STATE OF RHODE ISLAND
DEPARTMENT OF HUMAN SERVICES

PUBLIC NOTICE OF PROPOSED RULE-MAKING

In accordance Rhode Island General Laws (RIGL) 42-35, notice is hereby given that the Department of Human Services proposes to amend the following DHS rule:

CHILD CARE ASSISTANCE PROGRAM
Section 0800 of the DHS Code of Rules

The proposed amendments update the Child Care Assistance Program rules to reflect the 2011 changes in the Federal Poverty Level guidelines. Changes are effective April 1, 2011 under emergency rule making. These proposed rules are being filed under both emergency and regular rule making to ensure compliance with state and federal law.

In the development of these rules, consideration was given to the following: (1) alternative approaches; and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

These proposed rules are accessible on the R.I. Secretary of State website (http://www.sec.state.ri.us/ProposedRules/) and the DHS website (www.dhs.ri.gov) or available in hard copy upon request (401 462-2018 or RI Relay, dial 711). Interested persons should submit data, views or written comments by Friday, March 29, 2011 to Kimberly Merolla-Brito, Office of Policy Development, RI Department of Human Services, Louis Pasteur Building, 57 Howard Avenue Fl # 1, Cranston, RI 02920.

In Accordance with RIGL 42-35-3, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

The Department of Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap in acceptance for or provision of services or employment in its programs or activities.

0850 STARTING RIGHT CHILD CARE ASSISTANCE PROGRAM

0850.01 GENERAL PROVISIONS: PREAMBLE FOR CCAP

REV:01/2004

PART I. General Provisions: Preamble -- Starting RIght Child Care Assistance Program (CCAP) 0850.01. The Rhode Island Family Independence Act of 1997, recognized the importance of access to affordable child care for families making the transition from welfare to economic self- sufficiency. Since then, Rhode Island has become one of the few states in the nation to establish that all families trying to balance the responsibilities of work and family are entitled to affordable, quality child care services.

The Starting RIght Initiative, adopted in 1998, reaffirmed and extended this commitment to include expanding access to developmentally appropriate, early childhood education and support services programs for young children at-risk and their families. The Rhode Island Department of Human Services (DHS) administers the child care programs and the initiatives established to serve these purposes under the auspices of Starting RIght.

0850.01.02 SCOPE AND PURPOSE

REV:09/2007

A. Scope and Purpose of the Starting RIght Child Care Assistance Program:0850.01.02. R.I.G.L. 42-12-23 designates the Department of Human Services as the agency responsible for State programs subsidizing child care services provided to Rhode Island Works Program(RIW) beneficiaries and income eligible working families. The Child Care Assistance Program (CCAP) was established by DHS as part of a broader effort to redesign the State's existing child care subsidy programs (i.e., RIW, low income child care (LICC), and special purpose programs) to further the goals of Starting RIght. Accordingly, the purpose of the Child Care Assistance Program is to:

1) Create an integrated system of child care assistance programs that ensures the seamless delivery of services to eligible children from one week up to thirteen (13) or nineteen (19) years of age, depending on the program requirements;

2) Assist families in obtaining child care assistance by standardizing the CCAP eligibility requirements, streamlining enrollment and payment procedures, and expanding the range of child care providers approved to participate in the program;

3) Ensure that all children participating in the CCAP receive age appropriate and safe child care;

4) Facilitate the development of a network of child care facilities and providers capable of delivering early education and enhanced child care services to young children from income eligible families; and

5) Respond to the diverse needs of children and families by supporting the development of a diverse array of high quality and affordable program models and

services.

0850.01.03 DEFINITIONS

REV:01/2004

B. Definitions - 0850.01.03. For the purposes of this administrative rule, the following definitions apply unless otherwise noted.

"Approved child care provider" means an individual or program that: (1) has met the requirements established by the Department of Human Services to participate in the CCAP; and (2) entered into a signed and valid agreement with the department specifying the terms and conditions for enrolling eligible children and receiving payment for CCAP allowable child care expenses.

"Central Provider Directory" means the information source maintained by the department about all the child care providers in the State that have met the requirements to be approved to participate in the CCAP and receive payment for authorized child care expenses.

"Child Care Assistance Program or CCAP" means the program administered by the Rhode Island Department of Human Services that provides financial assistance for authorized child care services rendered to eligible children by approved child care providers. The CCAP consolidates DHS's child care subsidy programs for RIW beneficiaries, income eligible working families (formerly known as the Low Income Child Care Program), teens participating in the Youth Success Program (YS), and special approval cases.

"DHS or department" means the Rhode Island Department of Human Services.

"DHS Code of Administrative Rules and Regulations or DHS Code" means the compendium of rules and policies governing the programs administered by the department. The DHS Code was formerly referred to as the DHS Policy Manual.

"Eligible Child" means a child that meets the requirements to receive authorized child care services from a CCAP approved child care provider. A foster child who is eligible for child care services provided through the Rhode Island Department of Children, Youth and Families (DCYF) shall not be deemed an eligible child for the purposes of the CCAP.

"Office of Child Care" means the unit within DHS responsible for administering the CCAP, approving child care providers participating in the program, and maintaining the CCAP Central Provider Directory.

"Rhode Island Works Program or RIW" means the State program, authorized by R.I.G.L. 40-5.1 et. seq., that provides cash assistance and support to families who meet certain requirements. RIW beneficiaries are categorically eligible for fully-subsidized CCAP services if they meet the requirements established in Sections 0850.02.02.- 0850.02.04.

"Youth Success Program or YS" means the State program that provides assistance to teenage parents engaged in approved education and training programs.

0850.02 ELIGIBILITY AND AUTHORIZATION OF SERVICES

REV:09/2007

PART II. Eligibility and Authorization of Services -- 0850.02.

Families with incomes at or below 180 percent of the federal poverty level (FPL) who meet the requirements for the Starting RIght Child Care Assistance Program are eligible to receive full or partial payment for child care expenses when delivered by a CCAP approved child care provider. There are two avenues for qualifying for payment of child care expenses through the CCAP: categorical eligibility and income eligibility. Rhode Island Works Program (RIW) beneficiaries, including Youth Success Program (YS) participants, who meet all the general requirements established in this rule, are categorically eligible to receive CCAP authorized child care services. Working families and YS participants who are not RIW beneficiaries may be income eligible for the CCAP if they meet the requirements set forth in Section 0850.02.05.

0850.02.01 DEFINITIONS

REV:10/2007

A. Definitions: 0850.02.01. For the purposes of this section, the following definitions apply:

"Allowable child care expense" means the total cost of CCAP authorized child care services paid by DHS to an approved provider, after deducting the amount the family is required to pay the provider as its share of the cost (or family share) for authorized services.

"Applicant child(ren)" means the dependent child(ren) in the financial unit for whom CCAP authorized child care services are being requested.

"Application date" means the date that a signed application for CCAP is stamped as received by a DHS office.

"Authorized child care services" means the child care a CCAP eligible child is approved to use in a given time period based on the department's assessment of the family's need for services. CCAP authorized child care is categorized as full-time (FT), three-quarter time (3QT), half-time (HT), or quarter-time (QT).

"Categorically eligible" means that eligibility for the CCAP has been conferred, by either State law or DHS policy, based on receipt of, or participation in, a particular public benefit/program. Both RIW cash assistance and YS program participants receiving RIW cash assistance are categorically eligible for the CCAP if they have met all other general requirements and established a need for services.

"CCAP automated enrollment system" means the DHS system through which an approved provider shall enroll eligible children.

"Certification period" means the actual period of time that an eligible child may obtain CCAP authorized child care services.

A certification period shall not exceed twelve (12) months in duration.

"Child Care Assistance Unit or CCAU" means the operational unit within the Rhode Island Department of Human Services that determines eligibility, the need for

services, and the periods of authorized child care services for income eligible working families and YS participants who do not receive RIW cash assistance.

"Dependent child" means any child who is under the age of eighteen (18) years, or nineteen (19) years if an individual with a documented disability, who is not emancipated legally by a court of appropriate jurisdiction.

"Excluded income" means certain money, goods or services that are not considered countable for the purposes of determining whether a family meets the requirements for CCAP income eligibility. Excluded income includes, but is not limited to, the following:

* The value of U.S. Department of Agriculture donated foods;

* Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;

* Any grant or loan for an undergraduate student for educational purposes made or insured under any programs administered by the U.S. Commissioner of Education;

* Payments distributed per capita to, or held in trust for, members of any Indian tribe under Public law 92-254, Public Law 93-134 or Public Law 94-540;

* Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended;

* Payments for supportive services or reimbursement of out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other program under Title II and Title III of the Domestic Volunteer Service Act of 1973;

* The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Fund Act, as amended, (Public Law 92-433 and Public Law 93-150);

* Payments of Experimental Housing Allowance Program made under Annual Contributions Contracts entered into prior to January 1, 1975, under Section 23 of the U.S. Housing Act of 1937, as amended;

* Receipts distributed to members of certain Indian tribes which are referred to in Section 5 of Public Law 94- 114 that became effective October 17, 1975;

* Tax exempt portions of payments made pursuant to the Alaska Native Claims Settlement Act, Public Law 93-203;

* Foster care payments made by the Rhode Island Department for Children, Youth and Families;

* The value of food stamp benefits;

* The value of government rent or housing subsidies;

* Income from college work study programs;

* The earned income of a dependent child who is included in the financial unit;

* A transportation allowance paid under the auspices of a work or training program, such as Job Search, or a WIA program;

* In accordance with PL 100-485, the refund of taxes under the earned income tax credit (EITC), or the advance payment of the EITC;

* Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs;

* Monies received under the federal Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income Related Work Expenses (IRWE) program;

* The income of the parents with whom a teen parent(s) resides;

* Section 8 Utility Payment; and

* Veterans Aid and Attendant Allowances

"Family share" means the amount a family is expected to contribute in co-payments to the cost of child care services.

"Financial unit" means the dependent children, including both applicant and non-applicant child(ren), and the parent(s) and the legal spouse(s) of the parent(s) who live with them in the same household. The financial unit may also include applicant children that DHS has determined, upon verification, to be a relative of acceptable degree to the parent(s) requesting CCAP authorized services. The financial unit determines family size for the purposes of determining income.

"Income" means any money, goods or services available to the financial unit used to calculate eligibility for the CCAP. For the purposes of the CCAP, countable income includes, but is not limited to, any of the following:

* Monetary compensation for services, including gross wages, salary, commissions, and any work-based fees, stipends, tips or bonuses;

* Adjusted gross income from self-employment;

* Social Security Benefits (RSDI);

* Supplemental Security Income (SSI);

* Dividends or interest on savings or bonds;

* Income from estates or trusts;

* Adjusted Gross Rental Income;

* Adjusted Gross Room and Board Income;

* Public assistance or RIW cash assistance payments;

* Unemployment Compensation;

* Temporary Disability Insurance (TDI);

* Workers' Compensation;

* Government civilian employee or military retirement;

* Cash payouts for waiving employer sponsored health insurance;

* Private pensions or annuities;

* Adoption subsidies;

* Alimony;

* Child support payments;

* Regular contributions from persons not living in the household;

* Royalties;

* Strike Benefits;

* Trade Readjustment Allowance;

* VA Compensation Payments;

* VA Educational Benefits;

* Spousal/Dependent Allowances;

* Military Allotments;

* In-Kind Assistance; and

* Alien Sponsor Income.

"Income eligible" means that CCAP eligibility is determined on the basis of income, within the limits prescribed in State law, as well as certain general requirements and the need for services.

"Infant" means a child from at least one (1) up to, and inclusive of, eighteen (18) months of age.

"Initial eligibility date (or Care Start Date)" means the actual first date that CCAP authorized child care services, rendered to an eligible child by an

approved provider, can be paid by DHS.

"Non-applicant child" means any dependent child living in the household up to age eighteen (18), who is not included in the family's request for CCAP authorized child care services.

"One-parent home" means a family in which there is only one parent living in the household with financial responsibility for the eligible child(ren).

"Parent" means any person in the household who is legally and financially responsible for the routine care of the applicant child(ren) including, but not limited to, providing income, resources or other forms of support. A person seeking CCAP authorized services for a dependent child is considered to be a parent for CCAP eligibility purposes if so deemed for any other Department of Human Services program(s). The term parent is used broadly in this rule to refer to biological, adoptive, or stepparents, as well as legal guardians or caretaker relatives of an acceptable degree under the RIW rules of relationship as defined in Section 0806.15 of the DHS Code.

"Pre-school age child" means a child from age three (3) up to entry into the first grade of a public or private elementary school program. A child who will reach age seven (7) on or after September 1 in a given school year shall not be considered a pre-school age child under any circumstances.

"RIW unit" means the operational arm of the Rhode Island Department of Human Services responsible for determining whether categorically eligible RIW beneficiaries, including those who are also YS participants, meet the CCAP general and need for services requirements. The RIW Unit also determines CCAP eligibility for families making the transition off RIW cash assistance.

