCC Denial/ Termination Notice. Cite the appropriate WAC references for the termination. See Payments <u>M. Payment Terminations</u>, <u>Reductions and Increases</u>.
- b. Extend child care benefits beyond the eligibility period to cover advance and adequate notice requirements, if necessary. Payment made for child care used during a period of ineligibility is considered an overpayment to the consumer. See Overpayments.
- c. Inform the consumer about other child care subsidy programs.
- d. Give the provider advance notice whenever possible. Although it is not required to give the licensed / certified provider advance notice of services ending, it is a courtesy to do so and fosters good working relationships with them.
- e. Close / terminate the SSPS authorization.
- f. Complete the case notes in WCAP.







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Services go to the DSHS Contact Information web page.
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Working Connections Child Care (WCCC) Manual



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PAYMENTS

K. REAUTHORIZATION & ELIGIBILITY REVIEWS

Revised: October 2002

Effective July 1, 2002

WAC 388-290-0105 What is the process for my review for reauthorization of my WCCC benefits?

- 1. You are required to complete a review of your WCCC benefits. We determine if you are still eligible by:
 - a. Requesting on-going eligibility review information prior to the end date of your current WCCC eligibility period; and
 - b. Reviewing the requested information.
- 2. Your WCCC benefits may continue if:
 - a. Your review eligibility information is received no later than ten days after your previous eligibility period ends;
 - b. Your provider is eligible for payment under WAC 388-290-0125; and
 - c. You are eligible for WCCC.
- 3. If you are determined eligible for WCCC benefits based on your review information, the program will notify you of continued benefits.
- 4. If you provide the requested review information to us more than ten days beyond your last eligibility period, you are determined eligible for WCCC and you:
 - a. Receive TANF, your benefit begins when:
 - i. You are participating in your approved activity, and
 - ii. Your eligible provider (under WAC 388-290-0125) is caring for your child.
 - b. Do not receive TANF, your benefit begin date is the date your:
 - i. Application is date stamped as received;
 - ii. Eligible provider (under WAC 388-290-0125) is caring for your child; and

iii. Participation in an approved activity has started.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

Previous Version:

CLARIFYING INFORMATION

- 1. The WCAP is designed so that DSHS 14-430(X) WCCC Child Care Review can be generated anytime prior to the eligibility end date.
- 2. Consumers must be given at least 10 days to respond to a request for information which means that reviews should be sent out at least 15-30 working days prior to the eligibility end date.

WORKER RESPONSIBILITIES

- 1. Generate the "reviews due" list through WCAP under the Reports menu.
- 2. Generate the DSHS 14-430(X) from WCAP and mail to the consumer.
- 3. Generate and send to the provider the DSHS 14-430(A)(X) Child Care End Date Reminder, from the WCAP. The DSHS 14-430(A)(X) is a courtesy reminder which must be mailed to the provider.

How is Child Care Re-Authorized at Time of Review?

- 1. Determine if the consumer's hours of employment or participation in WorkFirst activities have changed; (review ACES and/or JAS if the consumer receives TANF to verify their current eligibility status, employment information, address, and living situation).
- 2. Enter any new or missing information into the Activity / Schedule screen of the WCAP.
- 3. Using the WCAP, re-determine income eligibility and the copayment based on new income information.
- 4. Determine the child's need for care based on the:
 - a. Consumer's employment and/or approved activity schedule;
 - b. Child's school or other scheduled activities; and
 - c. Availability and ability of the second parent in a family.
- Generate the DSHS 7-066 (X) WCCC Award / Change Letter in the automated program and send to the consumer. If you determine the consumer is ineligible, see Terminating Eligibility -<u>A. Terminating Eligibility or Benefits</u>.
- 6. Generate and send the DSHS 07-075 (X) In-Home / Relative Letter (if applicable) to that particular provider. This letter notifies the in-home / relative provider of the parent's activity,

copayment amount and eligibility period. The letter also reminds providers of their responsibilities for care of the children and billing with DSHS.

- 7. Contact the provider (if needed) to verify their customary rate and schedule of care.
- 8. Update the authorization in the WCAP and send to SSPS.
- 9. Document the re-approval of benefits in the case notes in the WCAP.
- 10. If the family is receiving TANF, and the case manager is not the AW, notify the WorkFirst case manager of continuing child care benefits.

Pending of Reviews

- When you receive an incomplete review send the consumer a pending letter giving them another 10 days to provide the necessary information. If the consumer fails to return the information as requested notify them that child care benefits are denied using the DSHS 15-247 (X) Denial / Termination Notice.
- 2. If the consumer returns all necessary information within the timeframe given on the pending letter, authorize child care to begin retroactively to the day after the original eligibility end date.

EXAMPLE

Stacy's eligibility end date is June 30th. She received a request for review information and sent the items in on the 25th of June. She was sent a pending letter for missing items and was given until the 7th of July to provide the information. Stacy was able to provide all needed information by the 7th. She was determined to be re-eligible for WCCC effective July 1st.

Reviews and Changes in Benefits

DSHS is not required to provide 10-day notice to a consumer if a change in benefit will occur from a current period of eligibility to one immediately following. (WAC 388-290-0120)

EXAMPLE 1

Debra's eligibility end date is April 30th. She was unable to provide all the necessary review information on this date. A pending letter was sent. All information to determine eligibility and the copayment was received on May 10th. Based on new income Debra's copayment will increase from \$25 to \$275. Authorization for the child care and the new copayment amount is effective May 1st.

EXAMPLE 2

Joan's eligibility end date is October 31st. Her review information was received on October 28th. Joan indicated she would be getting a raise effective November 1st. The raise will make her over income for WCCC benefits. A denial letter should be sent, but the worker can make the denial effective October 31st.

Late Return of Reviews

- 1. If a consumer fails to return a review within the given time frame, the consumer does not need to receive a notice of termination or denial in this case (<u>WAC 388-290-0120</u>) as they received advanced notice of the eligibility end date via the DSHS 07-066 (X), Award / Change Letter. The individual lines of service on the DSHS 14-159 (X) Social Service Authorization should be terminated. This will generate a Social Services Notice sent automatically to the licensed or certified provider.
- 2. Establish a new eligibility period according to <u>WAC 388-290-0105</u>.

EXAMPLE

Tom's eligibility end date was October 31st. He failed to return any of the review information, his care was not extended and the lines of service on the DSHS 14-159 were terminated. Tom comes in on December 5th and wants child care re-established. You determined that Tom has all the information required for you to re-determine eligibility including November's pay stubs. Tom's care is re-authorized effective December 5th.







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Working Connections Child Care (WCCC) Manual



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PAYMENTS

J. REAPPLICATIONS

Revised: February 8, 2005

Effective May 28, 2004

WAC 388-290-0105 HOW DO I REAPPLY FOR WCCC WHEN MY ELIGIBILITY PERIOD IS ENDING?

- 1. If you want to receive child care benefits for another eligibility period you must reapply for WCCC benefits before your current eligibility period ends. We determine if you are eligible by:
 - a. Requesting application information prior to the end date of your current WCCC eligibility period; and
 - b. Verifying the requested information for completeness and accuracy.
- 2. You may be eligible for WCCC benefits for a new eligibility period if:
 - a. Your application information is received no later than the last day of your current eligibility period;
 - b. Your provider is eligible for payment under WAC 388-290-0125; and
 - c. You meet all WCCC eligibility requirements.
- 3. If you are determined eligible for WCCC benefits based on your application information, we notify you of your new eligibility period and copayment.
- 4. If you provide the requested application information to us anytime after your eligibility period ends, you are determined eligible for WCCC and you:
 - a. Receive TANF, your benefit begins when:
 - You are participating in your approved activity, and
 - ii. Your eligible provider (under WAC 388-290-0125) is caring for your child.
 - b. (b) Do not receive TANF, your benefit begin date is the date your:
 - i. Application is date stamped as received or entered into our automated system;
 - ii. Eligible provider (under WAC <u>388-290-0125</u>) is caring for your child; and
 - iii. Participation in an approved activity has started.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

Previous Version:

CLARIFYING INFORMATION

- 1. The WCAP is designed the WCCC Child Care Reapplication can be generated anytime prior to the eligibility end date. Reapplications are generated by Olympia throughout the month and they are mailed by the central mail process. The majority of reapplications are printed and mailed the last 5 working days of the month prior to the eligibility end date.
- 2. 2. Reapplications with language codes other than English or Spanish still need to be sent by the local office following the required language procedures.
- Consumers must be given at least 10 days to respond to a request for information which means that reapplications should be sent out at least 15-30 working days prior to the eligibility end date.

WORKER RESPONSIBILITIES

- 1. When mailing reapplications locally, generate the "reapplications due" list through WCAP under the Reports menu.
- 2. Generate the DSHS 14-430 from WCAP and mail to the consumer.
- 3. Generate and send to the provider the DSHS 14-430(A)(X) Child Care End Date Reminder, from the WCAP. The DSHS 14-430(A)(X) is a courtesy reminder which must be mailed to the provider.

How is Child Care Re-Authorized at Time of Reapplication?

- Determine if the consumer's hours of employment or participation in WorkFirst activities have changed; (review ACES and/or e-JAS if the consumer receives TANF to verify their current eligibility status, employment information, address, and living situation).
- Enter any new or missing information into the Activity / Schedule screen of the WCAP.
- 3. Using the WCAP, re-determine income eligibility and the copayment based on new income information.
- 4. Determine the child's need for care based on the:
 - a. Consumer's employment and/or approved activity schedule;
 - b. Child's school or other scheduled activities; and
 - c. Ability and Availability of the second parent in a family.
- Generate the DSHS 7-066 (X) WCCC Award / Change Letter in the WCAP and send to the consumer. If you determine the consumer is ineligible, see Terminating Eligibility - <u>A.</u> <u>Terminating Eligibility or Benefits</u>.
- 6. Generate and send the DSHS 07-075 (X) In-Home / Relative Letter (if applicable) to that particular provider. This letter notifies the in-home / relative provider of the parent's activity, copayment amount and eligibility period. The letter also reminds providers of their

responsibilities for care of the children and billing with DSHS.

- 7. Contact the provider (if needed) to verify their customary rate and schedule of care.
- 8. Update the authorization in the WCAP and send to SSPS.
- 9. Document the re-approval of benefits in the case notes in the WCAP.
- 10. If the family is receiving TANF, and the case manager is not the AW, notify the WorkFirst case manager of continuing child care benefits.

Pending of Reapplications

- 1. Reapplications must be received by the last day of eligibility. When you receive an incomplete reapplication send the consumer a pending letter giving them at least 10 days to provide the necessary information. If the consumer fails to return the information as requested notify them that child care benefits are denied using the DSHS 15-247 Denial / Termination Notice.
- 2. If the consumer returns all necessary information within the timeframe given on the pending letter, authorize child care to begin retroactively to the day after the original eligibility end date.
- 3. If the consumer turns in partial reapplication information and is pended but does not respond by the due date on the pending letter, their start date is when they turn in all the necessary information needed to determine eligibility.

EXAMPLE 1

Stacy's eligibility end date is June 30th. A request for reapplication information is sent to her and she returns the items on June 25th. She was sent a pending letter for missing items and was given until July 7th to provide the information. Stacy was able to provide all needed information by the 7th. She was determined to be re-eligible for WCCC effective July 1st.

EXAMPLE 2

Mike is a non-TANF consumer whose eligibility ends October 31st. A request for reapplication information is sent to him and he returns the items in on the October 25th. A pending letter is sent requesting income information due by November 10th. A denial letter is sent November 11th as the information was not returned. Mike returns the necessary information November 15th. Mike is determined eligible for WCCC with a new start date of November 15th.

Reapplication and Changes in Benefits

DSHS is not required to provide 10-day notice to a consumer if a change in benefit will occur from a current period of eligibility to one immediately following. (WAC 388-290-0120)

EXAMPLE 1

Debra's eligibility end date is April 30th. She received a request for reapplication information and sent the items in on the April 29th. A pending letter was sent due May 10th. All information to determine eligibility and the copayment was received on May 10th. Based on new income Debra's copayment will increase from \$50 to \$275. Authorization for the child care and the new copayment

amount is effective May 1st.

EXAMPLE 2

Joan's eligibility end date is October 31st. Her reapplication information was received on October 28th. Joan indicated she would be getting a raise effective November 1st. The raise will make her over income for WCCC benefits. A denial letter should be sent, but the worker can make the denial effective October 31st.

Late Return of Reapplications

- 1. If a consumer does not respond to the reapplication request within the given time frame, the consumer does not need to receive a notice of termination or denial in this case (<u>WAC 388-290-0120</u>) as they received advanced notice of the eligibility end date via the DSHS 07-066 (X), Award / Change Letter. The individual lines of service on the DSHS 14-159 Social Service Authorization should be terminated. This will generate a Social Services Notice sent automatically to the licensed or certified provider.
- 2. 2. If the consumer turns in reapplication information after their eligibility period ends, establish a new eligibility period according to <u>WAC 388-290-0105</u>.

EXAMPLE

Tom's eligibility end date was October 31st. He failed to return any of the reapplications information, his care was not extended and the lines of service on the DSHS 14-159 were terminated. Tom comes in on November 5th and wants child care re-established. You determined that Tom has all the information required for you to re-determine eligibility including November's pay stubs. Tom's care is re-authorized effective December 5th.

WORKER RESPONSIBILITIES

See Use of Termination and Denial notices for more information







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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

L. PAYMENT REDUCTIONS AND TERMINATIONS

Revised: August 15, 2005

In this section:

- A. Terminations and Denials
- B. Advance and Adequate Notice of Payment Changes

A. Terminations and Denials

Revised: December 2004

WAC 388-290-0110 What circumstances might affect my eligibility for WCCC benefits and when might I be eligible again?

- 1. 1. We stop your eligibility for WCCC benefits when you do not:
 - Pay copayment fees assessed by us and you do not make mutually acceptable arrangements with your child care provider to pay the copayment;
 - b. Complete the requested reapplication before the deadline noted in WAC 388-290-0105(2) (a);
 - c. Meet other WCCC eligibility requirements; or
 - d. d. Cooperate with the quality assurance review process or with the division of fraud investigations.
- 2. You might be eligible for WCCC again when you meet all WCCC eligibility requirements, and:
 - a. Back copayment fees are paid,
 - b. You make mutually acceptable payment arrangements with your child care provider; or
 - c. You cooperate with the quality assurance review process or with the division of fraud investigations.

WAC 388-290-0107 When do I receive a denial letter?

