

# Administration of the Child Care Assistance Program

## 2022-2023 Yellow Medicine 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 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, 2022.

**Minnesota Statute, section 119B.08, subdivision 3**

Steps to complete the plan process:

#### Step One – Review the plan

Review this plan. Determine if there are changes compared to previous plans or if there are new policies or procedures. Involve other staff as needed.

#### Step Two – Draft the plan responses

Note these guidelines:

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

#### Step Three – Inform or involve stakeholders

**DHS encourages counties and tribes to develop optional policies in coordination with local child care stakeholders.** This may include: parents, child care providers, culturally specific service organizations, Child Care Aware agencies, interagency early intervention committees, 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 (Friday, September 17, 2021)

#### Amendments to plans

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

**Minnesota Rules, part 3400.0150, subpart 3**

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

Return completed plans by **Friday, September 17, 2021** to:

[DHS.CCAP@state.mn.us](mailto:DHS.CCAP@state.mn.us)

# Administration of the Child Care Assistance Program

## I. Child Care Assistance Program contacts

### A. County or tribal agency

COUNTY OR TRIBE NAME Yellow Medicine	GENERAL PHONE NUMBER 320-564-2211	EXTENSION	GENERAL FAX NUMBER 320-564-4165
AGENCY'S FULL NAME Yellow Medicine County Family Service Center		CCAP INTAKE PHONE NUMBER 320-564-2211	EXTENSION
MAIN OFFICE STREET ADDRESS	CITY Granite Falls	ZIP CODE 56241	
MAIN OFFICE MAILING ADDRESS (if different)	CITY	ZIP CODE	

### B. County or tribal branch office (if applicable)

BRANCH NAME	GENERAL PHONE NUMBER	EXTENSION	GENERAL FAX NUMBER	CCAP INTAKE PHONE NUMBER	EXTENSION
ADDRESS OF BRANCH OFFICE		CITY		ZIP CODE	

### C. Agency contact people

This contact information is required.

#### 1. County or tribal director

FIRST NAME Rae Ann	LAST NAME Keeler-Aus	
PHONE NUMBER 320-564-2211	EXTENSION	EMAIL ADDRESS raeann.keeleraus@co.ym.mn.gov
ADDRESS 415 9th Ave Ste 202	CITY Granite Falls	ZIP CODE 56241

#### 2. 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.

FIRST NAME Robin	LAST NAME Schoep	
TITLE Financial Assistance Supervisor	PHONE NUMBER 320-564-2211	EXTENSION
EMAIL ADDRESS robin.schoep@co.ym.mn.gov	SIR EMAIL ADDRESS X187516@cty.dhs.state.mn.us	
ADDRESS 415 9th Ave Ste 202	CITY Granite Falls	ZIP CODE 56241

### 3. 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.

FIRST NAME Debra	LAST NAME Nafziger		
TITLE Eligibility Specialist	PHONE NUMBER 320-564-2211	EXTENSION	
EMAIL ADDRESS debra.nafziger@co.ym.mn.gov	SIR EMAIL ADDRESS X187525@cty.dhs.state.mn.us		
ADDRESS 415 9th Ave Ste 202	CITY Granite Falls	ZIP CODE 56241	
FIRST NAME Patty	LAST NAME Johnson		
TITLE Eligibility Specialist	PHONE NUMBER 320-564-2211	EXTENSION	
EMAIL ADDRESS patty.johnson@co.ym.mn.gov	SIR EMAIL ADDRESS X187207@cty.dhs.state.mn.us		
ADDRESS 415 9th Ave Ste 202	CITY Granite Falls	ZIP CODE 56241	

### 4. Management of waiting list contact

Who is your waiting list contact person? Only identify one waiting list contact.

FIRST NAME Robin	LAST NAME Schoep		
TITLE Financial Assistance Supervisor	PHONE NUMBER 320-564-2211	EXTENSION	
EMAIL ADDRESS robin.schoep@co.ym.mn.gov	SIR EMAIL ADDRESS X187516@cty.dhs.state.mn.us		

### 5. 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.

FIRST NAME Maria	LAST NAME Christensen		
TITLE Accounting Technician	PHONE NUMBER 320-564-2211	EXTENSION	
EMAIL ADDRESS maria.christensen@co.ym.mn.gov	SIR EMAIL ADDRESS X187523@cty.dhs.state.mn.us		

## 6. Provider registration contact

Who is your lead provider registration contact person? Only identify one provider registration contact.