"School-Age child" means a child up to the age of thirteen (13), enrolled in at least the first grade in a public or private school program. Certain children with special needs may be categorized as school age up to the age of nineteen (19) and qualify for CCAP child care services.

"Short-term Special Approval or SSACC" means CCAP child care authorized for an otherwise ineligible child or parent as a result of a documented serious health condition or related circumstance in the family that creates an immediate need to initiate or continue CCAP authorized child care services on a temporary basis, as provided in Section 0850.02.06 of this rule.

"Toddler" means a child over the age of eighteen (18) months, up to the age of three (3) years.

"Two-parent home" means a family in which the two parents live in the same legal household as, and share financial responsibility for, the applicant child/children.

0850.02.02 GENERAL ELIGIBILITY REQUIREMENTS

REV:09/2007

B. General Eligibility - 0850.02.02: For a child to be eligible to participate in the Child Care Assistance Program, the family applying for CCAP services shall meet the general requirements set forth in this section as well as the specific requirements pertaining to categorical and income eligibility.

1) Base Eligibility Requirements. To be eligible for the CCAP, all applicants must provide the documentation to show the following requirements have been met:

a) Age of applicant child(ren). The child to receive CCAP services shall be over one (1) week old and below the age of thirteen (13) years unless the following circumstances apply:

i) The child is thirteen (13) up to nineteen (19) years old and has a documented physical or mental disability which makes the child incapable of self-care; or

ii) The child is under age thirteen (13) and would be considered a dependent child for the purposes of RIW except for the receipt of Supplemental Security Income, or foster care services under Title IV-E. This subrule applies only in those instances in which child care is necessary for a parent to accept or retain employment or to participate in a RIW approved education or training program.

b) Relationship. The applicant child(ren) must live in the home of the parent requesting CCAP services. The relationship between the adult applying for CCAP services and each applicant child must meet the broad definition of parent as set forth in this rule.

c) Cooperation with the Office of Child Support Services. The Social Caseworker must refer all families with any absent parent(s) to the Office of Child Support Services. As a condition of eligibility, the parent/caretaker relative is required to cooperate in establishing paternity, and in establishing and/or enforcing child support and medical support orders for all children in the family, unless the parent/caretaker relative is found to have good cause for refusing to comply with these requirements.

An explanation must be given by the agency that the parent/caretaker relative must assist DHS and the Office of Child Support Services by providing all relevant information in seeking support from a person who has a legal duty to support the child(ren) and/or in establishing paternity and seeking support from the putative father unless good cause for refusing to do so is determined to exist. An AP-35-CCAP containing this information is included with all CCAP-1 Applications for Assistance.

The DHS agency representative refers the applicant's case to the Office of Child Support Services after approval of eligibility via completion of an Absent Parent (ABSP) panel for each absent parent. If a good cause for refusal has been determined in accordance with the requirements outlined in sub-section d) below, the DHS agency representative codes the appropriate fields in the ABSP panel.

i) An applicant or recipient must cooperate with the agency for all children in the family (unless good cause for refusing to do so has been determined to exist) in:

Identifying and locating the parent of each child;
Establishing the paternity of any child born out of wedlock;
Obtaining support payments for the applicant or recipient and for all children; and
Obtaining any other payments or property due the applicant or recipient or the child(ren) of any

absent parent.

ii) In order for the applicant to be found cooperative in achieving the above objectives, the applicant must, at the request of the Office of Child Support Services:

Appear, as necessary, to provide verbal or written information or documentary evidence, known to, possessed by, or reasonably obtainable by her/him.
Appear as a witness at court or other hearings or proceedings, as necessary.
Provide information, or attest to the lack of information, under penalty of perjury.

d) Consequences of Non-cooperation with OCSS. The failure of a parent/caretaker relative to cooperate with the Office of Child Support Services in establishing paternity or in establishing, modifying, or enforcing a support order with respect to a child, when the applicant does not qualify for good cause, results in the closure or denial of all CCAP benefits.

All applicant children are found to be ineligible for benefits, if the parent/caretaker relative fails to cooperate with OCSS with regards to any child in the household.

The Office of Child Support Services notifies the DHS representative of failure to cooperate with that agency and the DHS representative must take the necessary action on the case.

The closure or denial of the CCAP case and the ineligibility of the applicant child(ren) in all subsequent CCAP applications, shall continue until the parent/caretaker relative who refused to comply with child support cooperation requirements consents to and cooperates with the agency in satisfying those requirements. Once the applicant has satisfied the requirements of cooperation with the Office of Child Support Services, the applicant may re-apply for CCAP. The Office of Child Support Services will notify DHS of such compliance for appropriate follow-up by the DHS representative. A pending letter will not be generated for any application filed by a client who is currently non-cooperative with OCSS.

e) Good Cause for Refusing to Cooperate. Every applicant is given an opportunity to claim good cause for refusing to cooperate. CCAP applicants may claim good cause for refusing to cooperate by checking the appropriate box on the CCAP-1 application and by sending in the WVR-CCAP form, which is included with the application.

If good cause is claimed, the applicant is referred to the Domestic Violence Advocate who will conduct the Family Violence Option Assessment as soon as possible (as described in sub- section e) below); or, if the client refuses the referral, s/he is advised that s/he must state the basis of the claim and present corroborative evidence within twenty (20) days of the claim; or, s/he must provide sufficient information to enable the investigation of the existence of the circumstance; or, provide sworn statements from individuals to support the claim as specified on the AP-35-CCAP.

A determination of good cause is based on the findings of the Domestic Violence Advocate; or, evidence supplied which establishes the claim; or, an investigation by the agency of the circumstance which confirms the claim; or, a combination of evidence and investigation; or, when the claim is one of

anticipated physical harm without evidence, the investigation supports the credibility of the claimant. The determination as to whether good cause does or does not exist should be made within thirty (30) days of the good cause claim unless the record documents that the agency needs additional time because the information required to verify the claim cannot be obtained within the time standard.

If the reason that the information is not available is that the client did not present the corroborative evidence within twenty (20) days of the claim, the record must document that the agency determined that the applicant required additional time to obtain the evidence, the amount of additional time allowed, and that this decision had supervisory approval. The final determination that good cause does or does not exist, including the findings and basis for the decision, must be included in the CLOG.

The DHS representative will obtain verification and/or conduct an investigation in order to make the determination. If sufficient information to conduct an investigation is provided, an otherwise eligible applicant is provided assistance (or assistance is continued) pending the final determination on the good cause claim.

i) When Cooperation Not in Best Interest. Cooperation is determined to be against the best interest of the child(ren), if:

The applicant's cooperation is reasonably anticipated to result in physical or emotional harm to the child, mother, or other relative with whom the child is living. (Physical or emotional harm must be determined to be of a genuine and serious nature. The mere belief that cooperation would result in harm is not sufficient basis for a finding of good cause. The emotional harm to the mother must be of such a serious nature that the capacity to care for the child adequately would be reduced.); or

It would be harmful to the child for whom support would be sought because the child was conceived as a result of incest or forcible rape; or

Legal proceedings for adoption of the child are pending before a court of competent jurisdiction; or

The applicant is currently being assisted by a public or licensed private social agency to resolve the issue of whether to keep the child or release him/her for adoption and the discussions have not gone on for more than three (3) months; or

There is anticipated physical harm to the parent without corroborative evidence.

ii) Corroborative Evidence of Good Cause. Corroborative evidence upon which a determination of good cause is based without further agency investigation is limited to documents similar to the following, which must be presented within twenty (20) days of the claim:

Birth certificates, medical, or law enforcement records which indicate that the child was conceived as a result of incest or forcible rape.

Court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction.

Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the putative father or absent parent might inflict physical or emotional harm on the child or caretaker relative.

Medical records which indicate emotional health history and present emotional health status of the caretaker relative (parent or loco parentis) or the child for whom support is sought or, written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of the caretaker relative or the child for whom support is sought.

A written statement from a public or licensed private social agency that the applicant is being assisted by the agency to resolve the issue of whether to keep the child or release him/her for adoption, and the discussions have not gone on for more than three (3) months.

If the evidence is insufficient, the DHS agency representative will promptly notify the applicant that additional corroborative evidence is needed and specify the type of document needed. The DHS representative will assist in obtaining the needed evidence if requested to do so by the applicant. This assistance might be in the form of advising the applicant how to go about obtaining the documents, or, if requested, undertaking reasonable efforts to obtain the evidence, if s/he is not reasonably able to obtain it by him or herself.

When sufficient information to permit an investigation is given or when the claim is one of anticipated physical harm without corroborative evidence and the DHS representative considers the claim credible and corroborative evidence is not available, the DHS representative will conduct an investigation. In conducting the investigation, the DHS representative will not contact the absent father or putative father unless such contact is determined to be necessary to establish the claim. Prior to making any contact, the applicant or recipient will be notified in order for her to present additional evidence or information that the contact is unnecessary or she can withdraw the application, or the good cause claim can be denied.

On the basis of the evidence or the results of the investigation, the DHS agency representative makes a decision on the applicant's good cause claim as described in d) iv), below.

iii) Emotional and Physical Harm. Physical harm and emotional harm, as defined, must be of a serious nature. It must be demonstrated to the DHS agency representative that there exists an emotional impairment that substantially affects the applicant's functioning for a finding of good cause for emotional harm to be made.

If a determination is based in whole or in part upon the anticipation of emotional harm to the child, parent, or other caretaker relative, consideration is given to the following:

the present emotional state of the applicant subject to emotional harm;

the emotional health history of the applicant;

intensity and probable duration of the emotional

upset;
degree of cooperation to be required; and
the extent of the involvement of the child in
paternity establishment or support enforcement
activity to be undertaken.

The DHS agency representative can find good cause on the basis of anticipated physical harm without corroborative evidence if the agency considers the claim credible without corroborative evidence and if such corroborative evidence is not available.

For example, battered women are often too afraid or ashamed to tell anyone of the beatings they have received and would therefore be unable to corroborate a valid good cause claim.

In this case, the claimant has the burden of establishing her credibility as well as explaining why no evidence is available.

The agency is required to investigate this type of claim and while it may not establish the good cause circumstance, it should establish the credibility of the claimant.

iv) Good Cause Decision. If the DHS representative has made a determination that good cause exists, the case does not need to be referred to the Office of Child Support Services. The case will be sent to OCSS, at a later date, should the good cause exception be lifted due to new circumstances.

v) Review of Good Cause Finding. A review of the good cause decision must be made at each redetermination by the DHS agency representative. If it is determined that circumstances have changed such that good cause no longer exists, there must be enforcement of the cooperation requirements.

The failure of a parent/caretaker relative to comply with child support enforcement cooperation requirements without good cause results in the closure or denial of the case as outlined in sub- section f), below. The Office of Child Support Services notifies the DHS representative of any failure to cooperate with that agency and the DHS representative must take the necessary action on the case.

f) Referral to the Domestic Violence Advocate. If an applicant discloses a domestic violence situation to DHS, the agency representative refers the applicant to the Domestic Violence Advocate who is on-call. The Domestic Violence Advocate conducts the Family Violence Option Assessment as soon as is practicable.

If the applicant involved is a minor parent/pregnant minor, an immediate report at the time of disclosure must be made to DCYF as specified in Section 0118 as well as referral made to the Domestic Violence Advocate for assessment. If such disclosure is made by a minor parent/pregnant minor to the YS worker, s/he may elect to conduct the Family Violence Option Assessment alone, refer the parent to the Domestic Violence Advocate for assessment, or collaborate with the Domestic Violence Advocate in the assessment process as necessary.

If the applicant refuses referral to the Domestic Violence Advocate, eligibility for CCAP is not affected. However, if the applicant requests a good cause exception to cooperation with the child support enforcement requirement, that exception will not be granted unless the applicant can provide evidence to

support the good cause exception as detailed in sub-section e) above.

From the Family Violence Option Assessment, the Domestic Violence Advocate determines whether the applicant should be waived from the child support cooperation requirements, and forwards the Findings on the Recommended Waivers portion of the Assessment (Form WVR-2) regarding which waivers, if any, the applicant should be granted to the appropriate supervisor.

The appropriate supervisor reviews all such recommendations and makes the final determination of any such waiver. The Chief Supervisor and/or Regional Manager are available for consultation in these situations as needed. The agency representative then effects the waiver(s) as appropriate and notifies the applicant.

In the case of an adolescent parent/pregnant adolescent, if an YS worker did not conduct or collaborate in the Family Violence Option Assessment, a copy of the final Findings document is forwarded to the appropriate YS.

For adolescent parents/pregnant adolescents, after the Family Violence Option Assessment, the YS case manager must ensure that safety planning, crisis counseling, appropriate referrals, and follow-up services are provided. The YS representative may choose to do this her/himself or collaborate with the Domestic Violence Advocate, as necessary.