We send you a denial letter when you have applied for child care and you:

 Withdraw your request; 2. Are not eligible due to your; a. Family composition; b. Income; or c. Activity. 3. Did not provide information necessary to determine your eligibility according to WAC 388-290-0012. WAC 388-290-0108 What happens if I meet eligibility requirements after I receive a denial letter? If you turn in information or otherwise meet eligibility requirements after we send you a denial letter, we determine your benefit begin date by: 1. WAC 388-290-0095 if you are TANF; or 2. WAC 388-290-0100 if you are non-TANF. B. Advance and Adequate notice of payment changes Effective May 28, 2004 WAC 388-290-0115 When does the WCCC program provide me with advance and adequate notice of payment changes? 1. The WCCC program provides you with advance and adequate notice for changes in payment when the change results in a suspension, reduction, termination, or forces a change in child care arrangements, except as noted in WAC 388-290-0120. 2. "Advance and adequate notice," means a written notice of a WCCC reduction, suspension, or termination that is mailed at least ten days before the date of the intended action which includes the Washington Administrative Code (WAC) supporting the action, and your right to request a fair hearing.

CLARIFYING INFORMATION

- 1. Payments made after the consumer's change in circumstances and during the advance notice period are considered overpayments if the consumer is not eligible. <u>See Overpayments.</u>
- 2. Reductions in payments can include situations such as the copayment increasing, authorized care being reduced from full to part-time, or a child's ineligibility. These situations can occur during an authorization period or at reapplication. Advance and adequate notice to the client of a reduction in benefits at reapplication is not necessary. However, a reduction in benefits during the eligibility period requires specific notification to the client. Those steps are outlined in the following worker responsibility section.
- 3. The WAC 388-290-0115 for advance and adequate notice does not apply to child care providers. However, every attempt should be made to notify the provider in advance of the termination or reduction of services. The provider will receive advance notice at reapplication when the DSHS 14-430A Child Care End Date Reminder is sent automatically through WCAP.

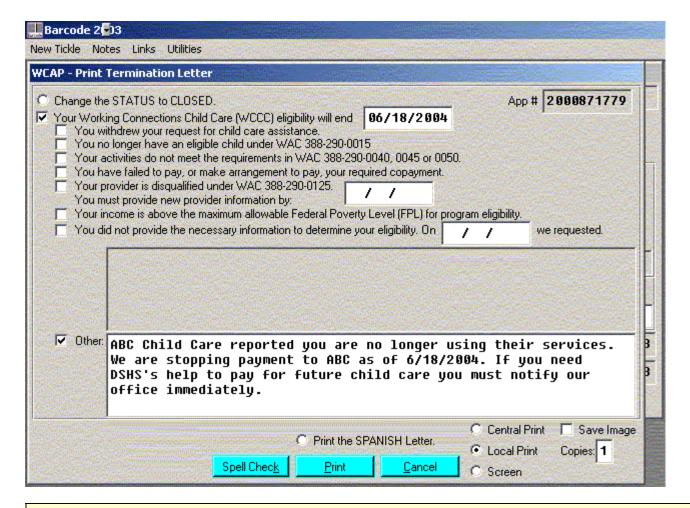
A Social Service Notice is sent to the payee (licensed provider or consumer for in-home/relative care) when service lines on the SSPS authorization are closed, terminated, or changed. The provider will again receive advance notice when changes are made immediately to the SSPS authorization.

WORKER RESPONSIBILITIES

- 1. Terminate WCCC benefits when:
 - a. The circumstances in WAC 388-290-0110 apply, or
 - b. The consumer:
 - i. Moves to another state, or;
 - ii. Requests termination.
- 2. When terminating or reducing WCCC benefits:
 - a. Notify the consumer at least ten days in advance per WAC 388-290-0120. Use the DSHS Form 15-247 WCCC Denial/ Termination Notice. Include the appropriate WAC reference for the termination if it is not already on the form.
 - b. Inform the consumer about other child care subsidy programs.
 - c. Give the child care provider advance notice whenever possible. Although it is not required, advanced notice fosters good working relationships with the provider.
 - d. Using correct dates per policy, close/terminate/change the SSPS authorization lines of service the same day the client is notified of the action. This action will cause a Social Services Notice to be sent to the payee (licensed provider or consumer for inhome/relative care) and will alert the payee of the termination or change in services.
 - e. Document your actions in the WCCC case notes.

EXAMPLE 1

On 6/8, a provider reports that her last day of service to a client was 5/31. The AW is unable to verify the client's need for ongoing care. A termination notice is sent with an end date of 6/18 to allow for advance and adequate notice. Remind the provider they should bill zero for June since they reported care was last used 5/31. Following is an example of how to write up the termination notice for this type of situation.



EXAMPLE 2

On 7/15 the worker discovers and verifies that a consumer last worked on 5/25. Applying the advance and adequate notice rule, a termination letter is sent to the consumer with an effective date of 7/25. The worker immediately retrieves the current authorization and terminates all the open lines of service with an effective date of 7/25. The worker calls the provider with courtesy notification of termination.

In this example, the July invoice has not been sent and payment could technically be stopped. However, **retroactive** termination of the child care is not correct procedure and should not be done.

Effective May 28, 2004

WAC 388-290-0120 When doesn't advance and adequate notice of payment changes apply to me?

We do not give you advance and adequate notice in the following circumstances:

- 1. You tell us you no longer want WCCC;
- 2. Your whereabouts are unknown to us;
- 3. You are receiving duplicate child care benefits;
- 4. Your current eligibility period is scheduled to end;
- 5. Your new eligibility period results in a change in child care benefits;

- 6. The location where child care occurs does not meet requirements under WAC 388-290-0130(2); or
- 7. We determine your in-home/relative provider:
 - a. Is not of suitable character and competence;
 - b. May cause a risk of harm to your children based on the provider's physical or mental health; or
 - c. Has been convicted of, or has charges pending for crimes posted on the DSHS secretary's list of permanently disqualifying convictions for ESA. You can find the complete list at http://www1.dshs.wa.gov/esa/dccel.

CLARIFYING INFORMATION

- 1. Advance and adequate notice is not required when:
 - a. The department has received a written or verbal statement from the consumer that they no longer want or need benefits. Verbal notification should be well documented in the case notes. Be sure to confirm with the provider when the consumer last used care.
 - Department mail to the consumer has been returned by the Post Office indicating no known forwarding address;
 - c. The consumer is receiving child care assistance in another catchment area or another state.
- 2. When a case is up for reapplication, the consumer will receive the DSHS 14-430 Reapplication Letter which serves as a reminder that the child care authorization is scheduled to end on a specific date. There is no need to send a 10-day termination notice to the consumer, per WAC 388-290-0120 (4) above.

EXAMPLE

A consumer is authorized for care from 1/1-5/31. On 5/25, the AW discovers the client became ineligible for WCCC on 4/25. There are not enough days between 5/25 and 5/31(the scheduled eligibility end date) to give 10-day advance notice. The AW sends a termination notice with 5/31 as the termination date and does not extend the eligibility period to include the full 10-day advance notice period.

For a more complete description of advance and adequate notice, refer to <u>EA-Z Manual</u> (<u>Letters</u>, and <u>Change of Circumstances</u>).





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Working Connections Child Care (WCCC) Manual

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PAYMENTS

Refer to the following link for information on how far back a provider may request payment. http://iesa.dshs.wa.gov/dccel/docs/0111_N_Provider_Billing_Time_Limit.PDF

A. PAYMENT BEGIN DATES

Revised: August 15, 2005

Effective May 28, 2004

WAC 388-290-0095 If I receive temporary assistance for needy families (TANF) and I am determined eligible for WCCC, when do my benefits begin?

When you receive TANF, and are eligible for WCCC, your benefits begin when your eligible provider (under <u>WAC 388-290-0125</u>) is caring for your children and you are participating in approved activity under <u>WAC 388-290-0040</u> or <u>388-290-0055</u>.

Effective May 28, 2004

WAC 388-290-0100 If I do not receive temporary assistance for needy families (TANF) and I am determined eligible for WCCC, when do my benefits begin?

- If you do not receive TANF and are eligible for WCCC your benefits begin as described in <u>WAC 388-290-0055</u> (1) or the date you apply for WCCC and the following requirements are met:
 - a. You have turned all your information in within thirty days of your application date;
 - b. You meet all eligibility requirements; and
 - c. Your eligible provider (under WAC 388-290-0125) is caring for your children.
- 2. Your application date is whichever is earlier:
 - a. The date your application is date stamped as received; or
 - b. The date your application is entered into our automated system as received.
- 3. If you fail to turn in all your information within thirty days from your application date you must

re-start your application process. Your begin date for benefits is described in subsection (2) of this section.

CLARIFYING INFORMATION

- 1. When a consumer requests back-payment for child care already provided, backdate child care payments only when a WorkFirst consumer reports their employment or WF activity timely (within 10 days of start) and were not informed of child care benefits available to them.
- Consumers have until the next business day if the end date/due date falls on a non-business day. <u>WAC 388-458-0020</u> addresses this issue. While this is not a WCCC WAC, WCCC will accept this process.
- 3. Child care benefits may be authorized retroactively if requested paper work appears to be lost or misplaced by DSHS. The client or provider must supply DSHS with documentation showing the requested items were actually mailed, faxed, or dropped off at a DSHS office. Ask the client or provider to supply the information again and backdate the child care appropriately.
- 4. Verbal confirmation of an authorization is not a guarantee of payment and should not be given to a provider before the authorization (DSHS 14-154) has been sent to SSPS. If the provider wants immediate proof of the authorization:
 - a. They can call the Working Connections Information Phone (please give the provider the consumer's application number if they need help); or
 - b. You can fax a copy of the SSPS Authorization (Data Input Sheet) or leave it at the reception desk for pick up. Confidential consumer information should be blacked-out before sending.

EXAMPLE 1

Jack, a TANF recipient, picks up a paper application for child care from a community college on May 5th. Jack began his approved work search activity on May 10th. He returns the application to the department on June 20th and it is date-stamped. Jack is determined eligible for the program on June 22nd and it is determined that his provider, who began care on May 10th, is approvable.

Payment for child care is effective May 10th.

EXAMPLE 2

Mary, a non-TANF recipient, calls the department on August 20th and requests an application for child care. The worker is able to complete the application with Mary over the phone the same day. A paper application is sent to Mary for review with a request for verification of income and provider information. She has been given ten (10) days to complete and return the items. Mary returns the items on August 30th and the application is date-stamped the same day. Mary is determined eligible on September 15th.

Payment for child care is effective August 20th as long as Mary is using an eligible provider.

EXAMPLE 3

Sue calls to the department and requests an application on June 1st. She returns it on June 10th when it is date-stamped. Sue is determined eligible for the program on June 15th. She does not have an approvable provider begin care until July 3rd.

Payment for child care is effective the 3rd of July.

EXAMPLE 4

Jason applies on 1/1 and turns in all requested information by 1/25 (he has met the WAC requirements). The case is processed on 2/15; well over 30 days after the application date.

Payment for child care is effective 1/1.

EXAMPLE 5

Kirk applies over the phone on 1/1 but for some reason a pending letter is not sent until 1/28. He provides the dept. with the requested information on 2/8.

Since the department delayed Kirk's ability to turn in paperwork within 30 days of applying, payment for child care is effective 1/1, as long as Kirk is using an eligible provider.

- 5. When a consumer indicates on an application for financial benefits (such as TANF or medical) they want child care, consider this their child care application. Take the following steps:
 - a. Enter the received date in WCAP as the date the financial application was received;
 - b. Enter information from the financial application into the WCAP system;
 - c. Determine eligibility or send a pending letter asking for more information;
 - d. Send Part 2 and criminal background forms if the consumer is determined eligible or is pended.

EXAMPLE

Misty applies for Food Benefits on February 3, and indicates on her application that she also needs child care. Enter February 3 as the received date and enter information from the application into WCAP using known information from ACES and the application. After completing the application the AW determines Misty could be eligible for WCCC, but you are missing her income. Send Misty a pending letter requesting information needed to complete her case. Include Part 2 and criminal background forms in case she chooses an in-home/relative provider.

6. A consumer "restarts" their application process when they do not turn in all information needed to determine eligibility within 30 days of their application date. Review the previously submitted application to determine if applicant is eligible. If eligibility cannot be determined because the application is too old or the situation has changed, request a new application from the applicant.

EXAMPLE 1

- 6/15 an application is turned in
- 6/20 a pending letter is sent due 7/2 requesting income
- 7/3 a denial letter is sent for no response
- 7/20 the requested income is received

Determine if the application received 6/15 and the income received 7/20 are enough to determine

the consumer is eligible for WCCC. If so, the eligibility begin date is 7/20.

EXAMPLE 2

- 6/15 an application is turned in
- 6/20 a pending letter is sent due 7/2 requesting income
- 7/3 a denial letter is sent for no response
- 7/20 the requested income is received

Determine if the application received 6/15 and the income received 7/20 are enough to determine the consumer is eligible for WCCC. If not, send a new application to complete or process an application over the phone. The new application start date is still 7/20. If the application is sent, include a pending letter informing the consumer what needs to be completed on the application. The consumer has 30 days from 7/20 to complete the application process.



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PAYMENTS

B. DETERMINING MONTHLY HOURS OF CARE

Revised: February 1, 2005

WORKER RESPONSIBILITIES

- 1. Determine monthly hours needed according to the schedules listed on the application or provided by the consumer. Review the following:
 - a. The number of hours the consumer is working or involved in other WorkFirst activities (including travel and study time);
 - b. The ability and availability of the second parent in the family to provide care;
 - c. The child's school or Head Start / ECEAP schedule; and
 - d. The consumer's need for sleep time, if applicable (according to <u>WAC 388-290-0040</u> for TANF and Non-TANF).
- 2. When the consumer consistently works the same number of hours per day, five days per week, multiply the number of hours per day by 22 to arrive at the total monthly hours (22 being the average number of work days in a month). This method is also used to figure total monthly hours for in-home / relative care.

EXAMPLE

Care is consistently needed 5 days per week, 5 hours per day (includes travel time). Five hours a day X 22 equals 110 hours per month.

- 3. When a consumer consistently works 10 hours per day, 5 days per week and is using in-home / relative care, automatically authorize 230 hours per month (10 hours per day X 22 days a month only equals 220 hours). Authorizing 230 hours allows for variations in the actual number of work days per month (19-23). There is no need to make monthly adjustments to this total.
- 4. The maximum number of hours authorized for in-home / relative care is 230 hours per month. When a consumer requires more than 230 hours per month of in-home / relative care, see Payments F. Rate Structure "Special Requirements".
- 5. Multiply the number of hours per week by 4.3 to arrive at total monthly hours when the consumer's schedule is:

- a. Five days or less per week and the daily hours are inconsistent; or
- b. Less than 5 days a week and the hours are consistent.

EXAMPLE 1

Care is consistently needed 3 days per week. The consumer works an average of 9 hours on Monday, 6 hours on Tuesday and 8 hours on Wednesday. (These hours include travel time).

