Administration of the Child Care Assistance Program

2020-2021 Kanabec County and Tribal Child Care Fund Plan

Administration of the Child Care Assistance Program

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

Steps to complete the plan process:

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

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

Step Two – Draft the plan responses

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

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

Step Five – Submit the plan by the deadline
Submit the plan by the deadline, and note these guidelines:

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

Amendments to plans

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

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

Return completed plans by Friday, August 30, 2019 to: DHS.CCAP@state.mn.us
Administration of the Child Care Assistance Program

I. Child Care Assistance Program contacts

A. County or tribal agency

<table>
<thead>
<tr>
<th>COUNTY OR TRIBE NAME</th>
<th>GENERAL PHONE NUMBER</th>
<th>EXTENSION</th>
<th>GENERAL FAX NUMBER</th>
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<tbody>
<tr>
<td>Kanabec</td>
<td>320-679-6350</td>
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<td>320-679-6351</td>
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<table>
<thead>
<tr>
<th>AGENCY’S FULL NAME</th>
<th>CCAP INTAKE PHONE NUMBER</th>
<th>EXTENSION</th>
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<tbody>
<tr>
<td>Kanabec County Family Services</td>
<td>320-679-6350</td>
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<table>
<thead>
<tr>
<th>MAIN OFFICE STREET ADDRESS</th>
<th>CITY</th>
<th>ZIP CODE</th>
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</thead>
<tbody>
<tr>
<td>905 Forest Ave E, Suite 150</td>
<td>Mora</td>
<td>55051</td>
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B. County or tribal branch office (if applicable)

<table>
<thead>
<tr>
<th>BRANCH NAME</th>
<th>GENERAL PHONE NUMBER</th>
<th>EXTENSION</th>
<th>GENERAL FAX NUMBER</th>
<th>CCAP INTAKE PHONE NUMBER</th>
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<th>ADDRESS OF BRANCH OFFICE</th>
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</table>

C. Agency contact people

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

1. County or tribal CCAP administrative contact

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

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>TITLE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
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<tbody>
<tr>
<td>☑</td>
<td></td>
<td></td>
<td>Timothy</td>
<td>Dahlberg</td>
<td>Financial Assistance Supervisor</td>
<td>320-679-6360</td>
<td></td>
<td>320-679-6351</td>
</tr>
</tbody>
</table>

EMAIL ADDRESS

timd9002@co.kanabec.mn.us

SIR EMAIL ADDRESS

x133574@cty.dhs.state.mn.us

ADDRESS

905 Forest Ave E, Suite 150

CITY

Mora

ZIP CODE

55051
2. County or tribal client access contact
Who is your lead person/s who has contact with families receiving CCAP? You may have more than one client access contact.

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>FIRST NAME</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Melinda</td>
<td>Nordahl</td>
<td>Eligibility Worker</td>
<td>320-679-6396</td>
<td></td>
<td>320-679-6351</td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
<td>SIR EMAIL ADDRESS</td>
<td>ADDRESS</td>
<td>CITY</td>
<td>ZIP CODE</td>
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<tr>
<td><a href="mailto:melindaa6463@co.kanabec.mn.us">melindaa6463@co.kanabec.mn.us</a></td>
<td><a href="mailto:x133561@cty.dhs.state.mn.us">x133561@cty.dhs.state.mn.us</a></td>
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3. Management of waiting list contact
Who is your waiting list contact person? The waiting list contact person identified is responsible for maintaining the waiting list and responding to the state’s questions about families reported on the waiting list. Only identify one waiting list contact.

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<tr>
<th>Mr.</th>
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<tr>
<td><a href="mailto:timd9002@co.kanabec.mn.us">timd9002@co.kanabec.mn.us</a></td>
<td><a href="mailto:x133574@cty.dhs.state.mn.us">x133574@cty.dhs.state.mn.us</a></td>
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4. Provider billing contact
Who is your lead billing contact person who is able to answer questions about billing and payments? Only identify one provider billing contact.

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<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
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<tr>
<td></td>
<td></td>
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<td>Patty</td>
<td>Kruse</td>
<td>Fiscal Officer</td>
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<tr>
<td>EMAIL ADDRESS</td>
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<tr>
<td><a href="mailto:patricia.kruse@co.kanabec.mn.us">patricia.kruse@co.kanabec.mn.us</a></td>
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<td>55051</td>
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</tbody>
</table>
5. Provider registration contact
Who is your lead provider registration contact person who is able to answer questions about provider registrations? Only identify one provider registration contact.