For all other applicants who disclose domestic violence, the Domestic Violence Advocate is responsible for safety planning, resource information, and follow-up for the applicant.

The Domestic Violence Advocate must review the suitability of any or all waivers at the end of the specified waiver period(s), or earlier if the applicant's circumstances change. The maximum time period for the granting of a waiver is six (6) months renewable only with the Regional Manager's consultation and approval. After notification from DHS that the waiver period is about to expire, the Domestic Violence Advocate (and/or YS representative, for teen parents) completes a Family Violence Option Re-Assessment (Form WVR-2a) of the applicant's circumstances and notifies the appropriate supervisor of the recommendation for extension or discontinuance of any waiver and/or change(s) in status through a new Findings document. The agency representative then follows up on the recommendation(s) as appropriate and notifies the applicant.

2) Categorical Eligibility. The Rhode Island Family Independence Act (FIA) extends eligibility for the CCAP to Rhode Island Works Program (RIW) cash assistance beneficiaries who meet the need for services (i.e. engaged in an approved education or employment related activity that necessitates child care services) and other criteria established in Section D - 0850.02.04 - of this rule.

3) Income Eligibility. A family seeking income eligibility for the CCAP shall provide the documentation required by DHS indicating that the following requirements have been met:

a) Income. Countable income of the financial unit shall not exceed 180 percent of the Federal Poverty Level (FPL).

To assist in determining income eligibility, a Social Security Number (SSN) must be provided for any member of the financial unit. An SSN for all other members

of the household may be provided on a voluntary basis. Proof that a request for an SSN has been made will be accepted as documentation, but only for the initial determination of eligibility. At the time of recertification for authorized services, a permanent SSN shall be required for all members of the financial unit. In accordance with applicable federal and state laws, SSN will be used only to assist in verifying income and the need for services.

b) Residency. As defined in DHS Code Section 0106, the applicant parent(s) and any applicant children in the financial unit shall be documented legal residents of the State of Rhode Island.

c) Citizenship. The applicant shall be either a citizen of the United States or a non-citizen lawfully entitled to reside in the United States, as specified in Section 0104 of the DHS Code. The citizenship status of the parent(s) shall not be a bar to participation in the program.

d) Need for Services. The parents of the applicant child(ren) shall be employed and unavailable to provide routine care for the child(ren) while working in accordance with the criteria established subsection 0850.0205 of this rule.

4) Limitations and Exclusions. Both categorical and income eligibility for CCAP services are subject to the following limitations and exclusions:

a) One CCAP Household Per Applicant Child. CCAP services shall only be authorized for one household per applicant child during any given certification period.

i) In general, the CCAP household is the parent's home which serves as the principal place of residence of the applicant child - i.e. where the child lives the majority of the time. This rule applies whenever an applicant child's parents live in separate households or have an acceptable need for services independently of, or in tandem with, one another. A household other than the child's principal place of residence may only be considered a CCAP household if:

(a) The parent in the household where the child lives the majority of the time does not qualify, or have a need for CCAP services; and

(b) The parent in the household where the child lives less than a majority of the time applies and meets the requirements for CCAP authorized services.

ii) If the parents of an applicant child live in different households, but share legal custody and physical possession of a child due to a court order/agreement, then neither parent's household may be the child's principal place of residence. When both parents apply separately for the same child, only one household shall be considered a CCAP household when determining authorized services. In such instances, the department shall request the documentation from the applicant parents required to make a factual determination as to which is the CCAP household.

b) Self-Employment as a Child Care Provider. Any parent whose income is derived solely from self-employment as a child care provider shall not be eligible for CCAP authorized services.

However, a parent who is self employed as a child care provider on a part time basis may be eligible to receive CCAP authorized services for an eligible child

for a period of time while working in some other capacity or participating in a RIW- approved activity, if all requirements established in this rule are met.

0850.02.03 APPL PROCESS FOR DETERMINING ELIGIBILITY

REV:01/2004

C. Application Process for Determining Eligibility - 0850.02.03: The application for CCAP consists of the required application or request for CCAP services form, the documentation necessary to verify eligibility and establish the need for services, and/or the most current information available on the applicant from other DHS program sources.

Families seeking eligibility for the Child Care Assistance Program shall apply to DHS in accordance with the following:

1) Application Requirements. The parent shall make application for the CCAP by submitting a signed RIW request for services or CCAP application form, along with the documentation required to verify eligibility and the need for services. In a two-parent home, both parents must sign the application. Both the type of form and the documenta- tion that must be submitted vary, depending on whether the family qualifies to apply for the CCAP on the basis of categorical or income eligibility. Specific information about the appropriate forms and sources of verification required are contained in the CCAP application packet and made available, upon request, by contacting any DHS office.

2) Point of Application. RIW beneficiaries, including those who are YS participants and families making the transition off cash assistance, shall make CCAP application through their social caseworker in their local RIW office.

All other YS participants and working families shall make application to a Child Care Assistance Unit (CCAU) representative.

3) Application Date. The date a signed application or request for services form is date stamped as received by DHS is the application date.

4) Application Period. The application period is the period when eligibility for the CCAP is determined by DHS staff.

The period begins on the application date and extends for thirty (30) days. An application is considered incomplete until DHS has all the information and documentation required to make an eligibility determination. Once an application is complete, every effort will be made to determine eligibility in the most expeditious manner possible. An application that remains incomplete on the last day of the application period shall be denied unless DHS is responsible for the delay in processing the application.

5) Application Review. Department representatives shall first review applications for completeness. If a determination of eligibility cannot be made in conjunction with this initial review, a letter or letters shall be sent to the family applying for the CCAP containing one or more of the following as appropriate:

a) A statement acknowledging receipt of the appropriate application form and indicating the application date-that is, the date the signed form was date-stamped as received by DHS;

b) The unique CCAP certificate number assigned to the family. This is the identification number that shall be used by approved child care providers when enrolling eligible children for CCAP authorized child care services;

c) The names of the children in the family for whom child care assistance is being requested; and

d) A statement indicating that the applicant may request services from an approved child care provider pending final determination of eligibility by DHS. The statement shall include a disclaimer indicating that:

i) DHS shall only make payment for allowable child care expenses when rendered by a CCAP approved provider;

ii) An approved child care provider is not required to accept a child during the period when an application is pending. If a child is accepted, the provider must enroll the child either prior to or during the first week of care; and

iii) DHS shall not guarantee payment for any child care expenses incurred while an application is pending. A family requesting to enroll a child for services prior to the final determination of eligibility shall disclose to the approved child care provider that their application for child care assistance is pending and that no payment shall be made by DHS for any child care expenses if the application is denied.

e) If necessary, a list of any missing information or documentation required to determine eligibility, the appropriate DHS location to send the information to, and a deadline for submitting any information requested. This list shall identify:

i) Any missing documents necessary to verify that the family meets the requirements for categorical or income eligibility;

ii) Any information required to assess the need for services that is incomplete or cannot be verified through another DHS program source; and

iii) For RIW beneficiaries, the list shall specify if any components of an employment plan have not been completed or approved prior to the submission of the application for child care assistance.

6) Determining the Basis for Eligibility. Upon determining that the general requirements for the CCAP have been met, RIW Unit or CCAU representatives shall assess the scope of CCAP services to be authorized on the basis of the criteria for categorical or income eligibility, as specified in sections 0850.02.04 and 0850.02.05 of this rule, respectively.

7) Initial Eligibility Date. The date DHS determines to be the earliest date a family can begin receiving CCAP authorized child care services is the initial eligibility, or care start date. This date may or may not be the same as the application date.

a) The certification period for CCAP authorized services shall begin on the initial eligibility date and shall continue for a period not to exceed twelve (12) months.

b) Any child care services utilized prior to the initial eligibility shall be

deemed unauthorized and shall not be considered allowable child care expenses for the purposes of making CCAP payments.

8) Application Restrictions. Applicants shall provide complete and accurate information and all documentation required for verification listed on the CCAP application or request for services form. Submitting false or inaccurate information for the purposes of obtaining CCAP eligibility shall result in denial of the application.

a) Non-cooperation. Failure to provide the documentation required to verify any eligibility requirement, including the source of income or need for services is acceptable grounds for a delay in the processing of an application. If such failure continues beyond the thirty(30)day application period, the application shall be deemed incomplete and denied on the basis of non-cooperation.

b) Limits. CCAP eligibility determinations shall be based on the application, including any required forms and documentation submitted by the applicant and/or available from other DHS program sources. The application is valid until eligibility is determined DHS within the prescribed application period of thirty (30) days unless the application is withdrawn voluntarily. After thirty 30) days, submission of a new application may be required.

i) If CCAP eligibility is denied, the application is invalid after the thirty (30) day appeal period expires.

ii) If CCAP eligibility is approved, the application is presumed valid from the application date to the end date of the certification period unless there is a change in the family's status or circumstances that might in any way affect CCAP eligibility.

c) Duty to Report. Applicant and recipient parents shall report to DHS any changes in the information or documentation included in, or submitted in conjunction with, the CCAP application related to the general requirements (0850.02.02) or criteria for categorical (0850.02.04) or income eligibility (0850.02.05) within ten (10) days from the date the change occurs. The duty to report begins on the application date and remains in effect while the application is valid. Failure to report changes in a timely manner may be grounds for denying eligibility to an applicant or discontinuing authorized services for CCAP beneficiaries. The responsibility to report changes to DHS, within specific time limits, is established in greater detail in Section 0850.02.09 of this rule.

9) Periodic Redetermination. The eligibility of CCAP beneficiaries shall be redetermined on a periodic basis through either recertification or case review. Families shall be notified in writing of the date their eligibility shall be redetermined, no later than the first day of the last month of the family's certification period. Income eligible families and RIW families who have employment as their approved activity, shall be sent a renewal form prior to the end of the current certification period. In order for CCAP authorized child care services to continue without interruption, the completed and signed form must be submitted to DHS by the renewal date specified. The frequency and nature of recertification varies in accordance with the basis for eligibility.

a) Categorically eligible families are subject to a case review that assesses compliance with applicable RIW program requirements. Authorization periods shall not to exceed twelve (12) months in one (1) certification period.

b) Income eligible families are subject to recertifi- cation every six (6) months, or more frequently, depending on the period of CCAP authorized services.

c) Change of CCAP application type from one program to another (example RIW to Income Eligible) within a certification period may result in a new authorization period in accordance with CCAP rules for the new program under which eligibility is determined.

10) Notice of Approval, Notice of Denial, Right to Appeal and Hearing. Applicants for the CCAP shall receive adequate notice of DHS eligibility determinations and the right to appeal. DHS shall also provide timely and adequate notice of any adverse decisions terminating or reducing benefits.

As indicated in Section 0850.02.08, DHS also sends a letter confirming enrollment of an eligible child by an approved child care provider. Notices and correspondence sent by DHS related to CCAP eligibility and enrollment are specified in full in Section 0850.02.09.

0850.02.04 CRITERIA FOR CATEGORICAL ELIGIBILITY

REV:01/2004

D. CCAP Criteria For Categorical Eligibility: 0850.02.04 RIW beneficiaries who fulfill the general requirements stated in section 0850.02.02, shall meet the following criteria to be eligible for the CCAP:

1) Need for Services. CCAP authorized services shall only be approved for RIW beneficiaries who have an acceptable need for services related to fulfilling program requirements.

a) General Criteria: RIW Eligible. The following shall constitute an acceptable need for services for RIW eligible families:

i) Approved Plan. The parent(s) or caretaker relative shall have an approved, signed and current employment plan on file and shall need CCAP authorized child care services during periods of time when engaged in one or more of the component activities required to comply with that plan.

ii) Activity Requirements. RIW families receiving CCAP services shall meet the employment plan component activity requirements outlined in Section 1412.05 and 1412.05.05 of the DHS Code. Such component activities include those specified therein, as well as any combination of education and work-related activities contained in an employment plan approved by a RIW caseworker. Volunteer activities or time spent in any capacity in which no wages are earned, paid, or expected, shall not count toward the hours required to meet an acceptable need for services unless expressly approved as a component of an employment plan.

iii) Two Parent Home. In a two-parent home, both parents shall have signed and approved current employment as is specified in Section 1412.05.15 of the DHS Code.

b) Program-Specific Criteria: YS Participants. To have an acceptable need for services, YS participants who are RIW cash assistance beneficiaries shall meet the following program-specific criteria:

i) Age and Completion of High School. YS parents shall be under twenty (20) years of age and not yet in possession of a high school diploma or equivalency.

ii) Activity Requirements. The parent shall be actively working with the Youth Success Program (YS) and participating in an approved education activity, as specified in a current RIW Employment Plan. The applicant child must be living with the YS participant and the need for child care services must be directly related either working or obtaining a high school education.

iii) Period of Authorization. The period of authorization for CCAP services will coincide with the end date for the parent's component school program.

iv) Teen Parent Under the Age of Sixteen (16). A teen parent who is under age sixteen (16) may not obtain authorized CCAP child care services on their own, unless documentation of emancipation exists. CCAP child care services extended to a teen parent under the age of sixteen (16) shall be authorized under a parent or legal guardian of the teen parent and may also include that teen parent as a child care recipient.

