Administration of the Child Care Assistance Program

2020-2021 Brown 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 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>Brown</td>
<td>507-359-6500</td>
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<td>507-359-6542</td>
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<thead>
<tr>
<th>AGENCY’S FULL NAME</th>
<th>CCAP INTAKE PHONE NUMBER</th>
<th>EXTENSION</th>
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<tbody>
<tr>
<td>Brown County Human Services</td>
<td>507-359-6500</td>
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<tr>
<th>MAIN OFFICE STREET ADDRESS</th>
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<th>ZIP CODE</th>
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<tbody>
<tr>
<td>1117 Center Street</td>
<td>New Ulm</td>
<td>56073</td>
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| MAIN OFFICE MAILING ADDRESS (if different) | CITY | ZIP CODE |

B. County or tribal branch office (if applicable)

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<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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| ADDRESS OF BRANCH OFFICE | CITY | ZIP CODE |

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>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Theresa</td>
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<tr>
<th>TITLE</th>
<th>PHONE NUMBER</th>
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<tbody>
<tr>
<td>Financial Supervisor</td>
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<tr>
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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.

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<th>Mr.</th>
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<td>Pauline</td>
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<td>PHONE NUMBER</td>
<td>EXTENSION</td>
<td>FAX NUMBER</td>
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<tr>
<td>Child Care Specialist</td>
<td>507-359-6590</td>
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<tr>
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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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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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<th>Mr.</th>
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<td>Peggy</td>
<td>Klingler</td>
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<tr>
<td>Accounting Technician</td>
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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.

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<th>Mr.</th>
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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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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)

* Brown County displays human services brochures in the Agency lobby that includes CCAP.
* Family case workers meet monthly with Employment Services regarding MFIP and DWP participants.
* Brown County Human Services is included in the Community Preschool Information Night for ECFE Community Preschool Information Night Registration.
* Brown County Human Services brochure is provided to organizations upon request and provided for health fairs, booths, etc.
* A Child Care Assistance Information Sheet is provided to all Licensed Providers to include in their enrollment forms.
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))

United Way, Minnesota Valley Action Council Employment Services, Child Care Aware, School Readiness, Early Learning Scholarship Administrator, ECFE, Community Preschools, Community Health fairs, Brown County’s website, Region 9, Families First, Public Health, WIC, Parent Support Outreach Program, Head Start, Ivy House (Crisis Nursery), Numas Haus, Heart to Home, Brown County Human Services, Help Me Grow, SEEDS, Greater Minnesota Family Services and Licensed Child Care Providers.

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.

*Brown County Human Services meets with United Way of the Brown County Area.
* Family case workers meet monthly with MVAC Employment Services regarding MFIP and DWP participants.
* Brown County Human Services is included in the Community Preschool Information Night for ECFE Community Preschool Information Night Registration.
* Brown County Human Services brochure is provided to organizations upon request and provided for health fairs, booths, etc.
* Child Care Assistance information is on Brown County's web site along with a link to DHS Child Care Assistance information.
* Monthly representation of Agency with region nine Families First agency. Work with Families First Early Learners Scholarship administrator.
* Referrals are given as needed for programs that families qualify for (i.e. CCAP, PSOP, PCA, WIC, SEEDS, Brown County Family Facilitators at Public Schools, Head Start, Crisis Nursery/Ivy House, Numas Haus, Heart to Home, child care centers, high schools and colleges etc.) on a case-by-case basis. Assist with coordination of these services for the child's benefit.
* Brown County provides information and makes referrals for children to Help Me Grow and Greater Minnesota Family Service for early intervention for children.
*Work with Families First to coordinate Early Learning Scholarships for families.
* Newsletters are sent to Licensed Providers on a monthly basis with updated information related to child care and ccap.

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.

This plan is posted on the Brown County Website for public review for at least 30 days. An email is sent to Licensed Child Care Providers with a link to the 2020-2021 Child Care Fund Plan available for public review. For those
providers without an email address, we will mail a MEMO to them letting them know how to access the draft plan.