Compute monthly hours as follows:

9+6+8 = 23 total hours per week

x 4.3 weeks

= 98.9 total hours per month

Round up to 99 hours per month. Always round up to the next whole number.

EXAMPLE 2

Midge works three days a week, 9 hours each day and has 30 minutes travel a day. Compute monthly hours as follows:

9.5+9.5+9.5= 28.5 total hours per week

x 4.3 weeks

= 1222.55 total hours per month

Rounding up to 123 hours per month. Always round up to the next whole number

6. Averaging monthly totals may not be possible due to partial months of care and changes in schedules. Add separate monthly totals and authorize according to the following example.

EXAMPLE

The consumer starts work on August 10th, and child care is required through September 3rd, 9 hours per day, 5 days per week. On September 4th, hours will change to 2.5 hours per day because the child starts school. Make separate monthly calculations as follows:

August

From Aug. 10th to 31st

9 hours per day

x 16 days

= 144 hours for August

September

From Sept. 1st to 3rd

9 hours per day

x 3 days

= 27 hours

From Sept. 4th to 30th

2.5 hours per day

x 20 days

= 50 hours

27 + 50 = 77

= 77 hours for September

Authorize a total of 77 hours total from September 1-30.

deciding how many hours to authorize

7. Some consumers may have an "on call" schedule. The status can be verified with the employer and the amount of care authorized can be based on historical information if this is available.

If no historical information is available, a conservative estimate can be made and the consumer can call if more days/hours are needed. Consider the type of work and the type of care when

EXAMPLE 1

John works "on-call". His work hours vary significantly. He submits weekly pay stubs for the past 2 months that show the following total hours:

Month 1	Month 2	
12	22	
+ 15	+ 19	
+ 20	+ 20	
+ 18	+ 22	
= 65	= 83	65 + 83 = 148 total hours
		÷ 8 weeks
		= 18.5 hours per week
		X 4.3 weeks per month
		= 79.55 hours per month.

Rounding up to the next highest number = **80**

The authorization is based on 80 hours per month, plus any travel and/or sleep time needed and the child's schedule.

EXAMPLE 2

Janie is a substitute teacher. Confirm with the employer that she is on call. The district reports they typically use a substitute 2-3 days a week. Authorize Janie's care as 26 half days a month. This will allow her up to 13 full work days. Advise Janie to contact the office if it appears she will need more days so that her authorization can be adjusted.

8. Re-evaluate the hours needed when there are changes in the consumer's, child's, or other parent's / adult's schedule.

Effective May 28, 2004

WAC 388 290 0082 WHEN I AM APPROVED, HOW LONG IS MY ELIGIBILITY PERIOD?

We can approve you for a period up to six months. Your eligibility can end prior to your end date as stated in WAC <u>388-290-0110</u>.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington

State Code Reviser's web site.

Current Version: WSR 04-08-134, effective 5/28/04 Previous Version: WSR 04-08-021, effective 4/29/04.

Determining the Length of the Authorization Period

- 1. The maximum eligibility period for WCCC is six months. Payment authorizations can be for periods of less than six months. Authorize child care for less than six months when:
 - a. The consumer's employment history is unstable or is expected to be short term; or
 - b. The amount of authorized child care is expected to change,
- 2. Care can be authorized for up to 6 months even if the consumer's schedule is expected to change. Use the "alert" system in the WCAP or TRAC-IT programs as reminders to check a consumer's activity. This is especially useful for TANF consumers as E-Jas and ACES can be checked to see if the consumer's situation has changed.

EXAMPLE 1

Susan and Tom are both employed and they have three children. Susan has very steady employment, but Tom's work history shows that his jobs usually last for no more than 2-3 months. Because Tom's work history has been unsteady, the AW should authorize child care for no more than 2-3 months.

EXAMPLE 2

Bruce is a WorkFirst participant. He is scheduled to attend job club. His component end date is 4 weeks out. Since it is very likely that Bruce will be extended for job search or assigned another activity, his case is approved for 6 months. Set alerts to check his participation. If Bruce stops participating prior to his eligibility end date, a ten day termination letter is sent and his care is closed.







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PAYMENTS

C. DETERMINING UNITS OF CARE AUTHORIZED FOR LICENSED CARE PROVIDERS

Revised: February 1, 2005

CLARIFYING INFORMATION

- 1. "Unit of Care" refers to the type of care authorized. This includes "half-day" or "full-day" licensed care. It also refers to the actual number of units authorized (1-30).
- 2. Payment to a licensed provider is authorized at the full-day or half-day rate based on the best estimate of the required monthly number of child care hours. Work and/or school or training schedules, wage stubs, etc., may be included when determining this estimate. See Payments B. Determining Monthly Hours of Care
- 3. Child care is allowed for the actual hours the consumer is working and/or in an approved training course, study time, and travel to and from the work or school site. In addition, if a parent works the 'grave-yard' shift, sleep time is allowed when there is no other parent available.
- 4. All providers are required to maintain attendance records that document the actual times and hours a child is in care.
- 5. The number of monthly hours determines the type of unit (half days or full-days) to authorize. The type of unit is determined as follows:
 - a. 001 109 hours per month half-day care;
 - b. 110 220 hours per month full-day care.

6. Half-Day Care:

- a. Authorize 22 half-day units for children who consistently need five days of care per week and the number of hours per month are between 1 109.
- b. The maximum number of half-day units that can be authorized is 30. Most school-age children in half-day care (before and after school) require 30 units to cover school closure days when a full-day of care may be needed.
- c. Two half-day units may be combined to cover one full-day of child care (i.e., school closure days).

- d. The provider can bill up to five absence days a month only if 22 or more half-days are authorized.
- e. Authorize less than 22 half-day units per month for children who consistently need less than five days per week but still need between 1-109 hours of care per month.
- f. If a school age child needs less than 22 half-days a month, allow for 1 extra half day a week, or up to 5 more half-days, to allow for school closure/holidays.
- g. Some schedules may add up to over 109 hours but would still be authorized as half days.

EXAMPLE 1

Rick requires a total of 78 hours of care per month including travel time (4 days a week). This total falls within the half-day unit category. To find the number of half-day units to authorize, multiply 4 days per week X 4.3 weeks. The total is 17.2 days per month. Authorize 18 units of half-day care per month.

EXAMPLE 2

Amy works 6 days a week and needs 4.8 hours of care each day. The total monthly hours equals 123.84 hours. Although her total hours are over 109, it would be correct to authorize 27 half-days since she never uses more than 5 hours of care.

7. Full-Day Care:

- a. The maximum number of units to be authorized at the full-day rate is 22. For authorizations requiring more than 22 units of full-day care or 230 monthly hours, see Payments F. Rate Structure "Special Requirements".
- b. When the total monthly hours for licensed care are 110 or more (up to 220) authorize 22 units of care regardless of the actual number of days needed. The provider can bill up to five absence days a month only if 22 full days are authorized.

EXAMPLE 1

Jolene works three days a week 10 hours a day, Monday-Wednesday. She needs 11 hours of care each day. Her total monthly hours needed are 190. Authorize 5 full-days a week. The provider counts every Thursday and Friday as absent days.

EXAMPLE 2

Linus needs care Tuesday-Friday 4 hours a day and Saturday/Sunday he needs care 10 hours a day. The total hours he needs a month are 154. He is using the same provider for the week and weekends. Authorize 22 full- days plus another 4-5 full-days for the 6th day she works.

NOTE:

Even though the majority of Linus' work days are half days, the total hours he is working far exceeds the 110 minimum for full days.

8. Consumers who use more hours than their schedule allows:

A consumer's actual scheduled hours may be less than the maximum allowable under a half or full-day authorization. Common examples of these situations are:

- a. The parent needs child care from 7-11. The correct authorization would be for half time units. The total number of hours actually needed is 4 but the half time authorization can cover up to but less than 5 hours.
- b. The parent needs child care from 8-2. The correct authorization would be for full time units. The total number of hours actually needed is 6 but the full time authorization can cover up to 10 hours.

The following administrative decision was made: The provider CANNOT charge extra for the hours outside of the actual hours needed by the client as long as the consumer stays within the half or full-day time frame, and is within the providers normal operating hours. If, however, the client needs care outside of the half or full-day authorization (and the care won't be covered by DSHS), the provider can charge the consumer for this time.

EXAMPLE 1

Jason needs care 3 hours a day, 5 days a week. He is approved for 22 half days. Jason actually uses 4.5 hours of care. Since he is not using 5 or more hours of care, he is within the half-day unit time period, thus, the provider may not charge him for care over 3 hours.

EXAMPLE 2

Same example as above, but Jason uses 5 hours. Jason uses a full-day time period. His schedule does not allow the AW to increase his authorization to cover the hours he is using. The provider can charge Jason for care used 5 hours or more.







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PAYMENTS

D. MULTIPLE PROVIDERS

Revised: February 1, 2005

CLARIFYING INFORMATION

A parent may request child care payment for two or more providers for overlapping periods of time. Reasons for this could include the need for a backup provider when a child is ill, evening and weekend care in addition to weekday care, or when the primary provider is on vacation. In any of these instances, it is required that the case notes include documentation of the need for the additional providers.

See WAC <u>388-290-0130</u> for more information regarding multiple providers.

WORKER RESPONSIBILITIES

- 1. When combined authorizations exceed the maximum allowable for the month (more than 22 full or 30 part-time days or 230 hours), insert a "9" in front of the service code for the second provider. This will serve as a 'flag' that there is a valid reason for the total number of days or hours to exceed the allowable maximum days or hours.
- 2. A supervisor should "sign-off" on all authorizations that exceed the allowable maximum.

EXAMPLE

Jane has a 4 year old who is authorized full-time care at a licensed family home. Jane is in the army reserves and needs additional care one weekend a month. Jane uses a relative for this care. The appropriate authorization for this case is as follows:

#1 Authorization

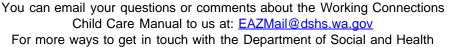
02951 \$19.00 22 Units \$418.00

#2 Authorization

92941 \$2.06 20 hours \$41.20









Facing the Future

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PAYMENTS

E. TWENTY-FOUR (24) HOUR CARE

Revised: February 1, 2005

CLARIFYING INFORMATION

See WAC 388-290-0040 and WAC 388-290-0045

State and Federal regulations define child care as care which is provided for less than 24 hours per day, therefore, 24 hour child care cannot be authorized. Occasionally, however, requests for 24 hour child care are made when the parent's employment or approved WorkFirst activity requires them to be physically absent from the home. This most often occurs in a single-parent home and the parent requests care from an in-home / relative provider. These requests vary from time periods of a few days up to several months. If such a request is received, follow the procedures below:

WORKER RESPONSIBILITIES

Determine the length of time the parent is requesting this level of care.

- 1. If more than 30 consecutive days, deny the request. (You can submit an Exception to Rule (ETR) if appropriate.)
- 2. If less than 30 days, approve the request for a payment equivalent to no more than 16 hours per day.

EXAMPLE 1

Laura is a single parent who must be out of town for two-weeks to attend National Guard training. Laura (the consumer) wants to leave her child in the care of Susan, her sister, in Susan's home. Child care can be authorized for a maximum of 16 hours per day, with Susan providing the care.

EXAMPLE 2

If in the previous example, Susan (the relative provider) is employed and requires child care while she works, Laura, the mother would need to choose a second provider. Laura has arranged for ABC Child Care, to provide care while Susan works. Child Care is only authorized for up to a total of 16 hours per day. This would include care provided by Susan as well as care provided by ABC while Susan is at her job. Susan requests 10 hours with ABC day care which leaves up to 6 hours that can be authorized with Susan as the provider.

EXAMPLE 3

A single TANF parent participates in an approved WorkFirst activity, included in the IRP. The activity requires the parent to be out of the home for more than 30 days. The parent is denied, however a concurrent exception to rule request can be submitted.

EXAMPLE 4

A consumer works 7pm-7am. She needs care for 13 hours for work and is also requesting sleep time hours. She chooses an in-home/relative provider for her work hours and wants to use a licensed provider for her sleep hours. The consumer can choose how many hours to be authorized with each provider to equal no more than 16 hours total. For instance, she can choose the in-home relative provider be paid for 9 hours and the licensed provider for 7 hours.

NOTE:

Sleep hours should not equal more than 8 hours in most cases.







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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

F. PROVIDER RATE STRUCTURES

Revised: December 1, 2005

Effective November 1, 2005

WAC 388-290-0180 When are the WCCC program subsidy rates in this chapter effective?

DSHS child care subsidy rates in this chapter are effective on or after November 1, 2005.

Effective January 19, 2002

WAC 388-290-0185 How does the WCCC program set rates when my child is five years old?

The rate paid for a five year old child is:

- 1. The preschool rate for a child who has not entered kindergarten; or
- 2. The school-age rate for a child who has entered kindergarten.

CLARIFYING INFORMATION

If the five year old is enrolled in a home schooling program through the school district, the child is considered school age and paid at the rate for ages 5-12. If the five year old is not enrolled in home schooling, the child is considered pre-school age and paid at the rate for ages 30 month to 5 years until the child turns 6 years of age.

Effective November 1, 2005

WAC 388-290-0190 What does the WCCC program pay for and when can the program pay more?

1. We may pay for:

- a. Basic child care hours, either full day, half day or hourly. We authorize:
 - Full day of child care is authorized to licensed or certified facilities and DSHS contracted seasonal day camps when your children need care for five or more hours per day;
 - ii. Half day of child care to licensed or certified facilities and DSHS contracted seasonal day camps when your children need care for less than 5 hours per day; and
 - iii. Hourly child care for in-home/relative child care.
- b. A registration fee (under WAC 388-290-0245);
- c. A field trip fee (under WAC 388-290-0245); and
- d. Special needs when the child has a documented need for a higher level of care (under WAC <u>388-290-0220</u>, <u>388-290-0225</u>, <u>388-290-0230</u>, and <u>388-290-0235</u>).
- 2. If care is not available within a reasonable distance at our daily rate, then we authorize the provider's usual daily rate.
- 3. If care is over ten hours per day, and the provider's policy is to charge for these extra hours, then we authorize an additional amount of care.

Effective November 1, 2005

WAC 388-290-0200 What daily rates does DSHS pay for child care in a licensed or certified child care center or DSHS contracted seasonal day camps?

- 1. We pay the lesser of the following to a licensed or certified child care center or DSHS contracted seasonal day camp that has a contract with us to provide subsidized child care:
 - a. The provider's usual daily rate for that child; or
 - The DSHS maximum child care subsidy daily rate for that child as listed in the following table.