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>FIRST NAME</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Melinda</td>
<td>Nordahl</td>
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<th>PHONE NUMBER</th>
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<tbody>
<tr>
<td>Eligibility Worker</td>
<td>320-679-6396</td>
<td></td>
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<table>
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<tr>
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</table>

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

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<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Katie</td>
<td>Heacock</td>
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</table>

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<th>TITLE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
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</thead>
<tbody>
<tr>
<td>Adult Services Supervisor</td>
<td>320-679-6354</td>
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<thead>
<tr>
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<tr>
<td><a href="mailto:katie.heacock@co.kanabec.mn.us">katie.heacock@co.kanabec.mn.us</a></td>
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D. Subcontracted services
Counties and tribes may contract with an agency to administer all or part of their Child Care Assistance Program.

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

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

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

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

The information is listed in the Kanabec County Resource Guide, MFIP Orientation Guide, the Kanabec County website, referrals from CCR&R. Referrals to the program are made by our Eligibility Workers, Social Workers, and Public Health Nurses. During MFIP and DWP applications they are also made aware of the program during their orientation/overview meeting. There are ads in the papers and handouts from CCR&R which refers clientele to our program.
B. Agencies are required to work with other public and private community resources that provide services to families to maximize community resources for families with young children. These other resources include, but are not limited to, Child Care Aware, School Readiness, Early Learning Scholarships, Head Start, and Early Childhood Screening. List the community programs your agency works with. (Minnesota Statute, section 119B.08, subdivision 3 (1))

We collaborate with Child Support Services, Child Protection, and other Social Services Departments to best serve the family.

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

MFIP applicants and LNL providers are given a number of brochures, which include, but are not limited to WIC, Family Planning, Public Health, Child Care Resources and Referral, Head Start, and ECFE.

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

(Minnesota Statute, section 119B.08, subdivision 3 (2)).

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

The plan will be posted on our website and will stay on the website once it is approved. We also have a copy in our lobby for the public to review.

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

A paper copy was accessible in our lobby on 7/19/19. The draft plan will be available on our website most likely the week on 7/21/19.

E. After your plan is approved by DHS, do you post your approved county/tribal plan on your website?  

- [ ] Yes  
- [ ] No

### III. Eligibility

#### A. Education plans outside an Employment Plan

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

1. High school diploma/GED high school equivalency diploma

1a. Do you approve all high school and GED programs?  

- [ ] Yes  
- [ ] No

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

2a. Do you approve all remedial and basic skills courses?  

- [ ] Yes  
- [ ] No

3. Post-secondary programs

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

Eligibility Worker and child care applicant will meet to develop the education plan. Applicant needs to supply their
class schedule to make sure classes being taken fit the education plan. We have no limitations as to what courses are approved as long as they are within the scope of jobs available in this area.

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

Length of school program, job placement rates, job availability, and wage data.

4. Changes to education plans outside an Employment Plan
4a. Do you have a different approval policy if a participant requests a change to their education plan?  ○ Yes  ○ No

B. Basic Sliding Fee Waiting List management

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

○ Yes  ○ No

2. Six month review of Basic Sliding Fee Waiting List

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

Families are contacted by phone, or by letter, asking the questions needed to determine the estimated cost of the child care assistance that the family would be needing. The families are not removed from the waiting list, unless they request to be, or their name comes up. It has been quite a while since we have had a waiting list.

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

Client will receive a notice informing them that their name has been removed from the waiting list. Participants have 10 calendar days to respond to our county letter.

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

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

○ Family is removed from the waiting list when the application is sent to the family. The notice sent with the application informs the family that their name has been removed from the waiting list.

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

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

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

Are there exceptions to the 90 day policy that extends the timeframe for a family who has reached the top of the waiting list and is temporarily ineligible?
C. Child care for school release days

1. How do case workers authorize care for school release days in your agency?
   - Authorize actual hours needed and increase or decrease hours based on known school release days.
   - Authorize the hours care is needed when there are no school release days.
   - Authorize the highest number of hours care is needed with the provider.
   - Other method.