FIRST NAME Maria	LAST NAME Christensen		
TITLE Accounting Technician		PHONE NUMBER 320-564-2211	EXTENSION
EMAIL ADDRESS maria.christensen@co.ym.mn.gov		SIR EMAIL ADDRESS X187523@cty.dhs.state.mn.us	

## 7. Legal nonlicensed provider monitoring contact

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

FIRST NAME Rae Ann	LAST NAME Keeler-Aus		
TITLE Agency Director		PHONE NUMBER 320-564-2211	EXTENSION
EMAIL ADDRESS raeann.keeleraus@co.ym.mn.gov		SIR EMAIL ADDRESS	

## D. Subcontracted services

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

**Minnesota Rules, part 3400.0140, subpart 7**

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

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

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

## II. Collaboration and outreach

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

The Yellow Medicine County website includes a page with information on Child Care Assistance. This page includes basic program information as well as links to the current County Child Care Assistance Plan, and the CCAP Child Care Provider Guide.

CCAP brochures are on display and available in the agency lobby, and applications can be picked up at the front desk during regular office hours.

CCAP program information and applications are sent out upon request.

**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 \(1\)](#))

CCAP program changes and changes in funding availability are reviewed at monthly agency coordination meeting attended by Countryside Public Health staff, and Southwest Private Industry Council staff, as well as Income

Maintenance, Child Support and Social Service staff of Yellow Medicine County. CCAP program information has been displayed at local health fairs for the past several years.

**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.

Information on CCAP is reviewed at a monthly agency coordination meeting. Individuals who work directly with MFIP/DWP, Employment Services, and WIC recipients sit down together and review cases to identify specific needs of the families we serve including childcare needs.

**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, 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 proposed plan for 2022-2023 was posted on the Yellow Medicine County website on 08/09/2021. A manual notice indicating that the proposed plan is available on the agency website has been sent to all Childcare providers who have received a CCAP payment from Yellow Medicine County from 01/01/2021 - current, and to all caregivers currently active on CCAP. The location of the on-line plan is included in the Provider Registration Packet and the CCAP Application Packet.

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

The proposed plan for 2022-2023 was posted on the Yellow Medicine County website on 08/09/2021.

**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. Identify agency developed documents used for education plan requests and notices used to communicate approval or denial in each response and list these in the agency developed document section X.B.

##### 1. High school diploma/GED high school equivalency diploma

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

If no, what program(s) would you deny?

High School and GED programs that are not accredited by the State of MN, and/or classes that do not apply towards a High School Diploma or GED are not allowable activities for CCAP. On-line programs must be able to document whether or not students are making satisfactory progress as defined by the educational institution to be allowable for CCAP.

**1b.** Explain why you would deny a program. Include data and facts that support why students should not receive CCAP while attending.

An eligible student must be enrolled in a High School or GED program approved by the Southwest MN Private

Industry Council, Inc. and satisfactory progress must be made by the student to receive CCAP funding. Education programs that do not lead to a High School Diploma or GED are not allowed.

## 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

If no, what program(s) would you deny?

An eligible student must be enrolled in a remedial or basic skills course approved by the Southwest MN Private Industry Council, Inc. and satisfactory progress must be made by the student to receive CCAP funding. Remedial and basic skills courses must be offered by a state approved provider.

2b. Explain why you would deny a program. Include data and facts that support why students should not receive CCAP while attending.

All approved programs and their partners must follow state requirements to maintain their approved status and funding. Remedial and basic skills courses that do not meet these requirements would be denied.

## 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.

An eligible student shall receive CCAP if the student is enrolled in a post-secondary program approved by the Southwest MN Private Industry Council, Inc. and satisfactory progress is being made by the student.

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).

Students must be enrolled in a federally recognized accredited program. Southwest MN Private Industry Council staff work with participants to determine whether there are suitable employment opportunities in the area the participant wants to reside, and whether the participant can meet the requirements of the program.

## 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 third priority Basic Sliding Fee waiting list beyond those required in [Minnesota Statute, section 119B.03, subdivision 4](#)?

Yes  No

2. When adding a family to your BSF waiting list, you must inform the family of the priority group determination, and the number of families on the waiting list or an estimated time that they will spend on the waiting list before reaching the top.

How do you notify a family they were placed on the waiting list?