		Infants (one month - 11 months)	Toddlers (12 - 29 months)	Preschool (30 months - 5 years)	School age (5 - 12 years)
Region 1	full-day	\$25.89	\$21.77	\$20.57	\$19.36
	half-day	\$12.95	\$10.89	\$10.29	\$9.68
Spokane County	full-day	\$26.48	\$22.27	\$21.04	\$19.80
	half-day	\$13.25	\$11.14	\$10.53	\$9.90
Region 2	full-day	\$26.14	\$21.83	\$20.23	\$17.91

<u> </u>					
	half-day	\$13.07	\$10.92	\$10.12	\$8.96
Region 3	full-day	\$34.60	\$28.84	\$24.92	\$24.20
	half-day	\$17.30	\$14.42	\$12.46	\$12.10
Region 4	full-day	\$40.27	\$33.63	\$28.21	\$25.40
	half-day	\$20.14	\$16.82	\$14.11	\$12.70
Region 5	full-day	\$29.52	\$25.40	\$22.36	\$19.85
	half-day	\$14.76	\$12.70	\$11.18	\$9.93
Region 6	full-day	\$29.03	\$24.92	\$21.77	\$21.29
	half-day	\$14.52	\$12.46	\$10.89	\$10.65

- 2. The child care center <u>WAC 388-295-0010</u> allows providers to care for children from one month up to and including the day before their thirteenth birthday. The provider must obtain a child specific and time limited waiver from their child care licensor to provide care for a child outside the age listed on their license.
- 3. If the center provider cares for a child who is thirteen or older, the provider must have a child specific and time limited waiver and the child must meet the special needs requirement according to <a href="https://www.wac.no.ndm.needs.n
- Rates for Spokane County are subject to special funding allocated by the Legislature in the state operating budget. If the special funds are not allocated Region 1 rates apply to Spokane County.

CLARIFYING INFORMATION

Centers in Clark County are paid at Region 3 rates.

Centers in Benton, Walla Walla and Whitman Counties are paid at Region 6 rates.

Effective November 1, 2005

WAC 388-290-0205 What daily rates does DSHS pay for child care in a licensed or certified family home child care?

- 1. We pay the lesser of the following to a licensed or certified family-child care:
 - a. The provider's usual daily rate for that child; or
 - b. The DSHS maximum child care subsidy daily rate for that child as listed in the following table.

		Infants (birth - 11 months)	Toddlers (12 - 29 months)	Preschool (30 months - 5 years)	School age (5 - 12 years)
Region 1	full-day	\$21.29	\$19.16	\$19.16	\$17.04

	half-day	\$10.65	\$9.58	\$9.58	\$8.52
Spokane County	full-day	\$21.78	\$19.60	\$19.60	\$17.43
	half-day	\$10.89	\$9.80	\$9.80	\$8.71
Region 2	full-day	\$21.29	\$20.23	\$18.10	\$18.10
	half-day	\$10.65	\$10.12	\$9.05	\$9.05
Region 3	full-day	\$30.88	\$26.62	\$23.42	\$21.29
	half-day	\$15.44	\$13.31	\$11.71	\$10.65
Region 4	full-day	\$31.94	\$31.59	\$26.62	\$25.55
	half-day	\$15.97	\$15.80	\$13.31	\$12.78
Region 5	full-day	\$23.42	\$21.29	\$20.23	\$18.10
	half-day	\$11.71	\$10.65	\$10.12	\$9.05
Region 6	full-day	\$23.42	\$21.29	\$21.29	\$20.23
	half-day	\$11.71	\$10.65	\$10.65	\$10.21

- 2. The family home child care home <u>WAC 388-296-0020</u> and <u>388-296-1350</u> allows providers to provide care for children from birth up to and including the day before their twelfth birthday. The provider must obtain a child-specific and time-limited waiver from their child care licensor to provide care for a child outside the age listed on their license. If the provider has a waiver to care for a child who has reached their twelfth birthday, the payment rate is the same as subsection (1) and the five to eleven year age range column is used for comparison.
- 3. If the family home provider cares for a child who is thirteen or older, the provider must have a child specific and time limited waiver and the child must meet the special needs requirement according to <a href="https://www.wac.no.ndm.needs.ne
- 4. We pay family home child care providers at the licensed home rate regardless of their relation to the children (with the exception listed in subsection (5) of this section). Refer to subsection (1) and the five to eleven year age range column for comparisons.
- 5. We cannot pay family home child care providers to provide care for children in their care if the provider is:
 - a. The child's biological, adoptive or step-parent;
 - b. The child's nonneedy or needy relative or that relative's spouse or live-in partner;
 - c. The child's legal guardian or the guardian's spouse or live-in partner; or
 - d. Another adult acting in loco parentis or that adult's spouse or live-in partner.
- 6. Rates for Spokane County are subject to special funding allocated by the Legislature in the state operating budget. If the special funds are not allocated Region 1 rates apply to Spokane County.

WAC 388-290-0240 What is the DSHS child care subsidy rate for in-home / relative child care and how is it paid?

- 1. When you employ an in-home /relative provider, the maximum we for child care is the lesser of the following:
 - a. Two dollars and six cents per hour for the child who needs the greatest number of hours of care and one dollar and three cents per hour for the care of each additional child in the family; or
 - b. The provider's usual hourly rate for that care.
- 2. We may pay above the maximum hourly rate for children who have special needs under <u>WAC 388-290-0235</u>.
- 3. We make the WCCC payment directly to your eligible provider.
- 4. When appropriate, we pay your (the employer's) share of the following:
 - Social Security and Medicare taxes (FICA) up to the wage limit;
 - b. Federal Unemployment Taxes (FUTA); and
 - c. State unemployment taxes (SUTA) when applicable.
- 5. If an in-home / relative child care provider receives less than the wage base limit per family in a calendar year, we refund all withheld taxes to the provider.

CLARIFYING INFORMATION

NOTE: See the Special Circumstances - A. - Special Needs if there is an older child with special needs who also requires hourly care.

- 1. The age categories for licensed / certified child care are:
 - a. Infant, age 0 11 months,
 - b. Toddler, age 12 29 months,
 - c. Preschooler, age 30 months 5 years, and
 - d. School-Age children, age 5 -12 years
- 2. A licensed/certified provider who is receiving WCCC payment without a waiver for a child in an age range they are not licensed for can be assessed an overpayment. The overpayment is assigned to the licensed provider, not to the consumer. This includes:

Family home providers who are caring for 12 year olds.

- Centers who are caring for infants under 1 month.
- Either provider caring for a child age 13 or over.
- Either provider caring for a child outside the age range on their license such as caring for a 2 year old and the license cover 3-10 year olds.

Waivers cannot be backdated to cover care prior to when the waiver was requested from the licensor.

EXAMPLE

A 14 year old with Special Needs is authorized for care with a licensed center. It is discovered later that the provider did not have a waiver from their licensor to care for this child who is over age 12. The consumer is given notice that care for that child is being terminated and an overpayment is processed to the provider.

- 3. When the licensed provider has a waiver for the child who is outside the approved age and the child has not been approved for special needs payment, the overpayment can be assessed to the consumer.
- 4. When a child's age changes to the next age group, the effective date of the rate change is the first of the following month. The SSPS 039 "Foster Care / Day Care Birthday Tickler" report is available through the SSPS COLD Reports. Use this report as needed to make appropriate changes to the authorization.
- 5. The WCAP provides a hard edit that indicates that a child will change into another age category during an authorization period. The service line for that specific child cannot extend after the end of the child's birthday month. An 'alert' is also automatically generated in the WCAP for that child as a reminder to change the rate on the appropriate date. The rate should be checked with the provider so the correct rate is applied, either the DSHS rate or the provider's whichever is less.
- 6. The WACP provides a hard edit that indicates that a child is turning 12 (for family homes) or 13 (for centers and in-home/relative care) during an authorization period. The service line for that specific child cannot extend after the day before their 12th or 13th birthday. An 'alert' is also automatically generated in the WCAP for that child as a reminder to terminate that child's line of service. If the service line is not terminated, invoice and payment for any lines of service on that authorization will not process for that provider.
- 7. In-home/relative providers are eligible to care for children under age 13 or less than age nineteen, and:
 - a. Have a verified special need, according to WAC 388-290-0220; or
 - b. Are under court supervision.
- 8. If a consumer is using two in-home/relative providers, both providers are eligible for the 2.06 rate for one child.

EXAMPLE

Peggy Sue uses her sister in the mornings before her children go to school and her mother in the afternoon after the children return from school. Both providers are eligible to be paid as providers for her two children.

Determining Usual Rates

- The 'usual' rate is what a provider charges a non-subsidized (private pay) family for the same type of care. Authorization is always for the DSHS rate or the provider's rate, whichever is less. The provider must declare his or her customary rate on Part 2 of the WCCC application, which is the provider information section, DSHS 14-417, or to the AW verbally (licensed providers only), prior to plan approval.
- 2. Use the following process if a provider indicates their rates as weekly or monthly rather than daily:
 - a. Divide the weekly rate by five (5) to get a daily rate, or
 - b. Divide the monthly rate by twenty-two (22) to get a daily rate.

Authorizing Payment for Relatives Who Are Also Licensed Family Homes

Payment is made at the Licensed Family Home rate if:

- 1. A child is receiving care at the relative's Licensed Family home, or
- 2. The child, who is receiving care at the relative's Licensed Family Home, is also living in that home.

The licensed family home is not eligible to be the provider for a child they are receiving benefits for.

EXAMPLE

Mindy owns Happy Face Day Care. She applies to be a non needy relative consumer for her niece and is approved. Mindy wants to enroll her niece in her day care and be paid as the provider under WCCC. She is denied as the provider and must locate another provider.

Authorizing Payment for a Licensed Provider in a Different Region

If the consumer's residence and the licensed / certified provider are located in different regions, within the state, the payment rate is based on the regional rate in which the provider is located.





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Working Connections Child Care (WCCC) Manual



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PAYMENTS

G. SPECIAL REQUIREMENTS CHILD CARE

Revised: February 8, 2005

CLARIFYING INFORMATION

- 1. We pay more than the basic child care subsidy daily rate when a consumer requires more than:
 - a. Ten hours per day, 220 hours per month or 22 days of full-time licensed / certified care and the provider charges for this care; or
 - b. 230 hours of in-home / relative care.
 - c. Child care is not available in a particular community at the department's rate (the parent must provide verification of this and the AW must document this in the case record).

EXAMPLE 1

Colleen works full-time, has one child and uses an in-home / relative provider. Including her travel time to and from work, Colleen requires child care 12 hours a day (6:00 a.m. to 6:00 p.m.), five days a week. The total monthly hours required is 12 hours a day X 22 days = 264 hours a month.

EXAMPLE 2

Michael has a new infant and requires half-time care. He has been assisted by the AW and the local Resource and Referral Agency to find child care. Infant care is hard to find in Michael's area and there is currently only one slot available. This particular provider is willing to care for the infant, but her usual and customary rate is \$100 more a month than the DSHS maximum rate for half-day care. Care is approved at the provider's requested rate.

EXAMPLE 3

Beverly works 4 days a week. Her hours are as follows: Monday 12, Tuesday 3, Wednesday 9 and Thursday 6. Compute her hours as follows:

12+3+9+6=	30 total hours per week
	x4.3 weeks
	=172 total hours per month

Authorize 22 full days a month. The provider would count every Friday as an absent day. The provider is allowed to bill a full day for Tuesdays, although it is only 3 hours.

2. Special Requirements child care can be authorized for payment:

- a. After supervisory approval and signature has been obtained for any rates or units in excess of the DSHS maximum, and
- b. By entering the number nine ("9") before the appropriate SSPS service code.

In Example 1 Colleen required 264 hours a month. To authorize this care correctly, establish one (1) service line on the 14-154/159 with a nine (9) before the appropriate service code. For example: Line 1: (9)2942 \$2.06/HR 264 \$543.84 This method is also appropriate to use when an authorization needs to be made for a rate above the DSHS maximum, as in Example #2. Line 1: (9)2951 \$32.00 22 \$704.00

Line 1:	(9)2951	\$32.00	22	\$704.00	
		(above DSHS			
		max. for the			
		Region) /DA			

EXAMPLE 5

Jerry uses licensed full-time care for his preschooler. The AW has authorized 22 units for this care. Jerry frequently works overtime on the weekends and uses a relative for this care. To authorize this care correctly, establish two authorizations with a (9) before the "above maximum" service code. For example:

1st Provider	2950		22	\$427.90
2nd Provider	92985	\$2.06/HR	50	\$103.00

EXAMPLE 6

Susan uses licensed care and requires 14 hours of care a day, (10 hours = full-day, 4 hours = half-day) 3 days a week. The provider for care over 10 hours a day. To authorize this care correctly, establish two (2) lines of service on the 14-154/159 with a (9) before the appropriate service code.

The DSHS rate is \$20 per day for full day care and \$10 a day for half-day care. Compare the DSHS rate to the provider's rate for this type of care and pay whichever is less. The provider's total daily rate for this slot is \$25 (\$19 (Full-day) + \$6 for care over 10 hours). The DSHS rate is \$30 (\$20 + \$10). Authorize as follows:

Line 1:	02951	\$19.00/DA	22 (30 hrs/wk X 4.3 wk/mo = 129 hours)	\$418.00
Line 2:	92948	\$6.00/DA	13	\$78.00
			(3 half-days/wk	
			X 4.3)	







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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

H. REGISTRATION AND FIELD TRIP FEES

Revised: June 20, 2005

Effective May 28, 2004

WAC 388-290-0245 When can the WCCC program authorize payment of fees for registration?

- 1. We pay licensed or certified child care providers and DSHS contracted seasonal day camps that have contracts with us to provide subsidized child care a registration fee once per calendar year of fifty dollars per child or the provider's usual fee, whichever is less only if the fees are:
 - a. Required of all parents whose children are in care with that provider; and
 - b. Needed to maintain the child care arrangement.
- 2. The registration fee may be authorized more than once per calendar year when:
 - a. There is a break in your child care services for more than sixty days and the provider's usual policy is to charge an additional registration fee when there is a break in care; or
 - b. The children change child care providers and the new provider meets subsection (1)(a) and (b) of this section.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

Registration Fees

- 1. Maintaining the child care arrangement includes: drop in care, back up care, or care opened for a short time period.
- 2. Some child care programs charge a per-child registration fee. Other programs charge a per-family registration fee.
- 3. When a provider's per family registration fee is over 50.00, divide their registration fee by the number of children it covers to get a per child amount then authorize that amount per child up to 50.00 each.

EXAMPLE 1

Happy Face Day Care charges an \$85 registration fee per family. The family is enrolling 4 children. \$85 divided by 4 equals \$21.25 per child. Authorize \$21.25 per child for the registration fee.

Authorization for Happy Face Day Care

2940 \$21.25 4 Units \$85.00

A total of \$85 registration fees can be billed.

EXAMPLE 2

Three Bears Day Care charges 75.00 per family registration fee. The family is enrolling 2 children. You can authorize as shown in Example 1 or split the registration fee as shown below:

Authorization for Three Bears Day Care

2940	\$50.00	1 Unit	\$50.00
2940	\$25.00	1 Unit	\$25.00
A total of \$75.00 registration fee can be billed.			