2. How do you communicate scheduled and authorized hours to parents, providers and billing workers?
   - A worker comment is added to service authorization to explain what activity is allowed and how many hours are allowed. These comments are provided to parents and providers. For billing workers, they either see what is coded in MEC^2 Pro or they are are sent an email with this information.

D. Child care for families with flexible schedules

1. How do case workers authorize care for families with flexible schedules in your agency?
   - Authorize the typical number of hours needed and when the schedule requires additional care, the provider bills for the additional care.
   - Authorize the minimum number of hours care is needed and when the schedule requires additional care, the provider bills for the additional care. Payment is made by increasing the number of hours listed in the "total hours of care authorized" field on the billing window or by creating a new Service Authorization.
   - Authorize the highest number of hours care is needed with the provider. The provider is expected to bill only for the time that care is needed.
   - Other method.

2. How do you communicate scheduled and authorized hours to parents, providers and billing workers?
   - A worker comment is added to service authorization to explain what activity is allowed and how many hours are allowed. These comments are provided to parents and providers. For billing workers, they either see what is coded in MEC^2 Pro or they are are sent an email with this information.

E. Authorizing care for clients with Employment Plans

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

1. CCAP workers must obtain an activity schedule or the days and times that child care is needed. Who is responsible for obtaining the schedule information from the client?
   - Job counselor provides schedule or days and times that child care is needed to CCAP worker.
   - CCAP worker obtains schedule from client.
   - Other method.

2. How do you communicate required information between job counselors and CCAP workers (email, fax, case notes, verbal, DHS-7054, etc.)?
   - Eligibility Workers use form DHS 7054. They also communicate by phone. We have monthly Team meetings to look at issues applicants may have and try to work together to help the applicants to succeed.
IV. Provider compliance policies

A. Reasons for closing a provider's registration

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

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

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

V. Policies applicable to legal nonlicensed (LNL) providers

A. Unsafe care

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

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

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

| None |

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

B. Imminent risk

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

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

Imminent risk of harm is evaluated on an individual basis. Potential conditions of imminent risk of health, safety or rights may include reports of child maltreatment. Reports of imminent harm would be screened through and coordinated with our Child Protection Unit and/or Law Enforcement.
C. Annual monitoring

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

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

Legal unlicensed providers are tracked through our Licensing Case Aide with a process that is similar to the tracking for licensed providers.

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

The Licensing Case Aide schedules and completes the monitoring visits and required paperwork.

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

☐ Only if the provider is licensed
☐ The provider must show compliance with another monitoring visit

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

A re-inspection would occur within the following 30 days. If items are still out of compliance at the time of re-inspection, then CCAP payments continue to cease.

☐ Other

D. Complaints and incidents

1. Records of substantiated parental complaints

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

When complaints are substantiated how do you:

1a. Maintain these records?

Complaints are recorded on a complaint log which is kept by our licensing department.

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

Non-identifying information contained in the complaint log will be made available to the parents upon request. Information is provided to the public following applicable data privacy laws.

2. Aggregate reporting of incidents

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

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

These are recorded and maintained by our licensing department.
VI. Special needs rates

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

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

You may choose to pay special needs rates to certain populations defined as "at-risk" in your County and Tribal Child Care Fund Plan. At-risk means environmental or familial factors exist that could create barriers to a child’s optimal achievement. This could include, but is not limited to: a federal or state disaster, limited English proficiency in a family, history of abuse or neglect, a determination that the children are at risk of abuse or neglect, family violence, homelessness, age of the mother, level of maternal education, mental illness, development disability, parental chemical dependency or history of other substance use.

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

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

B. Special needs rates for care of sick children

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

1. Do you pay a special needs rate for care of sick children?
   Yes  No

VII. Payment policies

A. Provider registration renewal

How often do you renew a provider’s registration?
   Yearly  Every two years  Other

B. Payment to two providers when a child is sick

When a child is sick and being cared for by a second provider, do you pay both the regular provider that charges an absent day and the second provider that is caring for the child?
   Yes  No

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

C. Submission of invoices

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

1. What is your definition of good cause for delay in submitting a billing form? Agency error
2. Provider was unable to get it timely due to a catastrophic event, ex; illness, emergency, etc.

2. Does your agency have any providers using MEC^2 PRO? ☐ Yes  ☐ No

2a. DHS states CCAP agencies can decide which providers are granted access to submit bills using MEC^2 PRO. How do you decide which providers are granted access?

