

INSTRUCTIONS FOR COMPLETING YOUR CHILD CARE BILLING INVOICE

GENERAL INSTRUCTIONS: The children's names printed on this invoice are the children who are eligible for subsidy payment from the Department of Social Services. This billing invoice is for you to record the care you provided to each child during the month. The days of the service month are indicated for each child as 1 through 31. Enter the code that matches the number of hours you provided care for that day for each child. Use the row labeled DAY or EW, or both depending on the child's eligibility. F = Full-time care is five hours or more in one calendar day. H = Half-time care is three hours up to 4 hours and 59 minutes in one calendar day. P = Part-time care is thirty minutes up to 2 hours and 59 minutes in one calendar day. If a child was absent on a day that you were open for business, put an 'X' in that day's box. If none of the children were in care because you were not open for business, put a 'V' in day's box. If a child in your care is not shown on the invoice, that child was not approved for care at your facility at the time this invoice was printed. Total the number of Full, Half, and Part time care at the end of each row. Sign and date this form before submitting it to the Family Support Division office printed on the front of this invoice. The suggested Return Date of this invoice is printed in the upper right side of the boxes text. Contact your local Family Support Division office about information on this invoice or payments resulting from submission of this invoice.

INFORMATION THAT IS PREPRINTED ON THIS INVOICE

Each invoice has an invoice date, invoice number, and service month. You may receive multiple invoices for a service month depending on the number of eligible children are approved for care at your facility. A computer selected provider number (DVN) is assigned to each child care provider. Your DVN is printed on every invoice. Caregivers, who are licensed by the Department of Health and Senior Services/Bureau of Child Care, must also have a Contract Number in order to be eligible for subsidy reimbursement. A computer selected number (DCN) is assigned to each child that is eligible for Child Care subsidy payments. The child's name and DCN is printed on each invoice. When you contact your local Family Support Division, they may ask you for your provider number, the child's number (DCN), the service month, or the invoice number to assist them in responding to your question.

STATE MAXIMUM REIMBURSEMENT RATES FOR YOUR AREA—These base rates are determined by your location/where care is provided, your facility type, the age category of the child, and the amount of care per day. Your facility type is determined by the number of children in your care, the location of care, or the designation assigned to you by the Department of Health and Senior Services/Bureau of Child Care. These rates are also the base rates from which rate enhancements are determined. If you are approved to provide care during non-traditional hours, and the family' eligibility for Child Care subsidy payments supports that care is needed for non-traditional hours, the child's rate printed below, includes the evening/weekend rate enhancement plus the regular rate for care. The state pays enhanced rates based on current appropriations and family eligibility. Provider eligibility for rate enhancements is based on policy guidelines at the time this invoice was printed. A signed contract or registration agreement does not constitute eligibility for any rate enhancement. Certain child care providers are eligible for rate enhancements according to the number of subsidy children in care or their status with a recognized accrediting organization. Provider eligibility is indicated by a "Y"es or "N"o in the fields labeled as 'DISP' and 'ACRD'. When a "Y" is printed in either or both of these fields, the printed child rates include the indicated enhancements.

CHILD'S ELIGIBILITY INFORMATION—The maximum amount of care per day that the state will reimburse you for each child is printed in the child's eligibility and subsidy end date fields. Children are approved for care based on the parent's verified schedule. You may not collect payment from the state for any care you provide outside of the approved hours. A child may have an eligibility for daytime care, evening/weekend care, or both. A Provider Notice was mailed to you that states begin- and end dates care and how much care the state will be paying for this child.

--An example of a service authorization is D-F10/H02/P/5 EW-F10/H02/P00. This means that the child is authorized for D (daytime) care at Full-time care-10 times per month, Half-time care of 2 times per month, and Part-time care of 5 times per month. The child is also eligible for EW (evening/weekend) care at full-time care of 10 times per month, Half-time care of 2 times per month. The child is not authorized for Part-time EW care. When the Special Needs indicator of 'SN' is printed within the child's eligibility field, this child does not have a sliding fee and the rate for this child includes the Special Needs rate enhancement.

--The child's eligibility field prints the date that the child will no longer be eligible for state paid child care services. The family may have their eligibility re-established which may not result in a lapse in the family's child care services.

CHILD RATES—The printed rates in the child fields are the state maximum base rates plus any rate enhancements minus the child's sliding fee. When a child is eligible for evening/weekend care, these enhanced rates are displayed below the daytime rates. You must collect the sliding fee from the family as part of their compliance with the subsidy program.

INFORMATION THAT YOU SUBMIT TO US

ATTENDANCE BOXES—These boxes represent days of the month in which you provided care to the child named in that section. You must mark a code in these boxes to tell us when the child was in your care, was eligible for care but absent, or when you were not open for business. Full, Half, and Part-times of care are in the GENERAL INSTRUCTIONS box above. Example: If a child was in your care during the day for 6 hours on the 10th, 11th, 12th, and 13th of the service month. You should print an 'F' in the daytime row of boxes labeled 10, 11, 12, and 13. Six hours of care=full-time for one day. (Please be advised that if the child is not approved for evening care, you will not be paid at the evening care rates.) Write the total of Full, Half, Part, Holidays, and Absences at the end of each row.

ABSENCES/HOLIDAYS/VACATION DAYS—The state pays up to 5 days in a service month for any combination of absences, holidays, or vacation days. Non-care days may be paid for fewer than five days per month based on the number of days a child is approved for care. A maximum of eleven 'provider' holidays/vacation days shall be paid in the state fiscal year of July 1 through June 30.

--Absences are days when CHILDREN are absent on a day that you usually provide caring to them. Mark these days with an "X" on your invoice.

--Vacation and Holidays refer to days your business is closed when you would otherwise provide care. Examples of these days are the state defined holidays: New Year's Day, Birthdays of Martin Luther King, Abraham Lincoln, George Washington, Harry Truman; Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You may claim any combination of these holidays or eleven other days in the fiscal year that you select as your vacation days. Mark these days with a "V" on your invoice. All children in your care must have the same days marked with a "V" indicating that YOU were not open to provide care. Weekends are not vacation days unless you are eligible to provide care on the weekends.

YOU WILL NOT RECEIVE PAYMENT FOR ANY PROVIDER HOLIDAYS/VACATION DAYS OR CHILD ABSENCES FOR DAYS AFTER THE CHILD NO LONGER ATTENDED.