EXAMPLE 3

Tiny Tots charges \$125 per family for registration fee. The family is enrolling 2 children. The maximum registration fee per child is \$50. Authorize \$50 per child for the registration fee.

Authorization for Tiny Tots

2940	\$50.00	2 Units	\$100.00	
Λ (. (.) . (.)	400			

A total of \$100 registration fee can be billed.

WORKER RESPONSIBILITIES

Authorize and allow payment of the registration fee if:

- a. The consumer is eligible,
- b. The child does not attend, and
- c. There was verbal authorization by the AW for the child to begin care or Part 2 of the application was completed.

Effective May 28, 2004

WAC 388-290-0247 WHEN CAN THE WCCC PROGRAM AUTHORIZE PAYMENT FOR FIELD TRIP FEES?

- 1. We pay licensed or certified child care providers and DSHS contracted seasonal day camps a monthly field trip fee up to twenty dollars per child or the provider's actual cost for the field trip, whichever is less, only if the fees meet the conditions in subsection (1)(a) and (b) of WAC 388-290-0245. The field trip fee is to cover the provider's actual expenses for:
 - a. Admission:
 - b. Transportation (not to include the provider's gas and insurance); and
 - c. The cost of hiring a nonemployee to provide an in house field trip activity.
- 2. The field trip fee can only be reimbursed for children three years of age and older.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington

State Code Reviser's web site.

Current Version: WSR 04-08-134, effective 5/28/04 Previous Version: wsr 04-08-021, effective 4/29/04

Field trip Fees

- 1. Child care programs may charge an additional fee to families for a variety of field trips. For example, the zoo, bowling, or the movies. The requests for authorization of field trip fees are usually more common during the summer, although the fee can be authorized year-round.
- 2. The field trip fee must be required of all parents, subsidized and unsubsidized. It can be used to cover:
 - a. The cost of admissions (to the zoo, museums, movies, etc.),
 - b. Travel, but only for public transportation to a specific recreational activity; and
 - c. The cost of hiring a non-employee for a special in-house activity.
- 3. The field trip fee does not cover:
 - a. Transportation costs if the provider is regularly transporting children to and from school or using a business vehicle to transport to and from activities;
 - b. "Optional enrichment programs" or ongoing lessions for the child such as preschool (and preschool curriculum items), language classes, kindergym, dance, gymnastics, swimming lessons, music lessons, etc.);
 - c. Costs accrued by adults who also go on the field trip as staff persons or volunteers;
 - d. Supplies for special art projects; or
 - e. The cost of food purchased while on a field trip.

WORKER RESPONSIBILITIES

Field trip Fees

- 1. The consumer does not need to request this fee. The AW may accept this request from the provider.
- 2. The AW may request the licensed / certified child care provider to supply written verification of their activity fees if there is questionable information being reported as to what the fees are being used for or whether a child attended.
- 3. If this fee is charged, authorize up to \$20 per child, per month using SSPS code 2939.





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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

I. INFANT BONUS

Revised: October 1, 2005

CLARIFYING INFORMATION

- 1. The Infant Bonus is not available effective November 1, 2005.
- 2. A provider may still be eligible for the Infant Bonus if the child attends at least 5 days by October 31, 2005.
- A licensed / certified provider caring for a child from birth up to the age of 12 months should be authorized a \$250 "infant bonus" at the time they begin care for the child. Authorize the bonus using SSPS code 2936.
- 4. The licensed / certified provider:
 - a. Does not need to request the bonus;
 - b. Is not required to document how the infant bonus is going to be used; and
 - c. Is eligible to claim for the infant bonus when 5 days of care has actually been provided.

NOTE:

The latest begin date the Infant Bonus should be authorized is October 27, 2005. The child must attend 5 days (not including absent days) for the provider to bill the bonus. The WCAP will allow the authorization as long as the begin date is no later than October 27, 2005 and the end date is no later than October 31, 2005.





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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

K. PRIVATE AND THIRD-PARTY PAYMENTS

Revised: February 8, 2005

CLARIFYING INFORMATION

- 1. A provider whose usual rate is more than the department's maximum rate may not charge the difference to the consumer.
- 2. A third party may pay the parent's copayment amount.
- 3. A provider may charge the consumer directly for child care services used over and above the hours authorized by the department or for services not covered by DSHS such as transportation or meals (see Child Care Subsidies: A Booklet for Licensed and Certified Child Care Providers, DSHS 22-877 (X) pg. 28) available at: http://iesa.dshs.wa.gov/dccel/PDF/22-877_child_care_subsidies.pdf

EXAMPLE 1

A consumer works part-time and is authorized for licensed / certified half-day care. The consumer occasionally utilizes care in excess of five hours per day for personal reasons, e.g., shopping, volunteer activities, family business.

The provider may charge and the consumer should pay separately for hours over and above the amount the department has authorized for payment.

EXAMPLE 2

A consumer is using an in-home/relative provider and is authorized for 5 hours a day while the consumer is at work. The consumer wants to use the gym down the street 3 afternoons a week. The in-home relative provider is willing to extend her day to watch the children while the consumer works out. The parent and the provider are ineligible to bill DSHS for the care provided while the consumer works out. The provider, however can bill the parent separately for this care.

Payments from a Non-Custodial Parent

A variety of arrangements may exist for non-custodial parents to pay a portion of the current child care costs. The consumer is often court-ordered to pay a percentage of the child care without any specific directions as to how the percentage is to be applied. The following examples can be used when figuring the amounts assigned to the custodial consumer and non-custodial parents.

EXAMPLE 1

Penny has applied for and is eligible for fulltime WCCC for her child. The non-custodial parent is responsible for 70% of Penny's total child care costs according to the child support orders. Penny's total child care costs is her WCCC copayment of \$100.00. The non-custodial parent's part of the copayment is \$70 and Penny's is \$30. Authorize the copayment as normal at \$100. Penny is responsible in making sure the \$100 copayment is paid to the provider. If the non-custodial parent does not pay his portion, no adjustment is needed on the WCCC authorization.

EXAMPLE 2

Jackie has applied for and is eligible for fulltime WCCC for her child. The non-custodial parent is responsible for 40% of the total child care costs according to the child support orders. Jackie is using a licensed family home provider. In this type of case, it may be necessary to adjust the payments if the non-custodial parent does not paying their portion in a given month (see example 4). The rates are as follows:

Provider:

\$30.00 a day or \$660.00 a month

DSHS:

\$25.00 a day or \$550.00 a month

Jackie's copay:

\$100.00 a month

The non-custodial parent would be responsible to pay for 40% of the provider's usual and customary rate or: \$660.00 X .40 = \$264.00 a month.

DSHS would pay the difference between what the non-custodial parent pays and the DSHS rate minus the copayment, or:

\$550.00	DSHS rate
·	
-\$264.00	Non-custodial parent responsibility
\$286.00	this amount is divided by 22
	<u> </u>
	to get a daily rate = \$13.00
Authorize 22 days of care	at \$13.00 a day and the copayment at \$100.00.

The provider's final reimbursement will be:

\$264.00	from the non-custodial parent
+ \$186.00	from DSHS
+\$100.00	from the custodial parent's copayment
\$550.00	

EXAMPLE 3

Jill wants to apply for child care, however, she submits verification that her ex-husband is supposed to be paying for 100% of the total child care costs. She wants to know if she would be eligible for care. Verify the ex's history with payment of the child care. If the history indicates the ex has been paying, we would not authorize child care. If the history indicates that the child care payments have not been made, determine eligibility for the applicant and also refer her to the Division of Child Support (DCS)

EXAMPLE 4

A case has been established for a custodial parent as in EXAMPLE 2. The consumer lets the worker

know that the non-custodial parent has stopped paying the provider their share of the child care costs. The consumer wants to know if the non-custodial portion of the care can be paid by DSHS. **YES.** After verifying that the non-custodial parent has indeed stopped paying his/her share, the child care costs can be paid through WCCC. The custodial parent should be referred to DCS. They can provide the consumer with information on how he/she might want to proceed with pursuing payment from the non-custodial parent.



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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

PAYMENTS

M. STATEWIDE RATE INCREASES

Revised: October 1, 2005

Statewide rate increases

Federal rules require states to conduct a local market survey of child care rates. To meet this rule DSHS carries out a survey, every two years, of all child care centers and a sample of licensed family home providers. The State legislature sets the level of funding for child care and the size of the rate increases. Then DSHS can use the provider surveys or other means to determine the maximum rate the state can afford to pay, given the state budget. The latest rate survey can be viewed under "Research and Data" at http://www1.dshs.wa.gov/esa/dccel/publications.shtml.

CLARIFYING INFORMATION

- 1. When additional funds are released for provider rate increases, the increases are phased in over a period of six months.
- 2. New rates are authorized at the time of reapplication, when an authorization is changed, or when new services are authorized.
- 3. Continue to compare the provider's rate to the DSHS rate and pay whichever is less.
- 4. Always review the rates for all children in the household and if needed, change all the rates at the same time.

EXAMPLE 1

DSHS has authorized a rate increase effective September 1st. All authorizations prior to September 1st should remain unchanged. The current authorized rates can be increased to the new rates when an authorization comes up for reapplication, or when a change in the authorization is needed for any reason after September 1st.

For example, a case is authorized April - September. The new rates should be implemented for this case on October 1st (at the time of reapplication) if the consumer is still eligible. However, if a change is needed to the authorization in September, i.e., the number of hours of care needed changes, the rate change would be made at the same time.

EXAMPLE 2

A consumer applies for child care on September 15th, the new rates which took effect on September 1st would be used for this authorization.

EXAMPLE 3

A rate change is effective January 1st. Jack applies for WCCC on December 12th and is approved

on the 20th. His provider does not start care until January 15th. The new rates would be used as care does not actually begin until after the rate change.

5. The WCAP recognizes the highest possible rate allowed based on the begin date for the individual service lines. You may need to terminate the service line and open a new service line with the new begin date if the existing begin date is prior to the rate effective date. Do not change the begin date of a service line unless you are extending that line. Per the SSPS basic manual changing the begin date may be treated as a corrected begin date and stop payment for services prior to the new begin date. Be sure to move the copayment to a new authorization if necessary.

EXAMPLE

A rate change is effective March 1. A birthday alert notifies you Mary is turning 1 year old May 14. Mary is on an authorization with two siblings and a copayment ending July 31. You confirm the provider's rates for all children are higher than the DSHS maximum rate, therefore all rates must be updated. You cannot change the begin date on the service lines for the siblings per the SSPS manual.

- Terminate all service lines effective May 31.
- Open a new authorization with a begin date of June 1 and end date of July 31, using the correct rates.
- Be sure to include the copayment with a begin date of June 1.
- Document in WCAP you made a rate comparison and the provider's rates are higher than the DSHS maximum (include either the providers rates in your notes or indicate where the rate information can be found such as in DMS or another note entry.





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PAYMENTS

M. PAYMENT REDUCTIONS, TERMINATIONS AND INCREASES

Revised: October 2002

In this section:

- Advance and Adequate Notice of Payment Changes
- Statewide Rate Increases

Advance and Adequate notice of payment changes

Effective January 19, 2002

WAC 388-290-0115 When does the WCCC program provide me with advance and adequate notice of payment changes?

- 1. The WCCC program provides you with advance and adequate notice for changes in payment when the change results in a suspension, reduction, termination, or forces a change in child care arrangements, except as noted in WAC 388-290-0120.
- "Advance and adequate notice," means a written notice of a WCCC reduction, suspension, or termination that is mailed at least ten days before the date of the intended action which includes the Washington Administrative Code (WAC) supporting the action, and your right to request a fair hearing.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version:

CLARIFYING INFORMATION

- Payments made after the change and during the advance notice period may be considered an
 overpayment if the consumer is not eligible. Consumers are entitled to a ten-day notice, but may
 not necessarily be eligible for the care provided during the time period.
- 2. WAC 388-290-0115 does not apply to child care providers. However, a copy of the DSHS 14-247(X) WCCC Denial / Termination Notice sent to the consumer should be sent as a courtesy whenever possible. Always send the DSHS 14-430A (x) Child Care End Date Reminder to the provider at a consumers eligibility review.

WORKER RESPONSIBILITIES

Use the DSHS 14-247(X) WCCC Denial / Termination Notice to inform consumers that WCCC has been denied or terminated.

Effective July 1, 2002

WAC 388-290-0120 When doesn't advance and adequate notice of payment changes apply to me?

We do not give you advance and adequate notice in the following circumstances:

- 1. You tell the us you no longer want WCCC;
- 2. Your whereabouts are unknown to us;
- 3. You are receiving duplicate child care benefits;
- 4. Your new authorization period results in a change in child care benefits;
- The location where child care occurs does not meet requirements under WAC 388-290-0130;
- 6. We determine your in-home/relative provider:
 - a. Is not of suitable character and competence;
 - b. May cause a risk of harm to your children based on the provider's physical or mental health; or
 - c. Has been convicted of, or has charges pending for crimes listed in WAC 388-290-0160 or 388-290-0165.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. Advance and adequate notice is not required when:
 - a. The department has received a written or verbal statement from the consumer that they no longer want benefits. Complete and send the DSHS 15-247 (x) WCCC Denial / Termination Notice to the consumer confirming the request;
 - b. Department mail to the consumer has been returned by the Post Office indicating no known forwarding address;
 - c. The consumer is receiving child care assistance in another catchment area or another state.

2. When a case is up for review, the consumer will receive the DSHS 14-430 (x) Review Letter which serves as a reminder that the consumer's child care authorization is scheduled to end on a specific date. There is no need to send a 10-day termination notice to the consumer, per WAC 388-290-0120 (4) above.

For a more complete description of advance and adequate notice, refer to <u>EA-Z Manual</u> (<u>Letters</u>, and <u>Change of Circumstances</u>).

Statewide rate increases

CLARIFYING INFORMATION

- 1. Rate increases are phased in over a period of six months.
- 2. New rates are authorized at the time of a review or a new or changed authorization.

EXAMPLE 1

DSHS has authorized a rate increase effective September 1st. All authorizations prior to September 1st should remain unchanged. The current authorized rates can be increased to the new rates when an authorization comes up for review, or when a change in the authorization is needed for any reason.

For example, a case is authorized April - September. The new rates should be implemented for this case on October 1st (at the time of review) if the consumer is still eligible. However, if a change is needed to the authorization in September, i.e., the number of hours of care needed changes, the rate change would be made at the same time.

EXAMPLE 2

A consumer applies for child care on September 15th, the new rates which took effect on September 1st would be used for this authorization.

The WCAP automatically retrieves the correct rates based on the eligibility begin date on the income screen. The AW may need to manually change the rates if a consumer applies prior to a rate change, but does not start using care until after the rate change.