2) Limitations. CCAP child care services shall not be authorized for an otherwise categorically eligible family under the following circumstances:

a) In a one-parent home, the parent has failed to complete or comply with a RIW employment plan;

b) One of the parents in a two-parent home does not have an approved employment plan;

c) One of the parents in a two-parent home is statutorily barred from receiving RIW and is not working;

d) The parent of the eligible child is a self-employed child care provider and is requesting CCAP payment for care provided to the child during the hours when employed in that capacity. This limitation shall not apply if the parent is an employee of a child care provider;

e) A parent of the eligible child is providing the child care, irrespective of whether the parent lives in the same legal residence as the eligible child(ren);

f) A person living in the same legal residence of the eligible child(ren) is providing the child care; or

g) There is an active sanction in place.

3) Exceptions. The following exceptions apply to the general and program-specific criteria for categorical eligibility set forth in this section:

a) RIW beneficiaries whose RIW cash assistance is scheduled to close, and who are requesting child care assistance due to employment, will have their CCAP eligibility determined using income eligibility rules.

b) CCAP services may be authorized if one of the parents in a two-parent home does not have an approved employment plan when the family provides written verification from a licensed health care practitioner, program or facility, qualified to make such a determination, indicating that the parent without an

approved employment plan cannot provide appropriate, routine care of the child due to a neuro- physio-logical, psychological or emotional disorder, physical impairment, or serious health condition. Requests for an exception shall be made on forms approved by the department and submitted along with the required medical documentation for review and approval by a RIW Unit supervisor. Any health information requested or obtained for the purposes of this section shall be subject to the privacy protections established in state law and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

0850.02.05 CRITERIA FOR INCOME ELIGIBILITY

REV:09/2007

E. CCAP Criteria for Income Eligibility: 0850.02.05. YS participants not receiving RIW cash assistance and working families who meet the general requirements in section 0850.02.02 and the following criteria may be CCAP income eligible:

1) Financial Determination. The countable income of the financial unit shall be at or below 180 percent of the federal poverty level, based on family size. The income of self-employed families shall be calculated as outlined in Section 1424.20.10 of the DHS Code.

2) Resource Limit. A determination of eligibility requires a review of the family's liquid resources. The value of liquid resources must be counted toward the ten thousand dollar ($10,000) liquid resource limit. If the combined value of the child's or the family's liquid resources exceeds the ten thousand dollar ($10,000) liquid resource limit, the family is ineligible and the application is denied or eligibility for assistance is discontinued.

a)Liquid resources are defined as any interest(s) in property in the form of cash or other financial instruments or accounts that are readily convertible to cash or cash equivalents. These include, but are not limited to: cash, bank, credit union or other financial institution savings, checking and money market accounts, certificates of deposit or other time deposits, stocks, bonds, mutual funds, and other similar financial instruments or accounts.

These do not include educational savings accounts, plans, or programs; retirement accounts, plans, or programs; or accounts held jointly with another adult, not including a spouse, living outside the same household but only to the extent the applicant/recipient family documents the funds are from sources owned by the other adult living outside the household, plus the proportionate share of any interest, dividend, or capital gains thereon.

In addition to the evaluation of resources at the time of the CCAP application, resources are reviewed when a change occurs, or when information is received which indicates that unreported resources may exist. If, at the time of the liquid resource evaluation, countable liquid resources exceed the liquid resource limit, resources are assumed to be in excess of the limit for the entire month. Liquid resources are evaluated at the point in time at which the application or recertification is completed.

b) Documentation of Resources. The information the individual supplies on the CCAP-1, both at application and recertification is documented through bank statements and similar documentary sources.

The individual may provide photocopies of documents to verify resources. If there is a question as to the validity of the photocopies, a DHS-91 should be sent to the bank to verify the resource. The source used for verification of the liquid resource is recorded in the appropriate area of the CCAP-1.

Photocopies of the documentation must be kept for the case file.

Resources must be reported but do not need to be documented at the recertification if:

1. The recipient is active on another program, i.e. Food Stamps, RIte Care, and/or RIW; and

2. A recertification was completed for the other program within the previous six (6) months; and

3. The resource was reported and verified at the recertification for the other program, and

4. The amount and source of the resources have not changed since they were reported and verified by the other program.

Households are required to report a change in resources during the period between recertification dates only when the change in resource would increase the amount of the household's resources in excess of ten thousand dollars ($10,000).

Bank accounts are liquid resources and, as such, must be verified for CCAP households, both at initial certification and at recertification. The same procedures employed at certification are used at recertification.

c) Availability of a Resource. In order to be countable in the determination of CCAP eligibility, a resource must be available to the individual. The individual must be able to use the resource to provide food, shelter, clothing, or convert it into a form in which it can be used to meet needs:

- A resource is considered to be available both when actually available, and when the applicant has the legal ability to make such sum available for support and maintenance;

- Resources are not available when a legal impediment exists which precludes the applicant from making the resource available for support, maintenance or child care payments.

Applicants/Recipients are required, as a condition of eligibility, to cooperate with the Department in making resources available.

d) Availability of Funds. Funds maintained in checking or savings accounts are usually payable on demand. An individual should be able to withdraw money from a checking account on the same day s/he presents a check.

Funds can usually be withdrawn from a savings account the same day the request is made.

However, some unusual circumstances may occur which prevent the immediate withdrawal of money, and may result in the resource being unavailable. For example, if there is a joint account with only one individual having authority to withdraw money and that individual dies, a prolonged period may elapse before the surviving owner can withdraw the money.

Certain time deposits (e.g. savings certificates or certificates of deposit) may not be legally available to the applicant until a specific point in time. If so, the policy in Subsection c) above, regarding availability of resources, is applied to determine if the resource is not countable until the maturity of the certificate.

e) First Moment of the Month Rule. Countable liquid resources are determined as of the FIRST MOMENT OF THE MONTH (FOM). The determination is based on the liquid resources the individuals own, their value, and whether or not they are excluded as of the first moment of the month. The FOM rule establishes a point in time at which to value liquid resources; what a person owns in countable liquid resources can change during a month but the change is always effective with the following month's liquid resource determination.

The kinds of changes that can occur are:

- CHANGES IN VALUE OF EXISTING LIQUID RESOURCES
  The value of an existing liquid resource may increase or decrease. For example, the value of a share of stock may decrease by thirty dollars ($30) or increase by twenty dollars ($20).

- DISPOSITION OR ACQUISITION OF LIQUID RESOURCES
  An individual may dispose of an existing liquid resource (e.g., close a savings account and purchase an item) or may acquire a new liquid resource (e.g., an inheritance which is subject to the income-counting rules in the month of receipt).

- CHANGE IN EXCLUSION STATUS OF EXISTING LIQUID RESOURCES
  An individual may replace an excluded resource with a non-excluded liquid resource (e.g., sell an excluded automobile for non-excluded cash) or vice versa (use non-excluded cash to purchase an excluded automobile). Similarly, a time-limited exclusion (such as the period for exclusion of retroactive Title II benefits) may expire.

Changes such as SSI, SSA, and Lump Sums do not affect the countable value of liquid resources in the month in which they occur. Any change does not affect countable liquid resources until the first moment of the following month.

If countable liquid resources exceed the limit as of the first moment of a month, the recipient is not eligible for that month, unless the liquid resources are reduced by expenditure on certain allowable expenses. Expenses that may be used to reduce liquid resources, to attain or retain eligibility, in CCAP are:

1. Any and all expenses related to payment for education or child care for members of the family unit;
2. Contributions to educational savings accounts, plans or

programs owned by any member of the family unit; and

3. Contributions to retirement accounts, plans or programs owned by any member of the family unit.

f) Joint Accounts and Rebuttal of Ownership. Whenever the applicant is a joint account holder who has unrestricted access to the funds in the account, ALL of the funds in the account are PRESUMED to be the resources of the applicant. The applicant is offered the opportunity to submit evidence in rebuttal as described below.

A successful rebuttal results in finding that the funds (or a portion of the funds) in the joint account are not owned by the applicant and, therefore, are not the resources of the applicant.

Rebuttal of Ownership of a Resource:

In order for a household member to demonstrate a lack of ownership, or only partial ownership of a resource, two (2) of the following sources of documentation must be presented as evidence:

* Documents showing the origin of the resource. For example, if a bank account was opened, who opened it or whose money was used to open the account;

* Documentation through federal or state tax records as to which of the joint account holders declares the tax on the interest credited to the account as income;

* Records of who makes deposits and withdrawals and, if appropriate, of how withdrawn funds are spent. The person claiming a lack of ownership (or accessibility) should not have made any withdrawals.

* A notarized affidavit that details a written or oral agreement made between the parties listed on the resource or by someone who established or contributed to the resource, with respect to the ownership of the funds in the resource;

* When the household member states that s/he does not own a bank account but is listed as a co-holder solely as a convenience to the other co-holder to conduct bank transactions on his/her behalf, evidence of the age, relationship, physical or mental condition, or place of residence of the co-holder must be provided;

* A signed, notarized statement from the household member and from either other individual(s) listed in the joint account, or the person who established or contributed to the account, stating that the applicant or recipient had no knowledge of the existence of the account.

A document or piece of evidence submitted to verify a particular fact does not count as more than one verification under the above subsections. However, a document, piece of evidence or a statement may address more than one fact needed for verification.

If a household member cannot demonstrate that s/he is not the owner of the account through the submission of two (2) of the above listed documents, the rebuttal must be denied.

3) Family Cost Sharing Requirement. Eligible families with countable income above 100% of the FPL shall pay a share of the expense for the child care services authorized in Section 0850.02.07. The family shall be assessed a share of the cost for authorized services (formerly referred to as co-payment) based on a percentage of the gross countable income for families at each level. The family share and income guidelines are set in accordance with the CCAP Cost-Sharing Payment Rate Table located in subsection 0850.05 of this rule.

a) The family share shall be determined without regard to the number of eligible children who are enrolled or the total of services utilized. The family share shall be assigned to the first or youngest eligible child enrolled in care--that is, the eligible child who receives authorized services paid at the highest rate. The family share shall only be distributed among providers when the total amount of the family share assigned exceeds the rate paid for the first, or youngest, eligible child enrolled.

The income levels and percentage range of family shares are as follows:

FAMILY SHARE/CO-PAYMENT
FAMILY SHARE INCOME RELATIVE TO THE
FAMILY SHARE

LEVEL	FEDERAL POVERTY LEVEL	AMOUNT
Level 0	Less than or equal to 100%	No Family Share
Level 1	Above 100% up to and Including 125%	2% of Countable Gross Income
Level 2	Above 125% up to and Including 150%	5% of Countable Gross Income
Level 3	Above 150% up to and Including 180%	8% of Countable Gross Income

(Refer to complete Cost Sharing Table in Section 0850.05)

b) A family's share of the cost for child care services approved for CCAP payment shall be recalculated any time that the family submits a new application and supporting documentation, or reports a change to DHS that may affect eligibility prior to the end of the family's certification period. DHS shall recalculate the family's share of the cost for CCAP authorized services anytime there are changes in the family's income or size of the financial unit;

c) The Notice of Approval for child care assistance shall indicate whether a family is required to pay a share of the cost for authorized child services based on countable income. The Approval Notice shall indicate to the family the exact amount of their family share and the calculations used to determine that amount. The family shall also be informed of the amount of their family share and which provider(s) to pay in the Confirmation of Enrollment letter.

4) Need for Services. To be authorized for income-based CCAP child care services, the parent(s) shall have an acceptable need for services related to

employment or participation in an approved educational program.

a) General Criteria: Income Eligible. For there to be an acceptable need for services in a two-parent home, each parent shall be employed a minimum of an average of twenty (20) hours per week in a month and require CCAP child care services during periods of time when working. In addition, the parents shall each earn, per hour, an average of the greater of either the state or federal minimum wage. For there to be an acceptable need for services in a one-parent home, the parent living in the household shall be employed a minimum of an average of twenty (20) hours per week in a month, earn per hour an average of the greater of either the state or federal minimum wage, and require CCAP child care services during periods of time when working.

b) Program-Specific Criteria: YS Participants. To obtain CCAP authorized services, non-RIW teens applying for income eligibility shall meet the applicable general criteria as well as the following program-specific criteria:

i) The applicant parent shall be an YS participant, under twenty (20) years of age, and without a high school degree or its equivalent;

ii) The applicant YS parent shall be employed, attending school or participating in education related activities, or engaged in some combination thereof for a minimum of twenty (20) hour per week, on average, in a month. CCAP child care services for YS participants who meet this requirement may be authorized for a period of up to twelve (12) months, with the end date set to correspond to completion date of the educational activity - e.g., date high school diploma or GED is received;

iii) Teen Parent Under the Age of Sixteen (16). A teen parent who is under age sixteen (16) may not have a child care case in their own name, unless documentation of emancipation exists.