- The family is sent DHS-7883A (You have been placed on the Child Care Assistance Program (CCAP) waiting list)
- The family is sent a notice developed by our agency (list this notice in section X.B Agency developed documents)

### 3. Six month review of Basic Sliding Fee Waiting List

CCAP Policy Manual,  
Chapter 4.3.12.12

Minnesota Statute, section  
119B.03, subdivision 2

3a. Statute requires that you review and update your waiting list at least every six months. How are families notified of this six month review?

- The family is sent [DHS-7883B \(Child Care Assistance Program \(CCAP\) waiting list update\)](#)
- The family is sent a notice developed by our agency (list this notice in section X.B Agency developed documents)

Describe your agency's process for reviewing and updating the waiting list. If your agency does not currently have a waiting list, describe your process in the event your agency does start a waiting list.

Every June and December all families on the waiting list are sent the DHS-7883 explaining what they must do to remain on the waiting list.

**3b.** How are families notified they are removed from the waiting list for not responding to the six month review?

- Families are sent an additional notice
- Six month review letter includes notification they will be removed from the waiting list if they don't respond

#### 4. 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?

- 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.
- 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.
- The family is sent DHS-7883C (Child Care Assistance Program (CCAP) funds available)
- The family is sent a notice developed by our agency (list this notice in section X.B Agency developed documents)

#### 5. Temporarily ineligible families on the Basic Sliding Fee Waiting List

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

Minnesota Rules, part 3400.0040, subpart 17

Minnesota Rules, part 3400.0060, subpart 6

Do you have an alternate procedure to the 90 day policy that extends the timeframe for a family who has reached the top of the waiting list and is temporarily ineligible?

- Yes
- No

### C. Child care for school release days

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

- 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.

CCAP Policy Manual, Chapter 9.1.3

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

Worker comments are added to Service Authorizations providing additional details on how hours were calculated and when care is authorized. Billing workers contact the case worker anytime billed hours exceed the amount of authorized hours. Case workers are responsible to review the case and determine whether it is appropriate to override and pay additional hours on a case by case basis.

### D. Child care for families with flexible schedules

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

CCAP Policy Manual, Chapter 9.1.6



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

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

Worker comments are added to Service Authorizations providing additional details on how hours were calculated and when care is authorized. Billing workers contact the case worker anytime billed hours exceed the amount of authorized hours. Case workers are responsible to review the case and determine whether it is appropriate to override and pay additional hours on a case by case basis.

## 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.)?**

Job Counselors may use the MFIP/DWP Employment Services Child Care Request, DHS-7054, DWP/MFIP Status Update Form, DHS-3165, or other type of correspondence to communicate the required information to the CCAP case worker. CCAP case workers and Job Counselors meet on a monthly basis to review MFIP and DWP cases. Child care needs and concerns are also reviewed as needed at the monthly meeting.

## F. Extending redetermination dates beyond 12 months

Redeterminations may be extended beyond 12 months for a family that has a caregiver under the age of twenty-one, who does not have a high school or general equivalency diploma (GED), and is a student in a school district or another similar program that provides or arranges child care, parenting, social services, career and employment supports and academic support to achieve high school graduation.

An agency may identify other reasons to extend redetermination dates beyond 12 months as an optional policy. For example, an agency may extend redetermination dates to balance out a workload. [See CCAP Policy Manual, Chapter 10.3](#).

**1. Does your agency extend redetermination dates beyond 12 months?**

- Yes
- No

## 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 seven clauses below. Counties and tribes must indicate which clauses they will include in their plan, and must apply the policies consistently to providers.

CCAP Policy Manual,  
Chapter 9.3

CCAP Policy Manual,  
Chapter 13



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

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

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

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

If you checked Clause 1, your agency must also pursue, at minimum, a disqualification and establishment of an Intentional Program Violation (IPV) using the Administrative Disqualification (ADH) process described in Chapter 13 of the CCAP Policy Manual. The agency should consider pursuing a fraud determination through other means described in section 13.9.3 in the CCAP Policy Manual. There also may be overpayments charged to the provider applied to time periods when Clause 1 occurred.

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

If you checked Clause 2, your agency must also pursue, at minimum, a disqualification and establishment of an Intentional Program Violation (IPV) using the Administrative Disqualification (ADH) process described in Chapter 13 of the CCAP Policy Manual. The agency should consider pursuing a fraud determination through other means as described in section 13.9.3 in the CCAP Policy Manual. There also may be overpayments charged to the provider applied to time periods when Clause 2 occurred.