EXAMPLE 3

A rate change is effective January 1st. Jack applies for WCCC on December 12th and is approved on the 20th. His provider does not start care until January 15th. The new rates would be used as care does not actually begin until after the rate change.









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Working Connections Child Care (WCCC) Manual

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

A. ELIGIBLE CONSUMERS OF WCCC

Revised: April 10, 2006

Effective May 28, 2004

WAC 388-290-0005 Who is considered a consumer for the WCCC program?

For the purposes of this chapter, "you" and "your" refer to the consumer. If you apply for or receive WCCC, we consider you to be the consumer.

- 1. In WCCC, an eligible consumer is one of the following individuals who has parental control of one or more children, lives in the state of Washington, and is the child's:
 - a. Parent, either biological or adopted;
 - b. Stepparent;
 - c. Legal guardian verified by a legal or court document;
 - d. Adult sibling or step sibling;
 - e. Nephew or niece;
 - f. Aunt;
 - g. Uncle;
 - h. Grandparent; or
 - i. Any of the relatives in (f) through (h) of this subsection with the prefix great, such as great aunt.
- 2. You are not an eligible consumer when you:
 - a. Are the only parent in the household; and
 - b. Will be away from the home for more than thirty days in a row.

CLARIFYING INFORMATION

- 1. Adult recipients of SSI, Refugee Cash Assistance, or other types of non-TANF assistance payments may be eligible for WCCC if they meet the requirement in <u>WAC 388-290-0045</u> or <u>388-290-0055</u>.
- 2. **Legally non-responsible caretakers,** most often referred to as "non-needy relatives". These non-needy relatives have physical custody of the child but usually not legal guardianship or court-sanctioned custody arrangements. In order to receive WCCC, the "non-needy relative" must meet the:
 - a. Definition of "Consumer" in WAC 388-290-0005 and WAC 388-290-0015(1)(f), and
 - b. Activity requirements as outlined in WAC 388-290-0010(2).

In this situation the department does not take into account the income of the relative(s) or the ability and availability of the relative's spouse or partner.

EXAMPLE

Mona and Jack Smith are the married grandparents of twin boys. They have no court-ordered custody or legal guardianship. Mrs. Smith works full-time and Mr. Smith is retired. The Smith's apply for TANF and are approved for a child only TANF grant. Mrs. Smith needs WCCC for the hours that she is employed. Since the Smith's meet the definition of consumer (WAC 388-290-0005 and WAC 388-290-0015(1)(f)), determine a family size of two (the children only), and count only the TANF grant and any other income received by the children toward the WCCC eligibility and copayment. The AW does not need to consider the second consumer's (Mr. Smith) ability and availability to provide child care because of the non-needy relative status.

- 3. *In-loco Parentis*: The adult caring for an eligible child (under <u>WAC 388-290-0020(2))</u> in the absence of the natural, adoptive or step parent(s) and is not a relative, court-ordered guardian or custodian. In order to receive WCCC, *the In-Loco Parentis* must:
 - a. Receive a Washington State Temporary Assistance for Needy Families (TANF) grant on behalf of the minor, and
 - b. Must meet the activity requirements as outlined in WAC 388-290-0010(2).

The department does not take into account the income of the *In-Loco Parentis* to determine eligibility or the copayment, or the ability and availability of the spouse or partner of the *In-Loco Parentis*. See the following example:

EXAMPLE

Mr. and Mrs. Jones have taken physical custody of a neighbor's child (an eligible child under <u>WAC 388-290-0020(2)</u>).

Mr. Jones works full-time (Sat. -Wed. 8 a.m.-3 p.m.), and Mrs. Jones does not work outside of the home. They apply for and receive TANF on behalf of the neighbor child. WCCC could be established for Mr. Jones' work hours since he is receiving a TANF grant on behalf of the child and the activity requirements are being met.

The AW does not need to take into account the Jones' income nor the ability or availability of Mrs. Jones to care for the child. Income eligibility and the copayment are based on the income of the child only.

4. Applicants who are temporarily absent from the home:

EXAMPLE 1

Ringo is a single father. He is taking a job outside of the state for 90 days and will be leaving his child

home with another person. Ringo is requesting WCCC for the 90-day time period.

Deny child care for this applicant.

EXAMPLE 2

Sarah is a single mother on TANF who must be out of the home for more than 30 days due to an approved WorkFirst activity. She is requesting child care for the approved activity.

Submit a Rule Exception Request (RER or ETR) through the current process for this type of case (parent in approvable WorkFirst activity that will require him/her to be out of the home for more than 30 days).

EXAMPLE 3

Randy is a single parent whose employer requires he attend a conference out of state for two weeks. He is leaving the child with his neighbor who works and would need to take the child to day care. Continue to approve the child care under Randy's WCCC case, as he remains the HOH and will be out of the home for less than 30 days on a work related activity. The neighbor may use Randy's approved child care provider.

Effective May 28, 2004

WAC 388-290-0010 What makes me eligible for WCCC benefits?

For the purposes of this chapter "we" and "us" refer to the department of social and health services. You may be eligible for WCCC benefits if:

- 1. Your family is described under WAC 388-290-0015;
- 2. You are participating in an approved activity under <u>WAC 388-290-0040</u>, <u>388-290-0045</u>, <u>388-290-0045</u>, or have been approved per <u>WAC 388-290-0055</u>;
- 3. You and your children are eligible under WAC 388-290-0020;
- 4. Your countable income, is at or below two hundred percent of the Federal Poverty Level (FPL) (under WAC 388-290-0065); and
- 5. Your share of the child care cost, called a copayment (under <u>WAC 388-290-0075</u>), is lower than the total DSHS maximum monthly payment for all children in the family who are eligible for subsidized care. We do not pro rate your copayment when care is provided for part of a month.

CLARIFYING INFORMATION

Consumers are not eligible for WCCC benefits when they:

- 1. Do not meet one or more eligibility requirements, including income eligibility limitations;
- 2. Provide information which is questionable or confusing;
- 3. Do not meet participation requirements for employment and / or the WorkFirst program;
- 4. Have a child care provider who does not meet department requirements in <u>WAC 388-290-0125</u>. If the consumer has more than one provider, benefits are denied only for the provider who does not meet department requirements; or

5. Have a family copayment that exceeds the department maximum rate(s) for the given type of care for all children in the family.

Effective December 1, 2005

WAC 388-290-0020 Are there special circumstances that might affect my WCCC eligibility?

- 1. You might be eligible for WCCC if you are:
 - a. An employee of the same child care center where your children receive care and you do not provide direct care to your own children during the time WCCC is requested;
 - b. In an activity needed to remove a WorkFirst sanction or, Child SafetyNet status;
 - c. A parent in a two-parent family and one parent is not able or available to provide care for your children while the other is working, looking for work, or preparing for work;
 - i. "Able" means physically and mentally capable of caring for a child in a responsible manner. If you claim one parent is unable to care for the children, you must provide written documentation from a licensed professional (see <u>WAC 388-448-0020</u>) that states the:
 - A. Reason the parent is unable to care for the children;
 - B. Expected duration and severity of the condition that keeps them from caring for the children; and
 - C. Treatment plan if the parent is expected to improve enough to be able to care for the children. The parent must provide evidence from a medical professional showing they are cooperating with treatment and are still unable to care for the children.
 - ii. "Available" means free to provide care when not participating in an approved work activity under <u>WAC 388-290-0040</u>, <u>388-290-0045</u>, <u>388-290-0050</u>, or <u>388-290-0055</u> during the time child care is needed.
 - d. A married consumer described under <u>WAC 388-290-0005</u> (1)(d) through (i). Only you or your spouse must be participating in activities under <u>WAC 388-290-0040</u>, <u>388-290-0045</u>, <u>388-290-0055</u>.
- 2. You might be eligible for WCCC if your children are legally residing in the country, are living in Washington state, and are:
 - a. Less than age thirteen; or
 - b. Less than age nineteen, and:
 - i. Have a verified special need, according to WAC 388-290-0220; or
 - ii. Are under court supervision.
- 3. Any of your children who receive care at the same place where you work (other than (1)(a) of this subsection) are not eligible for WCCC payments but can be included in your household if they meet WAC 388-290-0015. This includes if you work:

- a. In a family home child care in any capacity and your children are receiving care at the same home during your hours of employment; or
- b. In your home or another location and your children receive care at the same location during your hours of employment.

CLARIFYING INFORMATION

1. Two Parent Households:

If the second parent in the household is employed, participating in an approved WorkFirst activity, or unable to provide care, authorize child care only for the hours that both parents are unavailable.

EXAMPLE 1

The father in a two parent household is requesting WCCC for two mutual children. Before authorizing care, you must consider the ability and availability of both parents to provide care, since mom, dad, and the two children all belong to the same WCCC family.

EXAMPLE 2

Maryanne applies for WCCC. The household consists of Maryanne, her boyfriend Jack and their child Troy. Maryanne provides a statement from a doctor stating Jack has a back condition. The verification gives a diagnosis, estimated recovery time, any treatment or therapy expected, and an explanation of why Jack is unable to provide care to Troy for at least 3 months. You approve the care for 3 months and review his condition at that time.

EXAMPLE 3

Mary is a non-TANF consumer requesting WCCC for employment. Mary lives with her boyfriend Dan and they are **unmarried**. There are three children in the household. The youngest child is Dan's child from a previous relationship. The older two are Mary's from a previous relationship. Mary and the two oldest children are one family. Dan and the youngest child are a separate family. You do not have to assess Dan's ability and availability to provide care for Mary's two children, since they are not his mutual children and Dan is not considered part of Mary's WCCC family.

EXAMPLE 4

Paul and Martha receive TANF. Martha is exempted from WorkFirst by her case manager to care for a sick relative in her home per <u>WAC 388-310-0350(1)(d)</u>. Paul is in job search 40 hours a week. Paul and Martha are approved for WCCC. Care is authorized to cover Paul's participation in WorkFirst job search.

EXAMPLE 5

A non-TANF two parent household is requesting WCCC. Mom works 40 hours per week and Dad is receiving domestic violence counseling. Mom wants full-time child care for the children while she is at work. Written documentation is provided from a licensed professional stating Dad is currently unable to

care for the children. The document includes a treatment plan, the estimated length of the plan, and an explanation of why Dad is unable to care for his children. As long as the evidence from the medical professional indicates Dad is cooperating with the treatment and is still unable to care for the children, WCCC may be authorized to support Mom's work activity.

2. Citizenship / Non Citizen: Children and Consumers

In cases involving citizenship and alien status, the **child's status** determines eligibility for WCCC, not the consumer's. The parents who live in the household are still included in family size and their activity and income are counted regardless of their citizenship status. Children who are not legally residing in the U.S. are not eligible for WCCC benefits. See <u>WAC 388-290-0015</u> (1)(e) for family composition, <u>WAC 388-290-0010</u>(2) for allowable activities, and <u>WAC 388-424-0001</u> to determine citizenship and alien states. Accept the information on the application unless the Department has contradicting information.

EXAMPLE

A two parent family with 2 children applies for WCCC. The parents and one child are not US citizens. They are counted as a family of 4. Only one child is eligible for WCCC payments. When determining eligibility you consider both parent's schedules, income from employment and the eligible child's child care needs.

When a consumer does not have a SSN within the BarCode system, WCAP will assign unique identifier. This will consist of the first seven numbers of the consumer's ID number, preceded by either:

- a. "97" if the consumer is a negative number (is not known to ACES)
- b. "98" if the consumer's ID in an ACES assigned (positive) number.

3. Visiting Children

A child is considered living in Washington for the purpose of WCCC, when they visit a relative who is a Washington resident, such as for school breaks. The consumer can apply and may be eligible for WCCC during the time the child is "visiting". The child must still meet <u>WAC 388-290-0020(2)</u>.

4. Children who receive SSI or another type of income

A child receiving SSI or another type of non-TANF assistance is eligible for WCCC if the family is otherwise eligible. The child receiving SSI is counted toward the household size and the child's SSI income is also counted. See <u>WAC 388-290-0015</u>.

5. Child Care Locations

A consumer is not eligible to use a provider who cares for the consumer's child in the same home or location as the consumer's employment. This would include, but is not limited to, the following same location situations:

- Providing COPES care;
- Employed as an in-home/relative provider;
- Running a business out of the home and or land; and
- Employed at a Family Home Care provider.





You can email your questions or comments about the Working Connections Child Care Manual to us at: EAZMail@dshs.wa.gov
For more ways to get in touch with the Department of Social and Health Services go to the DSHS Contact Information web page.

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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

D. ALLOWABLE ACTIVITIES FOR WCCC CONSUMERS

Revised: April 10, 2006

Consumers who are TANF recipients
Consumers who are not TANF recipients
Self-Employed Consumers
Consumers who are not in approved activities

Effective May 28, 2004

WAC 388-290-0040 If I receive a temporary assistance for needy families (TANF) grant, what activities must I be involved in to be eligible for WCCC benefits?

If you receive a temporary assistance for needy families (TANF) grant, you may be eligible for WCCC benefits, for activities in your individual responsibility plan (IRP), for up to sixteen hours maximum per day for your hours of participation in the following:

- 1. An approved WorkFirst activity under WAC 388-310-0200;
- 2. Employment or self employment. We consider "employment" or "work" to mean:
 - Engaging in any legal, income generating activity that is taxable under the United States
 Tax Code or that would be taxable with or without a treaty between an Indian Nation and
 the United States; or
 - b. Working in a federal or state paid work study program. You may receive WCCC for paid work study and transportation hours (not for the time you are in an unapproved activity).
- 3. Transportation time between the location of child care and your place of employment or approved activity;
- 4. Up to ten hours per week of study time before or after regularly scheduled classes or up to three hours of study time per day when needed to cover time between approved classes; and
- 5. Up to eight hours per day of sleep time when it is needed, such as if you work nights and sleep days.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR 02-12-069, effective 7/1/02

Effective May 28, 2004

WAC 388-290-0045 If I don't get a temporary assistance for needy families (TANF) grant, what activities must I be involved in to be eligible for WCCC benefits?