Child care services extended to a teen parent under the age of sixteen (16) shall list the case in the name of the parent or legal guardian of the teen parent and may also include that teen parent as a child care recipient.

5) Limitations. The need for child care services shall be related to the periods of time in which no parent is available to provide care for the child as a result of employment and/or education commitments. In addition, CCAP child care services shall not be authorized for an otherwise income eligible child under the following circumstances:

a) A parent of the eligible child is a self-employed as a child care provider, and is requesting payment for care provided to the child during the hours they are employed in that capacity. This limitation shall not apply if the parent is an employee of a child care provider;

b) A parent is providing the child care, irrespective of whether the parent lives in the same household as the eligible child(ren);

c) A person living in the same legal residence of the eligible child(ren) is providing the child care;

d) The applicant parent's sole source of income is derived from rental and/or room and board income, and the need for services is based on activities related to obtaining or collecting that income.

Such activities shall not be considered employment for the purposes of this section and, as such, shall not count toward the minimum number of hours of work required to establish a need for CCAP authorized child care services; or

e) The applicant parent's need for services is based in part or in whole on time spent working as a volunteer, or in any similar capacity in which no wages are earned, paid, or expected. Unpaid work of this kind also shall not count toward the minimum number of work hours required for CCAP income eligibility.

6) Exceptions. In certain circumstance, families unable to meet the need for services requirements may qualify for an exception that allows authorization of CCAP services. The exceptions are as follows:

a) One parent in a two-parent family has a documented disability that states that parent is unable to care for the child. Exceptions may be granted if the family provides written verification to a department representative from a qualified licensed health care practitioner, program or facility indicating that the parent cannot provide appropriate care of the child due to a neuro-physiological, psychological or emotional disorder, physical impairment, or serious health condition.

Requests for an exception shall be made on forms approved by DHS, and submitted along with the required medical documentation for review and approval by a CCAU representative. Any health information requested or obtained for the purposes of this section shall be subject to the privacy protections established in state law and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

b) Parents with disabilities. Employed parents determined to have disabilities may be exempt from meeting the minimum number of hours of work and the minimum wage requirements required to establish a need for services set forth in this subsection. An exemption shall not be granted until an assessment by an appropriate entity or provider of the parent's condition is complete, a final determination of disability is made, and the documentation verifying the parent's disability is submitted to DHS.

Final decisions on whether an exemption is warranted, shall be made by a CCAU supervisor. Notice of the decision shall be provided to the parent requesting the exemption in accordance with the requirements of Section 0850.02.09 of this rule.

c) Short Term, Employer Authorized Absences. Short- term, employer authorized, absences from work for family/medical leave, vacations, or annual or personal leave are considered to be within the parameters of employment and will not adversely affect the scope of eligibility or ability to utilize CCAP authorized care, as long as the parent retains "employee" status during such absences. In addition, the following criteria must be met:

i) The parent's absence from work does not exceed twenty- one (21) consecutive days in a certification period.

Absences that extend beyond these time limits must be reported in accordance with Section 0850.02.09(3) and may result in a change in the scope of CCAP authorized services. CCAP payment for parent absences from work shall not exceed two (2) weeks as outlined in Section 0850.02.07 of this rule.

ii) There is an expectation on the part of both the parent and the employer that the parent will return to work once the authorized absence or period of

leave is over.

d) Job Loss/Temporary Unemployment. An eligibility grace period may be granted in cases when a parent of a child receiving CCAP authorized services is unable to meet the minimum number of work hours required to maintain a need for CCAP services due to temporary unemployment as a result of job loss or the transition between jobs. In addition, the following criteria must be met:

i) The eligibility grace period shall not exceed twenty- one (21) consecutive days in a certification period from the date the period of temporary unemployment begins.

ii) The grace period shall not be extended or renewed.

iii) A parent who does not report a change in employment in accordance with the requirements established in 0850.02.09(3) shall not be granted a CCAP eligibility grace period unless good cause for the failure to report is shown.

iv) The department reserves the discretion to require a temporarily unemployed parent to submit any documentation deemed necessary to verify that continuation of CCAP eligibility during the grace period is warranted.

v) New applicants do not qualify to request a CCAP eligibility grace period.

0850.02.06 CRITERIA FOR SHORT TERM SPECIAL APPROVAL

REV:01/2004

F. Criteria for CCAP for Short-term Special Approval Child Care Assistance (SSACC): 0850.02.06. In a limited range of circumstances, families who are unable to CCAP categorical or income eligibility criteria related to employment plan or work requirements may be approved for Short Term Special Approval (SSACC) child care assistance. SSACC may be approved for instances when there is documented evidence indicating that either the child (child-based SSACC) or the parent (parent-based SSACC) has a serious health condition that constitutes a temporary "special" need for services based on the inability of the parent to provide the necessary level or kind of child care. When applying for SSACC services, the available countable income of the financial unit shall be used in determining an applicant's eligibility. Determinations of requests for child-based SSACC shall be made, on a case-by-case basis, by the appropriate RIW or CCAU supervisor. The criteria for approval of SSACC for income and categorically eligible CCAP families differ, as specified below:

1) SSACC Criteria for Income Eligible Families. When the requirements of this subsection have been met, SSACC may be approved for otherwise income eligible families who no longer meet the need for services requirement established in section 0850.02.02 due to a change in the employment status of the parent(s). As such, requests for SSACC shall only be considered for income eligible families who have been receiving authorized CCAP services and have, or are in jeopardy of losing them because of the change in the need for services.

a) Child Based. For approval of child-based SSACC in an income eligible family, there must be documented evidence that, although the parent's employment no longer meets the need for services requirement, the continuation of

authorized CCAP services is necessary for the health and well being of the eligible child. In the case of an YS family, it is understood that school attendance can replace the work hours needed for eligibility. The determination of whether a continuation of CCAP authorized care is warranted, and as such constitutes a special need for services, shall be based on a CEDARR (Comprehensive Evaluation, Diagnosis, Assessment, Referral and Re- evaluation) of the eligible child. Accordingly, child- based SSACC for an income eligible family shall only be approved when:

i) There is a special need for services based on a CEDARR finding that the discontinuation of CCAP services will have a direct adverse effect on the eligible child's health and well-being; and

ii) All other income eligibility requirements have been met.

b) Parent Based. For approval of parent-based SSACC in an income eligible family, there must be documented evidence from a qualified health care provider or practitioner that the health condition of the parent prohibits both employment and the routine child care activities necessary to maintain the health and safety of the child. The special need for services is the result of a change in the parent's health status that temporarily prevents the parent from meeting the work requirements in section 0850.02.05. A parent hospitalized as a result of an acute illness or condition, or bedridden while recovering from an illness or condition for a limited period may receive partial or full payment of child care expenses until able to resume employment subject to the general restrictions of this subsection.

2) SSACC Criteria for Categorically Eligible Families.

SSACC may be approved for categorically eligible families who have not met their RIW employment plan requirements or who do not have a signed employment plan when the condition or health of the child or parent constitutes a special need for services.

a) Child Based. For approval of child-based SSACC for categorically eligible families, the special need for services must be established by either:

i) Documented evidence from a physician, qualified licensed health practitioner, program, facility or responsible government authority, that the child has a serious health condition that is not currently being treated or accommodated either because access to an appropriate program that meets the child's special needs has been denied or delayed, or is unavailable. Payment of child care expenses shall be provided under such circumstances while permanent placement in an appropriate program for the child is being arranged or located; or

ii) A CEDARR finding that the continuation of CCAP authorized services is necessary for the health and well being of the eligible child.

b) Parent Based. For approval of parent-based SSACC for categorically eligible families, documented evidence must be provided from a qualified licensed health care practitioner, program, facility or responsible government authority indicating:

i) The disorder or impairment of the parent poses a serious barrier to appropriate child care/rearing. Payment for CCAP authorized child care may be made while the parent is participating in an appropriate remediation or

rehabilitation protocol, such as substance abuse treatment, parenting skills training, therapy or counseling, that will lead to the alleviation of the need for services and progress toward great self-sufficiency. In such cases, DHS may require the applicant to provide documentation of a family assessment, conducted by a qualified provider, when evaluating the need for SSACC services. However, in no instance shall DHS authorization of SSACC for a categorically eligible child include, or otherwise be based upon, an assessment of whether the parent can successfully complete the remediation/rehabilitation protocol; or

ii) The health condition of the parent both prohibits employment or participation in a RIW employment plan and routine child care activities necessary to maintain the health and safety of the child. A parent hospitalized as a result of an acute illness or condition, or bedridden while recovering from an illness or condition for a limited period, may be eligible to receive partial or full payment of child care expenses until able to resume employment, subject to the general restrictions of this subsection.

3) Limitations. The scope of SSACC shall be limited as follows:

a) SSACC shall not be authorized for more than full-time in any twenty-four (24) hour period as defined in section 0850.02.07;

b) SSACC authorized services shall be approved, upon initial request, for up to three (3) months, and may only be approved for an additional three (3) months period in any twelve (12) month period, if the family provides documentation to DHS indicating that:

i) The parent's condition will improve during the additional time to the extent necessary for the parent to return to work or participate in their RIW employment plan, once the extension is over; or

ii) The child's permanent placement in a long-term treatment or special needs program cannot be arranged without additional time.

c) In no case shall child-based SSACC serve as an adjunct to or a substitute for services, administered by other government agencies or their designees that provide long-term treatment or otherwise address the special needs of a child. Similarly, authorization of parent-based SSACC is not based on an assessment of whether the successful remediation/rehabilitation can be achieved and shall not be portrayed as such for any purpose. Accordingly, authorization of SSACC under the requirements set forth in this section shall not be construed to or in any way mitigate, or otherwise address, the underlying cause -- e.g., impairment, serious health condition, etc.--creating the need for services.

4) Notices, Rights, and Responsibilities. Families applying for SSACC are accorded the same right to timely and adequate notice, to appeal DHS decisions and to be informed of application and enrollment status applicable to all other CCAP applicants/beneficiaries set forth in Section I. Except as the special need for services requirements for the SSACC established in this section apply, the responsibilities of DHS, approved providers, and the families of an eligible child related to application, enrollment and payment of allowable child care expenses shall also be the same as those specified for the CCAP.

0850.02.07 AUTHORIZATION OF CHILD CARE SERVICES

REV:10/2007

G. Authorization of Child Care Services: 0850.02.07. Upon determining that a family is either categorically or income eligible for the CCAP, the RIW or CCAU representative shall make an assessment of the scope of authorized child care required to meet a family's need for services.

1) Assessment of Need for Services. The authorization for CCAP child care services is based on an assessment of the following factors related to the need for services:

a) The number of hours each day per week that the parent(s) of an eligible child is employed or engaged in a RIW or YS approved activity that requires child care services. One (1) hour per day of child care may be added to the daily total to cover travel time from the child care location to place of employment/approved activity and return. Additional travel time may be allowed if there is a documented need, related directly to meeting work or employment plan commitments.

b) In cases where the parent is requesting CCAP services under either subsection 0850.02.04 or, 0850.02.05, or the SSACC, the allowable child care expense is based on total number of hours each day per week that a parent is not available to provide routine child care for the child.

Documentation provided by the parent that verifies the work schedule or approved activities establishing the need for services shall be used in assessing the total amount of child care services authorized.

2) Scope of CCAP Authorized Child Care Services. Upon completing the assessment of a family's need for services, the RIW or CCAU representative determines the scope of CCAP child care services appropriate for each eligible child in the family. CCAP child care services are then authorized as follows:

a) Full-time (FT) child care, for thirty (30) or more hours per week;
b) Three-quarter time (3QT) child care from twenty (20) up to thirty (30) hours per week.
c) Half-time (HT) child care, from ten (10) up to twenty (20) hours per week; and
d) Quarter time (QT) child care, for less than ten (10) hours per week.

3) Limitations. Authorized child care shall be utilized within the following parameters:

a) Certification Period. The department authorizes CCAP child care for a specific period of time that begins on the initial eligibility date, and continues until the next scheduled date, as specified in 0850.02.03, unless it has been predetermined by the RIW or CCAU representative that the family's need for services can be met by authorizing CCAP child care for a shorter period of time.

b) Need for Services. CCAP authorized child care corresponds to, and is generally expected to be utilized during, the hours when a family has a need for services as defined in Section 0850.02.02 of these rules.

c) Multiple Providers. An eligible child may receive CCAP authorized services from multiple providers if necessary for a family to meet a need for services due to split shifts or non- traditional employment schedules, but only in instances in which the hours of authorized child care rendered by each provider

do not overlap. In no case, shall DHS pay more than one provider for the same hours of child care services authorized for a particular eligible child.

d) Hours for School Age Children. CCAP services shall not be authorized for school age children during hours when school is in session, which are defined as from 9:00 AM to 2:00 PM.