All of our providers are offered access to utilized MEC^2 PRO.

2b. When would you deny or revoke MEC^2 PRO access to any of these providers?

If potential fraudulent activity has been determined.

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

None

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

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

Parent refuses to sign billing form or is unavailable to sign. Provider is billing on MEC^2 PRO.

D. Underpayments

If you have underpaid according to Child Care Assistance Program policies, do you make corrective payments? ☐ Yes  ☐ No

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

Kanabec County will go back as far as the day the underpayment occurred.

E. Provider rates

Does your agency enter provider rates on MEC^2? ☐ Yes  ☐ No

F. Absent day policy

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

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

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

VIII. Program integrity

A. Agency case management reviews can be used to determine causes of errors and identify specific policies needing review.
1. Do you conduct case management reviews of CCAP?  
   - Yes  ○ No
   
   If yes, describe the process, including:
   - How cases are selected,
   - Which staff complete the reviews,
   - What forms are used (DHS-5312D is available, if a different form is used, please list form(s) in Section IX.B. Agency developed forms and submit with plan),
   - How errors are resolved, and
   - How staff are informed of correct policy.
   
   Cases are selected randomly in the rate of 1 per month. Reviews are being rotated between the workers. They do not do reviews on their own cases. Discovered errors are discussed at a group meeting and determine what the next process should be to correct error. We use an internal review form for other types of cases. For CCAP, we will use DHS-5312D.

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

IX. Other information

A. Additional agency optional policies

Do you have any other policies that apply to the Child Care Assistance Program which are not specifically required by state or federal rule or law? ([Minnesota Rules, part 3400.0140, subpart 1](https://www.revisor.mn.gov/rules/index.cfm?Code=3400&Subpart=1&Rule=0140) (Minnesota Rules, part 3400.0150, subpart 2)

None

B. Agency developed forms

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

Forms inventory for your agency

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

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

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

<table>
<thead>
<tr>
<th>Name of agency developed form</th>
<th>Form reflects current CCAP policy</th>
<th>Status of current form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting List Initial Placement</td>
<td>✧ Agency assures compliance</td>
<td>✧ DHS previously approved - no changes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ DHS previously approved - revised and needs DHS approval</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ New form - needs DHS approval</td>
</tr>
</tbody>
</table>

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X. County and tribal assurances

Check the designated boxes below to assure compliance.

A. The county or tribe is informing parents about the following as required under Minnesota Rules, part 3400.0035, subpart 1.
   - The documentation necessary to confirm eligibility for CCAP
   - Waiting list information
   - Application procedures
   - The importance of prompt reporting of a move to another country to avoid overpayments and to increase the likelihood of continuing benefits

☒ County or tribe assures compliance

In addition, the agency uses the following:

"Parent Acknowledgement When Choosing a Legal Nonlicensed Provider" (DHS-5367) assures compliance with the following:
   - Families rights and responsibilities when choosing a provider

"Do You Need Help Paying for Child Care?" (DHS-3551) assures compliance with the following:
   - Federal and state child and dependent care tax credits
   - Earned income credits
   - Other services for families with young children required by state and federal laws
   - Child Care Aware services
   - Child Care Assistance Program eligibility requirements
   - Family copayment fees and how computed
   - Information about how to choose a provider
   - Availability of special needs rates
   - The family's responsibility for paying provider charges that exceed county maximum payments in addition to the family copayment fee

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

B. The agency is distributing the following information to registered legal nonlicensed providers as required by:
   Minnesota Rules, part 3400.0140, subpart 5.

Use of "Health and Safety Resource List for Parents and Legal Nonlicensed Providers" (DHS-5192A) assures compliance with the following:
   - Child immunization requirements
   - Child nutrition
   - Child protection reporting responsibilities
   - Health and safety information required by federal law
   - Child development information
   - Referral to Child Care Aware; and
   - Resources and training options to meet federal and/or state-required health and safety topics

☒ County or tribe assures compliance by use of DHS-5192A
C. Child Care Assistance Program (CCAP) Tasks and Timeframes

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

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

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

☑ County or tribe assures compliance

D. Child Care Assistance Program (CCAP) Funding

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

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

☑ County or tribe assures compliance

E. Child Care Assistance Program (CCAP) Reporting

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

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

☑ County or tribe assures compliance

F. Limited English Proficiency Plan

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

☑ County or tribe assures compliance