If you do not receive TANF, you may be eligible for WCCC benefits for up to sixteen hours maximum per day for the hours of your participation or enrollment in the following:

- 1. Employment or self employment under WAC <u>388-290-0050</u>. We consider "employment" or "work" to mean:
 - Engaging in any legal, income generating activity that is taxable under the United States
 Tax Code or that would be taxable with or without a treaty between an Indian Nation and
 the United States; or
 - b. Working in a federal or state paid work study program. You may receive WCCC for paid work study and transportation hours (not for the time you are in an unapproved activity), unless you meet requirements in subsection (2) of this WAC;
 - VISTA volunteers, Americorps, and Washington Service Corps (WSC) if the income is taxed.
- 2. High school or general equivalency diploma (GED) program until you reach your twenty second birthday.
- Same day job search if you are a TANF applicant;
- 4. The food stamp employment and training program under chapter 388-444 WAC;
- 5. Adult basic education (ABE), English as a second language (ESL), high school/GED, vocational education, or job skills training or other program under WAC <u>388-310-1000</u>, <u>388-310-1200</u>, or <u>388-310-1800</u>, and you are:
 - a. Working:
 - i. Twenty or more hours per week; or
 - ii. Sixteen or more hours per week in a paid federal or state work study program.
 - b. Participating in post secondary education for no longer than thirty-six months. Child care for post secondary education in this section is limited up to thirty-six months maximum regardless of the length of the school program. The thirty-six months includes months you attended post secondary education, supported by WCCC, while receiving TANF.
- 6. WCCC may be approved for activities listed in WAC <u>388-290-0040</u> (3) through (5), when needed.

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Current Version: WSR <u>04-08-134</u>, effective 5/28/04 **Previous Version:** WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. College work study: If the consumer wants child care authorized:
 - a. For both class time and work study hours, they must participate in work study at least 16 hours per week.
 - b. Only for the time they are in work study, there is no minimum hour requirement.
- 2. Education and training programs:
 - a. Consumers who are working 20 hours or more each week, 16 hours each week if the

employment is work study, may receive child care to participate in education and training programs. A consumers can combine work study and work hours to equal a minimum of 20 when the minimum of 16 hours of work study are not met.

- b. The community or technical college must be accredited and the courses must be part of a vocational program that leads to a degree or certificate in a specific job or skill. If the consumer is:
 - TANF, the activity must be approved by the WorkFirst program specialist (WFPS). A
 TANF client, is limited to participate in a voc ed program for a maximum of 12
 months.
 - ii. Non-TANF, they must attend an accredited community or technical college. The consumer may be asked to turn in their school schedule to verify their vocational education. The classes must meet WAC 388-290-0045(5). For a non-TANF consumer, the maximum amount of care authorized for education and training is a total of 36 months (This includes any monthe while on TANF).

We do not monitor for satisfactory progress in educational activities. If there is a question about actual attendance in the classes, request the WCCC consumer (student) provide an official school attendance document. If the documentation is not received, the AW can take appropriate action such as: processing an overpayment, adjusting the authorization, or sending a termination. If the supplied information is questionable, confusing, or outdated, request official school enrolment and schedule documents.

- 3. **Employment:** Consumers do not have to actually file taxes for their employment to be considered employment. However the activity must be legal, income generating, and the income taxable.
 - a. According to WAC <u>388-290-020(1)</u> Consumers "might be eligible for WCCC" if they are employed at a child care **center** and not providing direct care to their own children.
 - A consumer does not need to make minimum wage to be eligible for WCCC.
 - c. Consumers who request child care just for employment do not have to work a minimum number of hours per week. For example: An applicant who only works 12 hours a week may receive WCCC. This includes consumers who are requesting child care for work study hours only.
 - d. Refer to the self employment under the Clarifying Information under WAC <u>388-290-0050</u>. TANF consumers must have their self employment plan approved by their WFPS to be considered for WCCC eligibility.
 - e. Working for a WCCC consumer as a In home/Relative child care provider is considered employment. The child care provider can apply for WCCC.
- 4. Food Stamp Employment and Training (FS E&T) participants: Referred by Employment Security staff after they have been determined eligible. FS E&T activities consist of job search and educational activities deemed appropriate by Employment Security staff. See chapter 388-444 WAC.
- 5. **High School/GED completion:** High school and GED (HS/GED) programs administered through high schools (Office of Superintendent of Public Instruction, OSPI) or the community

and technical colleges (Community Trade and Economic Development, CTED) are accepted by and transferable to higher education programs in Washington. Therefore, WCCC can be authorized for consumers who are enrolled in HS/GED programs administered by OSPI or CTED.

HS/GED program participants do not need to meet the work requirement when they are:

- a. TANF clients who are 18 and 19 years old and temporarily deferred from work requirements due to participation in HS/GED activities; or
- b. Non-TANF consumers completing a high school or a GED program who are under 22 years of age. They do not need to be employed. This includes consumers with child only grants.

We do not monitor for satisfactory progress in educational activities. If there is a question about actual attendance in the classes, request the WCCC consumer (student) provide an official school attendance document. If the documentation is not received, the AW can take appropriate action such as: processing an overpayment, adjusting the authorization, or sending a termination. If the supplied information is questionable, confusing, or outdated, request official school enrolment and schedule documents.

6.

Internships and practicums:

- a. **TANF recipients:** See WAC <u>388-310-1000</u> (2)(c) WorkFirst Vocational education.
- b. **Non-TANF recipients** will be eligible for WCCC while participating in an internship or practicum, (not limited to 12 months) if the internship or practicum is linked to Vocational Education as defined in WAC <u>388-310-1000</u> (1) and:
 - i. Paid and equals 20 or more hours a week, or
 - ii. **Unpaid** and the consumer has outside employment of 20 or more hours a week, or 16 or more hours in a Work Study job, and the internship or practicum.
- 7. **IRP activities:** WAC <u>388-310-0200</u> lists the approved WorkFirst activities. Section, (2)(I) states: "Other activities identified by your case manager on your individual responsibility plan that will help you with situations such as: drug and / or alcohol abuse, homelessness, or mental health issues". If the case manager has included approved activities such as: medical appointments, AA meetings, or looking for housing in the IRP: WCCC can cover those activities as long as the consumer meets other eligibility requirements. The WFPS may list some activities on the IRP for tracking only this does not mean the activity is "approved/approvable". If a consumer has a history of inconsistent participation or lack of participation in the WorkFirst program a shorter time period may be authorized or a tickle may be set for the component end date.

EXAMPLE

Mark is a single parent and a mandatory TANF WorkFirst participant and has 2 children (8 and 2). He is currently has a back problem and is scheduled for surgery. He is unable to work at this time. His case manager includes his Doctor appointments and other medical needs in his IRP as approved activities. Mark is eligible for WCCC for the approved activities listed in his IRP.

NOTE: A

A consumer may claim or a Doctor state the consumer is unable to care for their child at

all. In such cases, a referral to Children's Administration may be appropriate to see if there are any programs the consumer may be eligible for. WCCC may not be an appropriate program for this family.

- 8. **Post-Employment services:** These services are designed to help keep current and former WorkFirst participants employed, attached to the labor market and gaining skills to help them increase their wages. (See <u>WorkFirst chapter 4.1</u>)
- 9. Same day job search: 'Same Day Job Search' refers to approving a TANF applicant for WCCC during their application period for same day job search. It does not refer to the length of eligibility for the job search child care. Refer to the following guidelines when authorizing care for same day job search:
 - a. If the TANF case is put into pending, authorize the care for no longer than the end date of that pending period.
 - b. If we have history that indicates this applicant has not shown stable activity or participation, a 2-4 week time period may be appropriate. Remember that the client will be subject to a review by the case manager at 4 weeks and 12 weeks if they have not found a job yet.
 - c. Requests for benefits for TANF must be processed within 30 days of receipt. This 30 day window could be used as a guideline for the child care authorization since most of these cases will have had a determination made for benefits by that time.

NOTE:

Consider deadline days and review timelines any time care is approved for a short time period or does not end on the last day of the month.

- Sanction-DCS: The consumer is in sanction due to non-cooperation with the Division of Child Support, but still has a child on the TANF grant. These recipients must still meet WorkFirst participation requirements. WCCC can cover approved activities as listed in the consumer's IRP.
- 10. **Sanction-WorkFirst:** The consumer is In WorkFirst sanction or Child SafetyNet Payment status, and is:
 - a. In their cooperation period and meeting WorkFirst requirements prior to being placed back on the TANF grant.
 - b. Working. The consumer can get WCCC for work related hours even if they are not working enough hours to remove the sanctions or Child SafetyNet.
- 11. **Tribal TANF approved activities or employment:** Certain tribes in Washington have chosen to offer TANF grants and manage their own type of WorkFirst program. A tribal member receiving tribal TANF must participate according to the specific Tribal requirements. These requirements may not be the same as those for WorkFirst participants. Tribal TANF recipients may receive child care from the tribe or DSHS. This is called "dual eligibility".

When the Tribal TANF recipient requests child care from DSHS, the recipient is subject to WCCC rules regarding family, income, copayments, etc. and:

- a. Tribe must inform DSHS of the approved hours of Tribal "WorkFirst" participation; or
- b. Recipient, if employed, must provide DSHS with the employment information.

EXAMPLE

Jack and Susan are married Tribal TANF recipients and both have approved Tribal IRPs that include 48-month training plans. Neither are employed. Jack and Susan are requesting WCCC for the IRP activity.

Jack and Susan are meeting WCCC activity requirements because they are in approved Tribal TANF activities. However, the AW would need to look at other WCCC rules, regarding family size, income, etc. to determine if Jack and Susan are eligible for WCCC.

The tribe may elect to pay the family's copayment, and/or the difference between the department's rate and the provider's rate, if the provider's rate is higher.

12. VISTA volunteers, Americorps and Washington Service Corps (WSC): These applicants may receive WCCC if they are receiving taxable income from VISTA, Americorps or WSC and are otherwise eligible.

Self Employment

See WAC 388-310-1700 WorkFirst - Self-employment.

See WAC 388-450-0085 How we count your self-employment income

Effective May 28, 2004

WAC 388-290-0050 If I am self-employed, can I get WCCC benefits?

You may be eligible for WCCC benefits for up to sixteen hours maximum per day when you are self employed.

- 1. We consider "employment" or "work" to mean engaging in any legal, income generating activity that is taxable under the United States Tax Code or that would be taxable with or without a treaty between an Indian Nation and the United States;
- 2. You are eligible for the calculation discussed in subsection (4)(a) of this section one time only, for one self employment venture. If you change self employment, any months left up to the first six months are covered by child care according to subsection (4)(a)(i) of this section.
- 3. If you get TANF and are self employed:
 - a. You must have an approved self employment plan under WAC 388-310-1700;
 - b. The amount of WCCC you get for self employment is equal to the number of hours in your approved plan; and
 - c. Income from self employment while you are receiving TANF is determined by WAC <u>388-</u> 450-0085.
- 4. If you don't get TANF at the time of application for WCCC and it is a:
 - a. New self employment business (established less than six months):
 - i. The hours of care you are eligible to receive for the first six months is based on your report of how many hours are needed, up to sixteen hours per day; and
 - ii. Your self employment income is based on WAC 388-290-0060.
 - b. For a self employment business (established for six months or more) the number of hours

of care you are eligible to receive is based on whichever is more:

- i. Your work hours reported in your business records; or
- ii. The average number of monthly hours equal to dividing your monthly self employment income by the federal or state minimum wage (whichever minimum wage is lower).
- c. After the first six months, the number of hours of WCCC you can get each month is based on the lesser of subsections (4)(b)(i) or (ii) of this section.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 **Previous Version:** WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

TANF recipients pursuing self-employment must:

- 1. Be working at least 32 hours a week at the business;
- 2. Have business income that is equal to the minimum wage (state or federal, whichever is higher) times 32 hours a week after the business expenses are subtracted; and
- 3. Have their self-employment plan approved by the local business resource center.

Non-TANF recipients pursuing self-employment must:

- Have an established income generating business which the consumer has been engaged in for 6
 or more months at the time of application. The consumer must meet the income guidelines for
 WCCC. If the consumer can verify the self-employment business has been established for the
 last 6 months, it is considered a new self-employment business.
- 2. Consumers are allowed the calculation in <u>388-290-0050(4)(a)</u> one time only (per household). If there is a gap between applications or a change in the type of self-employment, the next time they apply for WCCC as a self-employed consumer, their hours and income are calculated as described in <u>388-290-0050(4)(c)</u>. The self employment activity information can be entered into the "FLAG" screen in WCAP to keep track of when this allowable calculation has been used.

EXAMPLE 1

Jack has received WCCC for his self-employment for the past 6 months. His case is up for review and he is indicating that he has no income from the self-employment activity. Jack is not eligible for continuing child care.

Jack reapplies for WCCC in the future and reports the same self-employment activity. He believes that the first-six-month rule for self-employment should be applied for this new application.

Jack is not eligible to receive WCCC based on the first-six-month rule. The number of hours of child care he can receive is based on WAC <u>388-290-0050(4)(b)</u>.

EXAMPLE 2

William is self-employed as a gardener from April-September (6 months) and he has received WCCC for this activity. He works as an employee at an auto shop from October-March (6 months) and he also received WCCC for this activity. William now is self-employed as a mechanic and he believes

the first-six-month rule for self-employment should be applied to this new self-employment.

William is not eligible to receive benefits based on the first-six-month rule. The number of hours of child care he can receive is based on WAC <u>388-290-0050(4)(c)</u>.

EXAMPLE 3

Martha is a self-employed massage therapist and receives WCCC. After 4 months she calls to report she is no longer working as a massage therapist and requests her WCCC to close. Three months later she calls to apply for WCCC and reports she is self-employed as a Tupperware salesperson. She can receive WCCC according to WAC <u>388-290-0050(4)(a)</u> for two months.

consumers In activities that are not approved

Effective May 28, 2004

WAC 388-290-0055 If I am not working or in an approved activity right now, can I get WCCC benefits?

When care is approved in the situations described in subsections (1) and (2) of this section, the child needs to attend for the provider to bill.

- 1. We can authorize WCCC payments for a child's attendance in child care for up to fourteen consecutive days when you're waiting to enter an approved activity under WAC <u>388-290-0040</u> or <u>388-290-0045</u>.
- We can authorize WCCC payments for a child's attendance in child care for up to twenty-eight consecutive days if you or the other parent in the household experience a gap in your approved activity.
- 3. Your household may be eligible for payment described in subsection (2) of this section:
 - a. Twice in a calendar year;
 - b. For the same number of units open while you were in the approved activity, not to exceed two hundred thirty hours a month;
 - c. If you report the loss of activity or employment timely following WAC 388-290-0031; and
 - d. If you receive WCCC immediately before the loss of employment or approved activity, and:
 - i. Your employment, or the approved activity, will resume within that period; or
 - ii. You are looking for another job.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. If the consumer uses any care during an authorized "gap" it is counted as one of their two allowable "gaps" per year.
- 2. Care is authorized at the same type of unit and number of unit, not to exceed 22, as the consumer was previously authorized. For example, if the consumer was approved for 15 half days, authorize a total of 15 half days for the "gap" activity.
- 3. Occasionally, consumers may request child care coverage for an activity not listed in WAC.

Handle these requests by exploring with the consumer other child care resources such as from Division of Vocational Rehabilitation or Child Protective / Welfare Services. Additionally, the process of submitting a <u>Rule Exception Request</u> or RER (DSHS 05-010) is available.