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

- Clause 4:** A provider is operating after receipt of a licensing order of suspension, revocation, or decertification (this occurs when providers are appealing the revocation, suspension, or decertification).

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

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

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

Providers disqualified under provisions of clause (5) will have their registration closed allowing for 15-day notice. Providers disqualified under this provision may demonstrate compliance by submitting a written plan for compliance and may re-register after they have demonstrated compliance.

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

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

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

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

Providers disqualified under clause (6) will have their registration closed allowing for 15-day notice. Providers disqualified under this provision may demonstrate compliance by submitting accurate price information and may re-register after they have demonstrated compliance.

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

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

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

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

Providers disqualified under provisions of clause (7) will have their registration closed allowing for 15-day notice. Providers disqualified under this provision may demonstrate compliance by submitting a written plan for compliance and may re-register after they have demonstrated compliance.

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

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

## B. Notification to providers

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

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

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

Information on provider compliance policies is included in the Provider Registration Packet. Providers are also notified of these policies through the County CCAP Plan posted on the agency website. The location of the on-line plan is included in the Provider Registration Packet and the CCAP Application Packet.

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

## V. Unsafe care

### 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 (LNL) provider, certified license exempt center, or a provider licensed by an entity other than the state of Minnesota, child care authorization must be terminated immediately. See [Minnesota Rules 3400.0185, subpart 2, clause D](#).

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.

#### 1. Conditions of unsafe care

1a. Identify any additional conditions of unsafe care your agency applies to providers. NOTE: For legal nonlicensed providers, 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 required treatment by a physician.

The agency will apply no additional conditions of unsafe care beyond those contained in MN Statute 245C.14 and 245C.15.

1b. Do these conditions apply to all provider types? If no, explain which criteria apply to which provider types.

Conditions apply to Legal Nonlicensed providers only.

**2. 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 provider, certified license exempt center or a provider licensed by an entity other than the state of Minnesota, child care authorization must be terminated immediately. Agencies do not give the provider 15 calendar days notice. See [Minnesota Rules 3400.0185, subpart 2, clause D](#).

2a. Of the unsafe care conditions listed in V.A.1, 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?

The agency will consider any of the following conditions that become known to the agency as an imminent risk:

1. Police have responded to the home, and have made a determination that the children need to be taken into custody due to imminent risk of danger to their health or safety.
2. Child Protection Social Services have investigated the legal non-licensed provider and determined that the children have been found to be at imminent risk of danger and need to be removed for their health and safety.
3. The existence of any condition or practice which could reasonably be expected to cause serious harm or injury to any child as identified by the home monitoring worker. Examples include, but are not limited to, exposed wiring, accessibility of harmful or toxic substances, presence of illicit drugs or unsecured weapons, lack of appropriate supervision, etc.

2b. Do these conditions apply to all of these provider types: legal nonlicensed providers, certified license exempt centers and providers licensed by an entity other than the state of Minnesota? If no, explain which criteria apply to which provider types.

Conditions apply to Legal Nonlicensed providers only.

**VI. Policies applicable to legal nonlicensed (LNL) providers**

**A. 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? NOTE: DHS typically sends a list of annual monitoring visits that must occur within the next 90 days, but agencies must take other steps to monitor authorized LNL provider caseloads to ensure all providers who need an annual monitoring visit are identified.

Provider Registration worker will create an alert 11 months after last home monitoring visit and follow up with the Home Monitoring Worker annually to update provider information.

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

Provider Registration worker refers LNL provider to Home Monitoring worker as part of the initial registration process and as part of bi-annual renewal. Provider Registration Worker also tracks annual visits through system created alerts and updates the LNL Home Monitoring Worker when visits are required.

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?

Once the provider has completed the home monitoring visit and all other registration requirements have been met, CCAP payments can begin. One re-inspection can be rescheduled at the LNL provider's request and must be conducted within 45 days of the provider's request. Provider must wait a minimum of 3 months for a third re-inspection if needed. No additional home monitoring visits will be available to a LNL provider that has not met compliance after three visits.

Other

## B. 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?

The outcome of all investigations is kept with the provider's registration material maintained by the Provider Registration worker.

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

Information on substantiated complaints and any corrections that have been made to the conditions that resulted in the complaint will be summarized in writing and sent to the requester. This information will be reviewed with the County Attorney prior to being released in compliance with MN Statute, Chapter 13.