2. When was your draft plan available for public review?
At least 30 days.

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.

A client will need to complete a Brown County Child Care Program Basic Sliding Fee Education Plan and provide their current (unofficial) transcript (if applicable) and a copy of their school schedule if they wish to receive BSF child care for a school activity. Brown County requires the submitted plan to meet the following criteria:
1) The course of study needs to be from an accredited training institution. 2) Education or training programs should be realistic to the job market and students or caseworkers are to provide documentation of job marketability of the training program and anticipated wages upon completion of the program. Documentation can be gathered from the accredited school or acceptable on-line sites such as minnesotaworks.net or isseek.org.

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).

An acceptable course of study for a student eligible under the Basic Sliding Fee Program is an education or training program that will reasonably lead to full-time employment with earnings higher than the current Federal Poverty Level income guidelines which will lead to self sufficiency. The submitted percentages found in the labor market research is the indicator of job opportunity in the area and salary ranges for the requested course of study which will be taken into consideration for approval of the Basic Sliding Fee Education Plan.

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.

When families have been on the Basic Sliding Fee Waiting List for five months, a CCAP Waiting List Update form is mailed to the family requiring that updated information be returned by <date + 30 days>. The CCAP Waiting List Update form informs the family that if the information is not returned in 30 days, we will remove their name from the Basic Sliding Fee 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?

If a family does not respond to the notice sent at five months, a Removal Notice allowing for another 10 days to contact the county is sent to the family. The Removal Notice states that their family will be removed from the waiting list if the update form is not received by the 10th day. No other notices are sent to the family.

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?

- 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 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?

We note on MEC2 Memo or service authorizations that hours will be added for non-school days for parents and providers. Internally, the Child Care Specialist will audit and adjust each biweekly period that would require more hours than the typical service authorization shows. The billing worker sees the increased hours in that particular biweekly period and knows they are able to cover the increase.
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?

Comments will be added to the Service Authorization or MEC2 MEMO noting how child care hours are authorized. All providers are given the DHS-5260 Minnesota Child Care Assistance Program Child Care Provider Guide. This document addresses flexible schedules and how to bill for them. Internally, the Child Care Specialist will audit and adjust each biweekly period that would require a change from the typical service authorization. The billing worker sees the increased hours in that particular biweekly period and knows they are able to cover the increase.

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.

How do CCAP workers receive schedule information for Employment Plan activities?

The CCAP worker obtains a copy of the Employment Plan. If the work schedule is noted in the plan, a service authorization is implemented and the CCAP worker follows up with obtaining a work schedule from the employer or attested by the employee.

2. How do you communicate required information between job counselors and CCAP workers (email, fax, case notes, verbal, DHS-7054, etc.)?

We communicate by email, fax, phone and we hold monthly meetings. We also utilize DHS-3165, DHS-3166, and DHS-2146 and Employment Services has their own Employer Verification form they submit to us.

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 ☐

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.
☐ 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.
☐ 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 or revocation (this occurs when providers are appealing the revocation or suspension) or a final order of conditional license, for as long as the conditional license is in effect.

Note: Agencies do not have the option to close registrations of providers operating with conditional licenses.

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 CCAP 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.
☐ Clause 6: A provider gives false child care price information.
☐ 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.

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 IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval.

We will email or mail a MEMO notice to all Brown County Child Care Providers that the 2020-2021 Brown County Child Care Fund Plan is available for public review.

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

When reports about an LNL are received and screened in by Brown County Child Protection and meet imminent risk of harm to the health, safety and rights of child(ren), the Legal Nonlicensed Child Care Provider’s child care assistance authorization will be terminated immediately.

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?

A screened-in child protection report would meet the imminent risk to the health, safety or rights of a child in care with a legal nonlicensed provider.

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?