EXAMPLE 1

Mike is a single parent with 3 children. The family qualifies for WCCC and the children are each authorized for 22 full days. Mike broke his leg and will not be able to return to work for at least 6 weeks. He wants WCCC to cover the time he is off work. WCCC can not be authorized. The "gap" WAC would only apply if he was going back to work within 28 days.

EXAMPLE 2

Maria has a medical condition and she will need to temporary stop working. She thinks she will be back to work in about 2 or 3 weeks. Authorize WCCC to cover the "gap".

Maria used child care for the 28days. At the end of the 28 days she is still not able to return to work. This is not an overpayment to Maria but the WCCC authorization should be discontinue. If Maria still wants WCCC she may request a Rule Exception Request.





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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

APPROVABLE CONSUMERS AND ACTIVITIES

B. WHAT MAKES UP A FAMILY?

Revised: April 10, 2006

Effective May 28, 2004

WAC 388-290-0015 How does the WCCC program determine my family size for eligibility?

We determine your family size by reviewing those individuals who live together in the same household as follows:

1. If you are:	We count the following individuals as part of the family for WCCC eligibility:
 a. A single parent, including a minor parent living independently; 	You and your children.
b. Unmarried parents who have at least one mutual child;	Both parents and all their children living in the household.
c. Unmarried parents with no mutual children;	Unmarried parents and their respective children living in the household as separate WCCC families.
d. Married parents;	Both parents and all their children living in the household.
e. Undocumented parents;	Parents and children, documented and undocumented, as long as the child needing care is a U.S. citizen or legally residing in the United States. All other family rules in this section apply.

f. A consumer as defined in WAC 388-290-0005 (1)(c) through (i);	The children only. (The children and their income are counted.)
g. A minor parent with children and live with a parent/guardian;	Only the minor parent and their children.
h. A family member who is out of the household because of employer requirements, such as the military or training, and is expected to return to the household.	You, the absent individual, and the children. Subsection (1)(b) and (d) of this section apply.
i. A family member who is voluntarily out of the household for reasons other than requirements of the employer, such as unapproved schooling and visiting family members, and is expected to return to the household.	You, the absent individual and the children. Subsection (1)(b) and (d) of this section apply as well as WAC 388-290-0020.
j. An incarcerated family member.	The absent individual is removed from the household. We count all remaining household members. All other family rules in this section apply.
2. If your household includes:	We count the following individuals as part of the family for WCCC eligibility:
a. Eighteen year old siblings of the children who require care and are enrolled in high school or general equivalency diploma (GED) program.	The eighteen year olds (unless they are a parent themselves), until they turn nineteen or complete high school/GED, whichever comes first. All other family rules in this section apply.
b. Siblings of the children requiring care who are up to twenty-one years of age and who are participating in an approved program through the school district's special	The individual participating in an approved program through RCW 28A.155.020 up to twenty-one years of age (unless they are a parent themselves). All other family rules in this section apply.

education department under RCW 28A.155.020.

Click on the Washington State Register (WSR) numbers below to go to the official filings for this WAC at the Washington State Code Reviser's web site.

Current Version: WSR <u>04-08-134</u>, effective 5/28/04 Previous Version: WSR 02-12-069, effective 7/1/02

CLARIFYING INFORMATION

- 1. Married or unmarried TANF and non-TANF minor parents are considered a separate family when they, with their child, reside with a parent, or guardian.
 - a. The income of the grandparent or guardian is not counted toward household income.
 - b. The ability and availability of the grandparent or guardian to provide care is not considered.

EXAMPLE 1

Jack and Diane are the unmarried parents of Shady Tree. The three of them live with Diane's mother. Diane has 1 sibling still living at home. Jack, Diane, and Shady Tree are considered a separate family from Diane's mother and sibling. Consider only the income of Jack, Diane and Shady Tree for the purposes of eligibility and co-payment. Do not consider Diane's mother for ability or availability to provide care.

EXAMPLE 2

Tony is a single father of a one year old child. He and the child live with his father. Tony, his child and his father are all on a TANF grant together. Tony needs child care to attend his last year of high school.

Count only Tony and his child as part of the WCCC household and their income for eligibility and copayment purposes. Tony's father would not be considered for ability or availability to provide care for his grandchild.

2. WCCC family units are based primarily on how the child is related to the adults, not to other children.

EXAMPLE 1

Lucy and Kevin are unmarried parents. They have 2 mutual children and he has 1 child from a previous relationship. While living together, they are considered a family of 5. Kevin leaves the home with no indication he is returning. All the children remain with Lucy. Lucy is potentially eligible for WCCC for herself and 2 children. To receive WCCC for Kevin's child she would need to apply for and receive TANF as an *in loco parentis*.

EXAMPLE 2

Lucy and Kevin are unmarried parents. They have 2 mutual children and he has 1 child from a previous relationship. They are considered a family of 5. Kevin leaves the home for a non work related reason and expects to return to the household. All the children remain with Lucy. The family is considered a family of 5. All eligibility rules must be met, including WAC 388-290-0020 and WAC

388-290-0045

3. If a parent is out of the household due to an approved activity, their actual schedule does not have to coincide with the remaining parent's schedule. In these cases, allow for WCCC for the remaining parent's schedule if the family is income eligible.

EXAMPLE

Jason and Jennifer are approved for WCCC with children. She is in the military and is sent out on assignment. Jason's work schedule is Monday-Friday 8am-5pm. Jennifer works graveyard. We do not consider her work hours as she is not available for care and she is in an approved activity. Care is authorized using Jason's schedule only.

4. If a parent in a two parent home voluntarily leaves the home but has plans to return, they continue to be counted in the household number and all WCCC rules continue to apply to them.

EXAMPLE 1

Mary and Rick receive WCCC. Rick leaves his job to care for his mother in Alabama. Rick is still considered part of the household but his activity no longer meets WAC <u>388-290-0010(2)</u>. The family is no longer eligible for WCCC as Rick would be considered "available" for care per WAC <u>388-290-0020(1)(c)(ii)</u>.

EXAMPLE 2

Kerry and Steve apply for WCCC on 5/15. Kerry reports she is working but plans to quit work on 6/30 to attend college/training out of state for 60 days. Kerry is still considered part of the household when she leaves but her activity no longer meets WAC <u>388-290-0010(2)</u>. The family is no longer eligible for WCCC as of 6/30 as Kerry would be considered "available" for care per WAC <u>388-290-0020(1)(c)(ii)</u>.

5. If a parent is either removed from the country or is waiting to enter the country, that parent is not considered as part of the household and their income is not counted. If the second parent is sending money back to the WCCC consumer, consider it child support income for the WCCC consumer.

The worker should strongly remind the WCCC consumer they are required to report to WCCC as soon as the second parent enters the household. The consumer's eligibility should be redetermined to ensure the family remains eligible for WCCC.

EXAMPLE

Jerry and Maria are approved for WCCC and have two children. On February 20th, Maria reports Jerry was deported to Mexico and he is waiting to return to the country. Because he is no longer in the country, not by his choice, he is removed from the household and Maria's copayment is adjusted for March. Maria is advised to report when he returns to the country.

6. The employment earnings of a person described in WAC <u>388-290-0015</u> (2) are not counted toward the household's income.

EXAMPLE 1

Mary applies for child care while she is employed. She has two children - an 11-year-old and an 18-year old who are siblings. The 11-year-old requires before and after school care. The 18-year-old is

enrolled in high school and working part-time. Include the 18-year-old as part of the household until she has completed high school or turns 19 whichever comes first. Do not count the 18-year-old's employment earnings toward the household income.

EXAMPLE 2

Jack and Janet apply for care for their 9-year-old. They also have a 19-year-old at home. The 19-year-old is still enrolled in a special education program at the high school. He also works at a sheltered employment site. The 19-year-old is counted as a member of the household but his income is not counted. The family size is four.

7. Legal shared custody, visitation and informal custody arrangements: When a case arises where one or both parents apply for child care and the children either live in both households or visit (such as for spring break, summer, or overnight):

Gather as much information as possible from both parents about their agreed custody arrangement. Based on the information you receive, determine eligibility as you would for any WCCC applicant.

If a parent is paying child support and the child come to visiting them for the summer, allow the deduction for the child support paid and authorize WCCC if the family qualifies.

EXAMPLE 1

Nick and Gwen are divorced and have 3 children. Nick has primary custody and the children visit Gwen one week a month. Both Nick and Gwen work and are financially eligible for WCCC as separate households. Gwen pays child support to Nick.

Both parents can apply and be eligible for WCCC as separate households. The amount of care they are eligible for is based on their individual work schedules.

EXAMPLE 2

Joe and Lilly have mutual children but are not married and do not live together. Joe is eligible for 115 hours of care Monday-Wednesday. Approve WCCC for Joe for 22 units.

Joe reports that the children spend every Thursday and Friday with their mom who works Sunday-Wednesday. Lilly applies for WCCC and wants care for Thursday and Friday when she does not work. Deny Lilly as she does not work on the days she is requesting care.

EXAMPLE 3

Julie and Juan have 2 mutual children. The children live with Juan and receive WCCC. Julie, who lives in another town, will have the children during spring break week.

Julie works Monday through Friday. She applies for WCCC to cover the time she will be working and is determined eligible. Authorize child care for the week the children are with Julie.

See D. - <u>Allowable Activities for WCCC Consumers</u> for information about consumers who are selfemployed and who are not in approved activities.





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Economic Services Administration

Working Connections Child Care (WCCC) Manual

[WCCC TOC]

INCOME AND ELIGIBILITY

A. COUNTING AND DISREGARDING INCOME

Revised: February 8, 2005

Effective May 28, 2004

WAC 388-290-0060 What income does the WCCC program count when determining eligibility and copayments?

The WCCC program counts income as money you get from:

- 1. A TANF grant, except when exempt under WAC 388-290-0070(1)(h);
- 2. Child support payments;
- 3. Supplemental Security Income (SSI);
- 4. Other Social Security payments, such as SSA and SSDI;
- 5. Refugee assistance payments;
- 6. Payments from the Veterans' Administration, disability payments, or payments from labor and industries (L&I);
- 7. Unemployment compensation;
- 8. Other types of income not listed in WAC 388-290-0070;
- 9. VISTA volunteers, Americorps, and Washington Service Corps (WSC) if the income is taxed;
- 10. Gross wages from employment or self employment. Gross wages includes any wages that are taxable. "Self employment income" means your gross income from self employment minus allowable business expenses in <u>WAC 388 450 0085</u>;
- 11. Lump sums as money you get from a one time payment such as back child support, an inheritance, or gambling winnings; and
- 12. Income for the sale of property as follows:
 - a. If you sold the property before application, we consider the proceeds an asset and do not count as income:

- b. If you sold the property in the month you apply or during your eligibility period, we count it as a lump sum payment as described in WAC 388-290-0065(3).
- c. Property does not include small personal items such as furniture, clothes, and jewelry.

CLARIFYING INFORMATION

- 1. In addition to income listed above in WAC 388-290-0060, count garnished wages (with the exception of paid child support) when figuring a consumer's eligibility and copayment.
- 2. "Sale of property" refers to real estate (land or buildings).
- 3. Count the income in kind when it is listed on the paycheck and taxed.

EXAMPLE

Diane works as a rental agent at an apartment complex. As part of her wages, she is allowed an apartment on site with a rental value of \$500. On her paycheck it notes that her earned wages are \$1500 and her rental allowance is \$500.00 for a total of \$2000gross wages. Her paychecks shows that the \$500 rental allowance is removed from her gross wages before taxes are deducted. The rental allowance is not taxed on her paycheck and is disregarded when determining her total gross wages.

4. Deductions not listed as disregarded income per WAC 388-290-0070 are counted towards total gross income.

Effective May 28, 2004

WAC 388-290-0070 What income types and deductions does the WCCC program disregard when figuring my income eligibility and copayment for WCCC benefits?

- 1. The WCCC program does not count the following income types when figuring your income eligibility and copayment:
 - a. Income types as defined in <u>WAC 388-450-0035</u>, <u>388-450-0040</u>, and <u>388-450-0055</u>;
 - b. Compensatory awards, such as an insurance settlement or court ordered payment for personal injury, damage, or loss of property;
 - c. Adoption support assistance and foster care payments;
 - d. Reimbursements, such as an income tax refund;
 - e. Diversion cash assistance;
 - f. Income in kind that is untaxed, such as working for rent;

- g. Military housing and food allowance;
- h. The TANF grant for the first three consecutive calendar months after you start a new job. The first calendar month is the month in which you start working;
- i. Payments to you from your employer for benefits such as medical plans;
- j. Earned income of a WCCC family member defined under WAC 388-290-0015(2);
- k. Income of consumers described in WAC <u>388-290-0005(1)(c)</u> through (i);
- I. Earned income from a minor child who we count as part of your WCCC household; and
- m. Benefits received by children of Vietnam War veterans who are diagnosed with all forms or manifestations of spina bifida (except spina bifida occulta).
- 2. WCCC deducts the amount you pay for child support under court order, division of child support administrative order, or tribal government order, from your other countable income when figuring your eligibility and co pay for the WCCC program.

CLARIFYING INFORMATION

other income that is not counted

- 1. Income received by TANF and Non-TANF WCCC recipients through Work study (Federal, State, or WorkFirst) is not counted towards eligibility and copayments.
- 2. In addition to the income listed in WAC 388-290-0070, we do not count:
 - a. A "third-party" payment, such as full or partial payment of the copayment by someone else;
 - b. Money received indirectly, such as rent, utility, mortgage, car, or medical payments, etc. instead of a direct child support payment; and

More information is available in the Eligibility A-Z Manual: <u>WAC 388-450-0015</u> Excluded and Disregarded income.

EXAMPLE 1

Joe has 2 children, receives TANF and is working part-time. On July 5th he finds a new job. Joe reports his new job to the AW on July 12, and requires child care starting the following day (the 13th). Exempt Joe's TANF grant in figuring the copayment for the 1st three consecutive months after Joe starts his job (July, August, and September).

NOTE:

If the consumer changes employers, we do not count the TANF income for the first 3 months of

employment for each new job. This applies only when the consumer changes employers, not to breaks in employment or accepting a different job with the same employer.

EXAMPLE 2

John is employed at McDonald's on 72nd St. and has had his grant exempted for three months (Jan, Feb. and Mar.). He is still receiving a partial TANF grant in May. He stops working for 3 weeks in April and then begins working at the McDonald's downtown in May. John's TANF grant is exempted for another 3 months (May, June, and July).

EXAMPLE 3

Henry is employed at Company A and has had his grant exempted for three months (June, July and Aug.). Some months later, Henry has a temporary break in employment due to a slow-down in business. Henry does not work for two weeks. When he returns to work at Company A, his grant is not exempted and is counted as part of his gross income, as he did not have a change of job or employer.









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