### 2. Aggregate reporting of incidents

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

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

Financial Assistance Supervisor maintains a record of all reported incidents.

## VII. Special needs rates

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

Minnesota Statute,  
section 119B.13,  
subdivision 3

Minnesota Rules,  
part 3400.0130,  
subpart 3

CCAP Policy  
Manual,  
Chapter 9.54

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

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

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

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

## B. Special needs rates for care of sick children

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

Minnesota Rules, part  
3400.0110, subpart 8

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

Yes  No

## VIII. Payment policies

### A. Provider registration renewal

How often do you renew a provider's registration?

Yearly  Every two years  Other

Minnesota Statute, section  
119B.125, subdivision 1

### B. Payment to two providers when a child is sick

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

Yes  No

Minnesota Statutes,  
section 3400.0110,  
subpart 8

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

### C. Submission of invoices

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

Minnesota Statute, section  
119B.13, subdivision 6

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

Yellow Medicine County has defined good cause as:

- 1.) County error
- 2.) The first 60 days after the approval of an application for the submission of retroactive bills.
- 3.) CCAP applicant/recipient actions cause a delay in the provider being able to submit a bill.

2. Does your agency have any providers using MEC<sup>2</sup> PRO?  Yes  No

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

- 1.) The provider has died after providing the service, but before signing the billing form.
- 2.) The provider has become incapacitated due to illness or injury after providing the service, but before signing the billing form.

**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?**

- 1.) A CCAP recipient has moved and left no forwarding address.
- 2.) When a CCAP recipient refuses to sign a billing form due to a dispute with the provider. In this case, the billing worker will forward the billing form to the parent for signature; however, if the parent still refuses to sign, the CCAP case worker will review the case and will authorize reimbursement for eligible services rendered without parental signature.

## 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.

Yellow Medicine County will correct underpayments due to the following circumstances:

- 1.) Underpayments that occur due to an agency error will be corrected back a maximum of two bi-weekly periods prior to the date of discovery.
- 2.) Underpayments that occur due to an appeal decision will be corrected back a maximum of two bi-weekly periods prior to the appeal filing date or as otherwise directed.
- 3.) Underpayments that occur as a result of provider billing error will be corrected if the error is reported to the county within 10 days of the payment authorization.

## E. Provider rates

Does your agency enter provider rates on MEC<sup>2</sup>?  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:

**Minnesota Statute,  
section 119B.13,  
subdivision 7**

- 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

## IX. 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 X.B. Agency developed documents and submit with plan),
- How errors are resolved, and
- How staff are informed of correct policy.

The supervisor randomly selects 1-2 cases per worker each month for full or targeted review. Full supervisory reviews are completed on all programs open on that case which may include SNAP, CASH, HC and CCAP. Targeted reviews of CCAP cases are completed based on override reports. DHS forms or county developed forms are used for all supervisory reviews.

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

If yes, describe the process, including:

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

Random supervisory reviews of CCAP cases include a review of the CCAP Provider. DHS forms or county developed forms are used for this component of the supervisory review.

## X. Other information

### A. Additional agency optional policies

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

No

### B. Agency developed documents

- All agency developed forms and notices used for the Child Care Assistance Program must reflect current policy and be approved by DHS.
- Counties and tribes must use documents developed by DHS for administration of child care assistance.
- Agency developed documents must not duplicate or replace DHS documents.
- Local agencies may create supplemental documents subject to DHS approval.
- Documents 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 child care assistance policy and laws.

#### Document inventory for your agency

Use this table to list all agency developed forms, notices, and documents your agency uses to administer child care assistance. List all documents in the table. Submit any new and revised forms, notices or written documents that have not been previously approved.

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 the Child Care Assistance Program. Do not list or submit DHS created documents.

Name of agency developed document	Document reflects current CCAP policy	Status of current document
How to apply for Child Care Assistance	<input checked="" type="checkbox"/> Agency assures compliance	<input checked="" type="checkbox"/> DHS previously approved - no changes <input type="checkbox"/> DHS previously approved - revised and needs DHS approval <input type="checkbox"/> New document - needs DHS approval
CCAP Provider Compliance Policies	<input checked="" type="checkbox"/> Agency assures compliance	<input checked="" type="checkbox"/> DHS previously approved - no changes <input type="checkbox"/> DHS previously approved - revised and needs DHS approval <input type="checkbox"/> New document - needs DHS approval

## XI. 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 MEC<sup>2</sup> 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**