Child Care Specialists track Legal Non-licensed Child Care Providers within their caseloads, tracking open Service Authorizations with related and unrelated children. Child Care Specialists are also Child Care Licensors and track Legal Nonlicensed Child Care Providers using PV101 CCAP Provider Renewal Report along with completing annual monitoring visits for LNL Providers that care for unrelated children.

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

Child Care Specialists are also Child Care Licensors and will be completing the LNL monitoring visits for LNL applicants.
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?

Another visit is set in 30 days. If the provider does not show compliance at the second monitoring visit, the CCAP Provider’s registration will be set to close in 15-30 days, depending on the provider renewal date. The first monitoring visit will be scheduled at least 60 days before their registration renewal date.

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?

   These records are kept in SSIS and the CCAP LNL Provider’s file complaint log and the LNL complaint binder.

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

   We provide public complaint data from the LNL Complaint binder and following 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?

   Keeping these reports in a complaint binder relating to LNL Providers along with having the information in SSIS and their Provider file.

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 must be included in this definition.

Brown County child care specialists will approve bills submitted after 60 days of the service date when there is county error or county delay. Other bills submitted after 60 days will be referred to the Brown County Financial Supervisor for approval or denial of payment on a case-by-case basis. Bills will be approved that were submitted after 60 days of the service date under the following conditions: A) Provider's first late submission, B) Provider medical reasons, or C) Provider's significant crisis. Recurring late submission after 60 days of the service date, more than two times in a calendar year, may be denied if it doesn't fit the criteria above.
2. Does your agency have any providers using MEC² PRO?  Yes  No

2a. DHS states CCAP agencies can decide which providers are granted access to submit bills using MEC² PRO. How do you decide which providers are granted access?

We grant access to providers who already have experience billing with MEC² PRO with another county. We also grant access to providers who complete Brown County MEC² PRO Training.

2b. When would you deny or revoke MEC² PRO access to any of these providers?

When providers are fraudulent or complete a Intentional Program Violation

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

The provider signature is required on both paper billing forms and MEC² PRO electronic billing forms

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?

Payment may be authorized without parent signature if the provider has a documented attempt to obtain the parent signature without success or the Child Care Specialist documents the reason why a parental signature is not on the billing form.

D. Underpayments

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

E. Provider rates

Does your agency enter provider rates on MEC²?  Yes  No

How do you ensure that the rates billed by the provider are the same rates reported at registration? How are discrepancies resolved?

Child Care Specialists audit bills to determine that the rates billed on the CCA billing forms and MEC² PRO electronic bills are in agreement with the CCAP Provider's policy on file in the Agency.

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.

Brown County Income Maintenance Supervisor completes targeted CCAP case reviews. These cases are reviewed based upon a community complaint, appeal issue, quality control issue or fraud referral. The case is then thoroughly staffed by the IM supervisor and the CCAP worker with the addition of the fraud investigator, if necessary. The IM supervisor does have access to the MEC2 system. Brown County's accounting department is also involved in several aspects of the CCAP billing process. This provides a 3rd party review of CCAP provider payments.

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

Brown County conducts CCAP provider attendance-record audits. Active CCAP Providers are selected first considering the higher amount of CCAP Benefit received. For CCAP centers and CCAP family child care providers, records are requested from one center and one family child care provider, quarterly. For CCAP LNL Providers, we audit less, depending on the number of LNL providers active in Brown County.

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) (Minnesota Rules, part 3400.0150, subpart 2)

- If a family notes shared custody in their application and the visitation schedule is not clear on the application, the Child Care Specialist will require the CCA Shared Custody Schedule form be completed to ensure proper authorization of child care hours for the CCAP parent.

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>Brown County Human Services Child Care Assistance Program Basic Sliding Fee Education Plan</td>
<td>☑ Agency assures compliance</td>
<td>☐ DHS previously approved - no changes  ☑ DHS previously approved - revised and needs DHS approval  ☐ New form - needs DHS approval</td>
</tr>
</tbody>
</table>

**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) assurs 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