Further, CCAP services will not be authorized for youths aged thirteen (13) to sixteen (16) years old, who have no approved disability, for the hours from 5:00 AM to 9:00 AM.

e) Payment. Payment for CCAP authorized services shall only be made when rendered by child care providers approved by DHS, who meet the requirements established in section 0850.03.02, of this rule.

f) Age Restrictions. Before school care shall not be authorized for eligible school age children age thirteen (13) and over unless a child has a documented disability that requires the child to have adult supervision. Non-certified approved providers shall not receive CCAP payment for care provided to children age thirteen (13) or over unless the child has a documented disability as specified in this subrule.

g) Authorized Absence. An eligible child, enrolled with an approved provider, shall not be absent for more than two (2) full weeks of authorized child care in a given twelve (12) month period, unless granted a good cause exemption by DHS as a result of a serious health condition or unusual family circumstance.

Parents shall make requests for good cause exemptions, in writing, to the unit of DHS that determined eligibility for the CCAP. Timely notice, including a statement of appeal rights, shall be sent to the family by DHS explaining the basis for granting or denying the request for an exemption to the two week limit on absences from authorized CCAP child care.

i) Once the two (2) week limit has been reached, no payment shall be made for periods of authorized child care in which the eligible child is not in attendance unless a good cause exemption has been granted.

ii) The department reserves the right to consider repeated extended absences of an eligible child when making recertifications of CCAP eligibility.

0850.02.08 ENROLLMENT FOR CCAP AUTHORIZED SERVICES

REV:01/2004

H. Enrollment for CCAP Authorized Child Care Services: 0850.02.08. Through the enrollment process, the family of an eligible child and the CCAP approved child care provider of choice make the arrangements necessary for the delivery of CCAP authorized services, in accordance with the requirements established by the department for payment of allowable child care expenses. The child care provider is required to transmit the pertinent information about these arrangements to DHS using the CCAP automated enrollment system. All CCAP approved providers shall have access to the CCAP automated enrollment system and are required to enroll all eligible children through that system as a condition of receiving payment for CCAP authorized child care services. Enrollment responsibilities for CCAP authorized services are delineated as follows:

1) DHS Responsibilities. DHS is responsible for providing the families of eligible children with the following documentation necessary to complete and confirm enrollment:

a) CCAP Certificate Number. DHS shall issue each family applying for child care assistance a CCAP certificate number, to serve as a unique identifier for the purpose of enrolling an eligible child for authorized services and establishing a basis for payment to a CCAP approved provider. Both the letter acknowledging that an application for the CCAP is pending, and a certificate (Certificate of CCAP Approval) appended to the notice approving CCAP eligibility shall display prominently a family's CCAP certificate number. In order to enroll an eligible child the family is required to present the CCAP approved provider of choice with the certificate number to verify either that application for CCAP services has been made or eligibility for services has been approved. The approved provider uses the certificate number to enroll the family for authorized services via DHS's secure CCAP automated enrollment system. Enrollment must be completed before or during the first week that CCAP authorized services are provided.

b) CPD. The CPD contains the names of all child care providers that have applied for and met the minimum requirements to be approved to participate in the CCAP. A family choosing to use a non-certified provider, or a DCYF licensed or certified provider that is not listed in the CPD, shall be provided with information explaining DHS approval requirements as specified in Part III of this rule. Types of approved providers are defined in section 0850.03.01.

c) Confirmation of Enrollment. Once the enrollment process has been completed, a letter shall be sent from the department to both the family and provider that confirms enrollment of the child(ren) and indicates the assignment of the family's share of the cost for authorized services, if any. DHS also sends a letter confirming enrollment when there is a change in approved providers. In addition, a written letter discontinuing services is sent by DHS to the previous provider, and copied to the family, in such cases as well.

d) Authorization for Payment. DHS shall initiate the process for authorizing payment to a provider for allowable child care expenses upon receipt of the notification that an eligible child has been enrolled in accordance with subsection (3), as specified below. DHS reserves the right to deny payment for services to providers who fail to enroll eligible children within the first week that an eligible, or potentially eligible, child begins care with that provider.

2) Responsibilities of the Family. To initiate the process of enrolling an eligible child for CCAP authorized child care services, the family of the child shall contact a CCAP approved provider and present the Certificate of Approval for CCAP services or, their CCAP certificate number.

a) Enrollment During The Pending Period. As indicated in section 0850.02.03(5), some approved child care providers may be willing to enroll a child, using the CCAP certificate number, while their application is still pending and before the final determination of eligibility.

The certificate number may first be issued to the family in the pending letter, which acknowledges that the application has been received and is pending further review. If no pending letter is sent and the application is approved, the certificate number is issued to the family in the Notice of Approval. In such instances, the following conditions apply:

i) If the application for CCAP child care services is subsequently denied by the department, no payment shall be made for any child care services rendered during the period when the application was pending and before the final determination of eligibility.

ii) If a family does not give their DHS certificate number to a provider, the provider may hold the family liable for payment for any child care services used.

b) Providing Information to Approved Providers. CCAP Approved Providers. The family of the child shall present the CCAP certificate number to an approved provider when making arrangements for authorized child care services.

The family shall also provide any information required for CCAP web or telephone enrollment requested by the provider.

c) Enrollment with Multiple CCAP Approved Providers.

DHS shall not make payment to more than one approved provider for any one hour or set period (e.g., before school care) of CCAP authorized child care services. A family choosing to enroll a child for authorized services with multiple providers shall advise each provider accordingly when making arrangements for child care. The CCAP automated enrollment system prevents enrollment of, and payment for, services to an eligible child during overlapping hours. No more than one (1) provider shall be authorized to provide full time services to an eligible child for a specific period of care.

d) Changing Providers. The family of an eligible child may choose to change approved child care providers at any time while authorized for CCAP child care services.

However, DHS is permitted to make payment to only one approved provider for a particular hour or set period of CCAP authorized child care once the week begins.

Accordingly, families are best served when changes in providers are arranged to take effect at the start of the week (Sunday). To the extent time and circumstances allow, notification of the change should be made by the parent to any providers involved. In general, however, to change approved child care providers a family is required to present the CCAP certificate number to the new provider of choice and make the arrangements necessary for authorized child care services. Enrollment information sent to DHS by the new approved provider through the CCAP automated enrollment system shall automatically disenroll the eligible child from, and thereafter prohibit payment for, child care services rendered by the child's previous care provider. Families may change approved providers at anytime during the CCAP eligibility period.

e) Services in Excess of CCAP Authorized Child Care. A family may choose to enroll an eligible child for services in excess of the CCAP period authorized. No CCAP payment shall be made for any unauthorized hours of child care even with an approved provider.

3) Responsibilities of CCAP Approved Providers. It shall be the responsibility of the CCAP approved provider selected by the family of an eligible child to officially enroll a child for authorized services before or during the first week that CCAP authorized services are provided.

Only child care providers who have been approved and entered into a signed and valid DHS-Approved Provider Agreement, have access to the DHS CCAP automated enrollment system. Both DHS approval and access to the CCAP automated enrollment system are necessary preconditions for provider participation in the CCAP. (See section 0850.03 of this rule for requirements for approval.)

a) Provider Enrollment Procedures. The approved child care provider collects the information necessary to officially enroll a child for the CCAP services in the process of making arrangement for child care with the child's parent(s). Such information includes: the CCAP certificate number; the child's full name and date of birth; and, the start and, if known, end dates for the authorized services requested. The enrollment process varies somewhat depending on whether the application for the CCAP is under review and eligibility is pending or eligibility has been approved as follows:

i) Eligibility pending. The approved provider shall use the CCAP certificate number issued by DHS in the letter acknowledging receipt of the application, as specified in section 0850.02.03(5), when enrolling a child whose eligibility for authorized services is pending. The enrollment process is not completed unless and until CCAP eligibility has been approved. Any provider that has not been approved by DHS shall not initiate enrollment of a child for the purposes of seeking CCAP payment, irrespective of whether a final determination of eligibility has been made. If the application for CCAP services is subsequently approved, payment for any CCAP authorized services rendered while the application is pending shall be made by DHS to the approved provider as long as the child was appropriately enrolled. Upon receipt of payment from DHS, the approved provider shall refund the family for any allowable child care expenses paid by the family during the period in which the application was pending. The approved provider shall not apply any refund due the family to cost-sharing obligations the family may incur for CCAP authorized services that may be rendered at a later date, unless expressly requested, in writing, by the eligible child's family.

ii) Eligibility approved. An approved provider enrolls a child using the DHS CCAP automated enrollment system.

The enrollment process is complete when DHS receives notification from the provider via DHS's CCAP automated enrollment system. DHS sends a letter confirming enrollment to the family and provider. The letter shall serve as notification to the approved provider that DHS has accepted the eligible child's enrollment. The approved provider may begin to bill DHS for allowable child care expenses.

b) Dis-enrolling Children. The approved provider shall dis-enroll a child immediately upon receiving notice that an eligible child shall not be using services any longer, for any reason. Upon receiving notification from the family of an eligible child that alternative child care arrangements have been made, the eligible child shall be disenrolled, as appropriate, and the relevant information sent to DHS via the CCAP automated enrollment system.

Failure of the parent to properly notify a provider of the child's disenrollment, shall not constitute grounds for continued payment.

c) Provider Capacity. CCAP approved child care providers shall monitor enrollment patterns to ensure that the number of children receiving services at any one time remains within the provider's authorized maximum capacity; that is, the total number of children in a provider's care- -both CCAP eligible and non-

eligible children.

i) The Rhode Island Department of Children, Youth and Families (DCYF) establishes the maximum capacity for all state regulated child care centers, and family child care homes in the applicable standards for licensure and certification. CCAP approved providers subject to DCYF regulations shall not be permitted to enroll an eligible child through the DHS CCAP automated enrollment system when at full capacity.

ii) Approved non-certified providers, though not directly regulated by DCYF, are prohibited by the State from caring for more than three (3) unrelated children or up to six (6) children related to the provider at any one time without obtaining DCYF certification as a family child care home. Any children of the non-certified provider are excluded from the count until enrollment reaches the limit of three (3) unrelated children. The children of the non-certified provider who are under six (6) years of age count toward the maximum limit of six (6) related children. DHS shall not make payment for an eligible child once the maximum number of unrelated children allowed for a non- certified provider has been reached.

iii) Approved child care providers cannot retroactively enroll an eligible child. Approved providers must enroll both eligible and pending children before or during the first week that care is delivered if DHS payment is anticipated.

0850.02.09 NOTICES, RIGHTS AND DUTIES

REV:08/2008

To ensure that the Child Care Assistance program (CCAP) is administered in an equitable, effective and efficient manner, the following requirements have been established:

1) Notices. Applicants for the Child Care Assistance Program shall receive timely and adequate notice from DHS of eligibility determinations. The department shall also provide timely and adequate notice of any adverse decisions that terminate or reduce benefits.

a) Notice of Approval. Upon determining that an applicant meets the general requirements for the CCAP in Section 0850.02.02 and the criteria for either categorical (0850.02.04) or income (0850.02.05) eligibility, Notice of Approval shall be sent by DHS informing the family of the eligibility start and end dates and the scope of services authorized. The notice shall also indicate whether an income eligible family is required to pay a share of the cost for CCAP authorized services and the amount of that family share in accordance with the table included in Part IV of this rule. In addition, the Notice of Approval shall state that any eligible children in the family shall only be enrolled for CCAP authorized child care services by a CCAP approved provider, who has a signed and valid DHS-CCAP Approved Provider Agreement and is listed, accordingly, in the Central Provider Directory (CPD). Notices of approval are also sent when there are additional children in the family approved for the CCAP. An approval notice may include, as an attachment or separate enclosure, any information about the CCAP that DHS deems necessary and appropriate to assist families in making arrangements to enroll an eligible child for authorized services.

B) Notice of Adverse Actions. DHS shall send timely and adequate notice of any decisions that adversely affect a family's CCAP eligibility or the scope of authorized services.

All notices of adverse action shall contain:

(1) acknowledgment of a client's request for withdrawal of an application, or discontinuance of benefits, if applicable;

(2) the reason for the proposed adverse action and citation of the applicable rule herein;

(3) a statement indicating that the family may discuss the pending adverse action with the appropriate RIW or CCAU representative and, if further review is deemed necessary, schedule an Adjustment Conference to the discuss the action further with the designated supervisor; and

(3) and explanation of the family's right to request a hearing within thirty (30) days of the date of the notice. Notices in this category include those indicating denial or discontinuation of CCAP eligibility, or change in CCAP authorized services.

i) The notice of denial shall be sent by DHS to a family when a department representative determines that a case, or an applicant in a case, is ineligible for the CCAP.

ii) The notice of eligibility discontinuation shall be sent when a decision made by the department results in the discontinuance of CCAP eligibility for a particular child or for the family as a whole.

iii) A notice of change in authorized services shall be sent to a family in situations in which a DHS decision results in change in the scope of authorized services or the family share obligation that reduces the level of CCAP benefits or otherwise adversely affects the family.

(a) When a change in the family's eligibility or need for services results in a reduction, suspension, or discontinuance of DHS payment to the provider, a notice of adverse action shall be sent to the family at least ten (10) days prior to the effective date of the action. However, not all changes in the scope of CCAP authorized services are considered adverse actions. A notice is also sent, for example, when a change in family income results in a decrease in the family's cost-sharing obligation.

(b) Notice of Eligibility Redetermination.
Eligibility for the CCAP shall be redetermined by DHS on a periodic basis in accordance with the applicable program requirements if the recipient is categorically eligible; or at no more than six (6) month intervals if the recipient is income eligible. DHS shall provide families with notice, in writing, of the date of the recertification and by no later than the first day of the last month of the current eligibility period. The Notice shall indicate that the family must make re-application for CCAP eligibility by submitting the appropriate signed form and any documentation required for the purposes of verifying eligibility or the need for services, as indicated in section 0850.02.03(1)-(3). Once the eligibility recertification process has been completed, DHS sends either a Notice of Approval, or Denial, or a Notice of Adverse Action, as specified in this subsection.

2) Rights Applicants for, and beneficiaries of, the Child Care Assistance Program have rights during the determination of eligibility, and during the receipt of benefits.

A) Right to Appeal and Request a Hearing.
In conjunction with notices informing applicants/beneficiaries of initial eligibility determinations, adverse actions, and recertifications, DHS shall inform the family of the right to appeal and request a hearing. The Notice of Approval shall include information pertaining to the right to appeal the eligibility date, the amount or type of authorized services, the family's cost-sharing obligations, and any other matters related to the scope of CCAP benefits approved. Notice of adverse actions shall include information pertaining to the right to appeal DHS's decision (e.g., denial, discontinuation, change in authorized services), the scope of its impact, and the basis on which the decision was made. Appeals shall be sent to the office or unit of the department that made the determination of eligibility or decision resulting in an adverse action.

3) Duties Both DHS and the family of the eligible child have a duty to provide certain kinds of information, as follows:

A) DHS: Confirmation of enrollment. It is the duty of DHS to provide the family of an eligible child with written Confirmation of Enrollment for CCAP authorized services.

Accordingly, upon receiving notification of enrollment of an eligible child from an approved provider, DHS shall send a client written confirmation of an eligible child's enrollment for authorized services by the provider. The

Confirmation of Enrollment shall specify the approved provider who enrolled the eligible child and, as such, who shall receive payment, if any is required, from DHS for CCAP authorized child care services. Any cost-sharing obligations for an income eligible family shall also be specified in the Approval Notice and the Confirmation of Enrollment.

B) Applicant: Reporting requirements. It is the duty of the client requesting for parent of the applicant child to make accurate, complete, and timely disclosure of all information necessary for DHS to determine the following:

- The family's eligibility for child care benefits.
- The family's authorized hours for child care services.
- The family's child care co-payment.

Such disclosure shall be made at the time of initial application and determination of eligibility, at redetermination of eligibility, and within ten (10) days of any change in the following information: address, household composition, wages and salaries, other household income such as Child Support, TDI, Unemployment Insurance, SSI, etc, schedule of work hours, resources, employers, employment commitments and any related approved activities, citizenship, health status (if SSACC eligible), and any other matters related to the general requirements and criteria for CCAP categorical or income eligibility, the authorization of services, and the payment of allowable child care expenses relating to the requirements and criteria included in Sections 0850.02.02 - 0850.02.06.

Changes should be reported and documented to the unit of the department responsible for determining CCAP eligibility.

In addition, RIW cash beneficiaries shall report absences of a dependent child from the home, expected to exceed thirty (30) days, within five (5) days of the date the parent becomes aware of the child's anticipated absence.

If the agency representative discovers that the household failed to report a change as required by Section 0850.02.09. and as a result, received child care benefits to which it was not entitled,the agency representative refers an improper payment claim to the CCR/Fraud Unit.

An improper payment occurs when the child care benefit amount paid exceeds the benefit that would have been issued if the payment were calculated correctly based on accurate information that was reported , verified, and acted on in a timely manner.

The CCR/Fraud Unit establishes whether the improper payment was agency caused, household caused, or intentional fraud

violation and recovers the improper payment in accordance with Section 0850.11.

4) When information provided to DHS in conjunction with the duty to report requires a change in CCAP authorized services, the following apply:

(a) If the resulting change in CCAP authorized services does not adversely affect the family, implementation will begin, in most circumstances, on the first Sunday following the date the report was made to DHS;

(b) If the resulting change in CCAP services has an adverse impact on the family, notice of the change shall be provided by DHS to the family at least ten (10) days prior to the implementation date.

5) Any change in the amount of income by any member of the financial unit must be reported to DHS within ten (10) days of the date the change takes effect. Upon receipt of the report, CCAP eligibility shall be recalculated based on the reported change in income.

(a) For income eligible families, changes in the amount of gross monthly income of twenty-five ($25) dollars or less need not be reported until the next certification period. This exception accommodates occasional bonuses, overtime and seasonal changes in employment.

(b) Changes in sources of income and in household composition must also be reported within ten (10) days of the date the change takes effect.

6) Any change in the amount of countable resources (See Section 0850.02.05,E,2) available to the financial unit must be reported to DHS within ten (10) days of the date the resource level changes, if the change would affect eligibility. Upon receipt of the report, CCAP eligibility shall be recalculated based on the reported change in resources.

0850.02.09.05 Underpayments

REV:08/2008

If the household was eligible to receive child care assistance benefits, but received a benefit that was less than that to which they were entitled, an underpayment has occurred. The failure to issue a benefit for a benefit month in which the household was eligible for such a benefit also constitutes an underpayment.

Eligibility for Correction of Underpayment

The agency representative corrects the underpayment as soon as possible, but not later than thirty (30) days after discovery of the underpayment, to a current recipient or one who would be a current recipient had the error causing the underpayment not occurred.

In cases involving an underpayment and an overpayment in the same month, the

agency representative must factor in both in determining what the correct payment should have been. If an underpayment still exists, it is promptly corrected.

For purposes of determining eligibility and the amount of assistance, a retroactive corrective payment is not considered income, nor is it considered a resource in the month received or in the following month.

0850.03 CHILD CARE CENTRAL PROVIDER DIRECTORY

REV:08/2004

The Department of Human Services shall only make payment only for CCAP authorized child care services when rendered by DHS CCAP approved child care providers. To obtain approval, child care providers shall meet the minimum requirements set forth in this section, including entering into an agreement with DHS that fulfills the requirements set forth in this subrule. Providers that have obtained DHS approved status are listed in the CCAP Central Provider Directory (CPD) maintained by the Office of Child Care (OCC). The OCC established the CPD to serve as the single point of entry for all providers seeking approval to participate in the CCAP, receive payment for authorized child care, and gain access to DHS subsidized health insurance coverage and other programs administered by DHS.

A provider may begin to provide authorized services to CCAP eligible children during the week that an application for the CCAP approval has been submitted to the OCC. However, DHS shall only make payment for such services when, and on the condition that, the provider is granted CCAP approved status, completes the introductory training, and enrollment and reporting activities specified in this rule.

0850.03.01 Definitions

REV:09/2007

For the purposes of this section, the terms below have the following meaning:

"Approved Non-certified Child Care Provider" means any relative, friend or neighbor of a family eligible for CCAP rendering child care in the home of the child or the provider, who has been successfully screened by the department in accordance with the requirements set forth in Section 0850.03.03 of this subrule and determined eligible to participate in the CCAP, listed in the CPD, and receive payment for allowable child care expenses.

Non-certified providers are not required under applicable State laws (R.I.G.L.42-72.1 et.seq.) to obtain licensure or a certificate of registration from the Rhode Island Department of Children, Youth and Families, but must meet the capacity requirements as specified in Section 0850.02.08(3). Non- certified providers are only approved in CCAP as long as they have CCAP pending or an eligible child in their care.

"Approved Nursery School" means a program for preschool age children approved by the Rhode Island Department of Education.

"Allowable child care expense" means the total cost of CCAP authorized child

care services paid by DHS to an approved provider after deducting the amount the family is required to pay the provider as its share of the cost (or family share) for authorized services.

"CCAP Approved Provider Agreement (APA)" means the agreement that all CCAP approved providers must sign with DHSS that establishes the respective responsibilities and obligations of both the Department and the provider.

"CCAP Approved Provider Introductory Training" means the introductory training session(s) about the CCAP, conducted by the Office of Child Care (OCC) and that approved providers must complete in order to receive DHS reimbursement of allowable child care expenses.

"CCAP Approved Provider Rate Report (APRR)" means the report that providers must complete and submit to the OCC to gain or maintain approved provider status. The APRR requires providers to specify the actual rate they charge for child care services rendered to non-CCAP subsidized families. As part of this report, providers are also required to submit their published rate schedule for all payers other than DHS/CCAP. The APA shall include the Approved Provider Rate Report (APRR) and this report will be incorporated into the agreement.

"Center-based Child Care Program" means a facility operated on a regular basis which receives children, not of common parentage, and provides non-residential care in a location separate from the children's parents during the day.

"Child Care Facility" means any facility that provides child care, including a center-based program or family child care home, that is licensed or certified by the Rhode Island Department of Children, Youth and Families (DCYF). The term includes facilities that have programs such as: nursery school, preschool, pre-kindergarten, child play school, before or after school care, or child development center and applies to the total child care operation, including the physical setting, administration, staff, equipment, program, and care of children.

"DHS Authorized Payment Rate for Providers" means the rate that DHS CCAP pays approved providers for CCAP authorized child care services. The DHS authorized payment rate for each provider is either the actual rate the provider charges for child care services as reported in the APRR or the DHS CCAP Established Payment Rate for each rate category, whichever is lower

"DHS CCAP Established Payment Rate" means the maximum rate that DHS CCAP will pay approved providers for authorized child care services in each rate category. This maximum rate is established based on the results of a biennial Market Rate Survey as defined in Rhode Island law (R.I.G.L. 40-6.2-1.1).

"Department of Children, Youth and Families or DCYF" means the Rhode Island State agency with statutory responsibility for regulating child care providers. DCYF licenses child care centers and group family child care homes and certifies family child care homes.

"Family Child Care Home" means a child care program located in the provider's home residence in which child care services may be offered at the same time to four (4) or more children unrelated to the child care provider. Family child care home shall not mean a private residence used for an informal cooperative arrangement among neighbors or relatives, or the occasional care of children with or without compensation.

R.I.G.L.42-72.1-4 requires family child care home providers to obtain a certification from DCYF.

"Group Family Child Care Home" means a child care program located in the provider's home residence in which child care services may be offered at the same time for (9), but no more than twelve (12) children unrelated to the child care provider.

R.I.G.L.42-72.1 requires group family child care home providers to obtain licensure from DCYF.

"Successfully Screened Provider" means that there is no disqualifying information or evidence of criminal activity in the background clearances and criminal record checks of the individual seeking CCAP approved non-certified provider status or of any of the adults living in the provider's household.

Child care providers who possess a valid DCYF license or certificate to operate, and who are seeking CCAP approved status, are presumed to have been successfully screened in accordance with the R.I.G.L. 40-13.2-1 et. seq.

"Summer Camp" means a DHS approved program serving eligible school age children during periods when school is out-of- session. Summer camps must meet applicable State laws and regulations pertaining to child health and safety and any other applicable DHS requirements, though employees are not subject to the DCYF screening process.

0850.03.02 CDP Approved Providers

REV:09/2007

The CCAP Central Provider Directory (CPD) standardizes the process for approving child care providers to participate in the CCAP and provide a central source of information about, and for, CCAP approved providers. The process for gaining entry to the CPD, and attaining CCAP approved status, varies depending on type of child care provider.

1) Categories of CPD Approved Providers. In general, entry into the CPD shall be limited to the following categories of child care providers:

a) DCYF Licensed and Certified Child Care Providers.

Child care providers regulated by, and operating in accordance with, the standards established by the Rhode Island Department of Children, Youth and Families (DCYF) appropriate to the child care setting. Providers in this category include licensed center-based child care programs, group family child care homes, and school-age programs, as well as certified family child care homes. Also included are summer camp programs operated by licensed centers where children spend at least part of their day at the regulated facility where DCYF center standards are maintained during the entire day.

b) Non-certified Child Care Providers. Relatives, friends and/or neighbors of families eligible for CCAP who are not required by law to obtain DCYF licensure or certification, but are authorized to participate in the CCAP. Providers in this category will only be approved as long as they have a CCAP pending or eligible child in their care and have been successfully screened by DHS as specified in section 0850.03.03 of this rule; and

c) Non-certified Centers (also referred to as Summer Camps).

This category is reserved for child care providers that are in compliance with the child care health and safety standards and/or program requirements established by the Department of Health (DOH) as well as any other pertinent and appropriate State agencies, and approved by DHS as meeting the CCAP program requirements. Summer camps, by definition, may not operate for more than twelve (12) weeks per year; and

d) Nursery Schools. Programs certified by the Rhode Island Department of Education (DOE) to operate half (1/2) day pre- school programs and approved by DHS as meeting the CCAP program requirements.

2) Scope of CCAP Approval. For the purposes of the CCAP, "approved" means that the child care provider has met the requirements to enroll eligible children through the DHS CCAP automated enrollment system, receive payment for allowable child care expenses, and participate in certain DHS programs. Although these requirements reflect the minimum standards for safe and healthful child care, CCAP approved status is not, and shall in no way be construed as, related to the quality of services rendered by the child care provider. DHS will not pay providers for services rendered prior to the week that the CPD receives their application to be a CCAP approved provider.

0850.03.03 CPD Application for Approval Process

REV:09/2007

Child care providers who fall into the categories defined in Section 0850.03.01 of these rules, may apply for entry into the CPD. In the event that the family of an eligible child selects a child care provider that is not listed as approved in the CPD, the provider must contact the Office of Child Care, to request the appropriate CPD application forms and related information about obtaining CCAP approved provider status. The process for becoming approved in CCAP and entered into the CPD includes both general and category specific application requirements, as outlined below.

1) General Access Requirements. All child care providers seeking access to the CPD and CCAP approved status shall meet the following general requirements:

a) Applications shall be made on forms approved by the department. The application may vary in length and type, depending on the category of provider. Completed and signed applications, along with any required documentation, shall be submitted for review to the Office of Child Care.

b) All CCAP approved child care providers shall sign a CCAP Approved Provider Agreement (APA) that establishes the respective responsibilities and obligations of both the Department and the provider as well as the grounds for discontinuation of approved status. No payment shall be made for allowable child care expenses until the Department receives the original APA, signed and dated by the child care provider and notarized or witnessed by a member of the staff of the OCC.

Providers shall agree to the terms and conditions set by DHS for:

* Completing the APRR;

* Enrolling eligible children;
* Complying with maximum capacity limits;
* Transmitting documentation of authorized services rendered;
* Establishing the DHS authorized payment rate for services provided to CCAP eligible children enrolled in care as well as the payment method and interval;
* Ensuring the safety and well-being of children in their care; and
* Filing timely reports to DHS about changes in enrollment, licensure, or certification status, capacity or any other such matters as deemed necessary to maintain the CPD and authorize payment for services.

c) Providers, and any substitute providers, shall be successfully screened through a background clearance and criminal record check by the department specified --DCYF or DHS- - category specific requirements established in subrule (2) of this subsection;

d) Providers shall be U.S. citizens or submit documentation of a legal immigration status that includes the appropriate authorization to work in the child care field, or a related, industry. DHS is prohibited from making payment to, and therefore will not approve, non- citizen providers who do not have proof of such authorization; and

e) Meet any category specific requirements set forth in this subsection.

2) Category Specific Access Requirements. In addition to the general access requirements, child care providers shall meet the following category specific requirements in accordance with R.I.G.L 40-5.1-17(b):

a) DCYF Licensed and Certified Child Care Providers. To be eligible to be CCAP approved, a child care provider operating under the jurisdiction of DCYF shall:

i. Provide documentation of a valid State of Rhode Island license or certificate to operate, deemed by DCYF to be in good- standing, and meet any additional requirements specified by DHS.

Individuals operating, or employed by, child care centers and family homes regulated by DCYF are subject to screening -- including both a background clearance and criminal records checks -- as part of the process of obtaining and maintaining licensure or certification. Accordingly, a valid license or certificate in good standing is considered evidence of successful screening for the purposes of this section. For continued eligibility, all licensed providers are required to submit a schedule of their rates for non-assisted or non-subsidized families. If a provider's license lapses, is revoked, or otherwise becomes invalid, DHS shall initiate appropriate action to discontinue approved provider status. A provider whose approved status is discontinued must submit a new application to be considered for reinstatement as CCAP approved provider.

ii. For continued approved provider status, all licensed and certified providers are required to complete and submit a CCAP Approved Provider Rate Report (APRR) that includes their published rate schedule. The CCAP APRR specifies the actual rate a provider charges for child care services rendered to any non-CCAP subsidized families in all rate categories. The APRR is used to determine the DHS Authorized Payment Rates for Providers. If a provider does not have a published rate schedule, the provided shall make a statement

attesting to that fact, as indicated, in the appropriate section of the CCAP APRR.

b) Non-certified Child Care Providers. To be eligible for CCAP approval, a non-certified provider shall:

i. Be relatives, friends or neighbors of families eligible for CCAP who have been requested to provide child care services to a CCAP pending or eligible child.

ii. Submit a completed and signed CPD/CCAP application packet including a signed Health and Safety Certification Form in which the provider attests to being free of any physical, mental and/or emotional condition(s) with the potential to endanger children or impede the ability to care for children.

If an applicant is receiving disability related income and/or supportive health care services, or has been hospitalized for a chronic condition for one (1) day or more in the last year, a treating physician must submit either medical documentation on the appropriate DHS form, or a signed letter, indicating that the applicant is capable of providing safe and appropriate care for children.

Additionally, the application shall contain the following:

(a) A W-9 Form (Request for Taxpayer Identification Number and Certification) completed and signed by the provider;

(b) Proof that the applicant is at least twenty-one (21) years old as verified by a birth certificate or other legal document that contains an applicant's date of birth;

(c) A valid social security number or proof that the applicant is a United States citizen or a non-citizen who is lawfully entitled to reside and work in the United States;

(d) Proof of the applicant's Rhode Island residency and of a stable address. A post office box is not an acceptable form of proof of Rhode Island residency, though it may serve as an applicant's official mailing address.

(i) As used in this subrule, a stable address means that the applicant intends to maintain one principal place of residence once approved for the CCAP. For the purposes of CCAP, a stable address is necessary to ensure prompt enrollment of eligible children, timely payment for authorized services and to protect the safety and security of the child care environment.

(ii) A signed and dated mortgage, lease or rental agreement in which the applicant, or the parent or spouse of the applicant, is a legally responsible party shall be considered acceptable proof of a stable address. A person who lives in a residence as a boarder is not considered to have a stable address and, as such, does not meet the requirements of this section.

(iii) At least thirty (30) days prior to the actual date of a planned move, an approved non-certified provider must submit to the Office of Child Care (OCC), the information necessary to verify the address of, and the intent to maintain, a new principal place of residence. The provider shall also report any changes in household composition that occur in tandem with, or as a result of, the change in residence.

(iv) An approved provider who makes multiple changes in the principal place of residence during the two (2) year period of CPD status is not considered to have a stable address.

Accordingly, CPD status of such providers is subject to review by the Office of Child Care and possible discontinuation of certified provider status.

e) Proof that there is a working telephone accessible at all time at the applicant's residence as verified through a current phone bill. A cell phone number is acceptable, provided that documentation is provided showing that the phone is attached to the provider's residence;

f) Information on the applicant, and all adult members of the applicant household, including social security numbers and dates of birth; and

g) A CCAP Parent-Provider Enrollment Agreement for each CCAP assisted child the provider intends to care for signed by a parent who has submitted an application for child care assistance from DHS and is currently pending or eligible for such assistance from the CCAP; and

h) A self-declaration specifying how many children (both CCAP assisted and non-CCAP assisted) will be rendered services, including any related children. Non- certified providers are limited to caring for three (3) unrelated children, or six (6) children if an acceptable degree of relationship to the provider can be proven. The provider's children under six (6) years of age shall be included in the maximum number of six (6) related children.

In instances in which the eligible children are related to the provider, legal documentation must be submitted to the CPD verifying that the provider has a relationship of acceptable degree to the eligible child(ren). For the purposes of the CCAP, a relationship of acceptable degree is an eligible child's aunt, uncle, grandparent, great grandparent, great aunt, great uncle, or adult sibling age twenty-one (21) or older. The Central Provider Directory (CPD) shall accept as verification of the provider's relationship the legal documents specified in Section 0806.15.05 of the RIW administrative rules. Information about the required legal documentation shall be made available to the provider by the CPD upon request.

iii. Be successfully screened, along with all members of the provider's household, at the time approved status is initially requested, and at two year intervals thereafter.

The screening process entails a background clearance performed through DCYF's Rhode Island Children's Information System (RICHIST) Unit, and a criminal record check (also referred to as a background criminal investigation or BCI) conducted by the Rhode Island Attorney General's Office. To be successfully screened, the following criteria shall be met:

(a) DCYF/RICHIST clearances. There shall be no disqualifying information, and no record of substantiated involvement in an investigation that may result in disqualification, as defined in the applicable DCYF policy, as amended, in the RICHIST background clearances of the provider and members of the provider's household. Any changes in the composition of the household must be reported immediately.

Background checks on the entire household shall be conducted anytime there is a change in the composition of the approved provider's household.

(b) BCI Record Check. There shall be no evidence of criminal activity in the BCI record check of the provider and members of the provider's household. For the purposes of this section, evidence of criminal activity is defined as a conviction or plea of nolo contendere in any criminal matter or the fact that the individual has outstanding or pending charges, related to any of the following:

Types of Criminal Activity

Offenses Against the Person:
- Murder
- Voluntary manslaughter
- Involuntary manslaughter
- Kidnapping
- Kidnapping with intent to extort
- First-degree sexual assault
- Second degree sexual assault
- Third degree sexual assault
- Assault by spouse
- Assault with intent to commit specified felonies
- Felony assault
- Domestic assault
- First-degree child abuse
- Second-degree child abuse

Offenses Against the Family:
- Incest
- Child snatching
- Exploitation for commercial or immoral purposes

Public Indecency:
- Transportation for indecent purposes:
- Harboring
- Prostitution
- Pandering
- Deriving support or maintenance from prostitution
- Circulation of obscene publications and shows
- Sale or exhibition to minors of indecent publications, pictures, or articles
- Child nudity in publication

Drug offenses:
- Any offense constituting a felony which is enumerated in R. I. General Law 21-28-81.01 et seq., the Uniform Controlled Substances Act.

(c) Office of Child Care Review. The Office of Child Care reserves the discretion to deny approval of an application in circumstances when the evidence in the criminal record of a member of the household indicates a pattern of behavior that poses a risk to the safety and/or well-being of the eligible children to receive care. Such a determination shall only be made subsequent to a comprehensive review of the information provided through the clearances and background checks required in this section, as well as any related official documents pertaining to the criminal record of the applicant or household member that may become available.

0850.03.04 Determination/Maintenance Of Provider Status

REV:09/2007

The Office of Child Care shall review a child care provider's application, complete the screening process, where appropriate, and make a determination of the CPD's provider status in no more than thirty (30) days from the date the appropriate signed application form and any required documentation are date-stamped as received by DHS.

1) CCAP Approved Status Granted. Upon determining that a child care provider has met the general and category specific requirements, signed the CCAP Approved Provider Agreement (APA), and completed the CCAP Approved Provider Rate Report (APRR), DHS shall provide notification in writing of their approved status to the provider. Upon completing the Approved Provider Introductory Training, the provider gains access to the CCAP automated enrollment system.

2) Application Denied. Applicants who do not meet the general and category specific requirements shall be denied CCAP approved status. The Department shall send written notice to the child care provider indicating the reasons for denial and providing information on how to request a hearing and appeal the decision.

Any provider who has been denied on two occasions must wait a period of twelve (12) months before re-applying to be a CCAP approved child care provider.

3) Application Pending. DHS shall not make payment for allowable child care services rendered during the period while the application for approved status is pending.

However, if approved status is granted, the provider will be reimbursed for such services at the DHS Authorized Payment Rate, in accordance with section 0850.04.02, but only after an Approved Provider Agreement has been signed and the Approved Provider Introductory Training has been completed.

4) Approved Status Discontinued. The Department shall reserve the right to remove a child care provider from the CPD and discontinue approved status in CCAP upon obtaining evidence that the provider has met any of the criteria outlined in these rules. Notice of Discontinuation of CCAP approved status shall be sent to the provider and include the reasons for the discontinuation and information on how to appeal DHS's decision.

DHS shall also notify the families of any eligible children affected by discontinuation of the provider's approved status.

The grounds for discontinuation of approved provider status and termination of the provider agreement are specified in Section F of this subrule.

5) Renewal. All CCAP approved providers, are listed in the CPD.

Non-Certified Providers are listed in the CPD for two (2) years (as long as they continue to provide child care for a CCAP pending or eligible child) and Licensed/Certified Providers for a period of five (5) years. After this period of time, a provider must be re-approved and present appropriate documentation to the CPD to remain active. Notice shall be sent to approved providers indicating

the dates and requirements for renewal of CPD status at least thirty (30) days prior to the end date of their period of approval.

0850.03.06 DHS-CCAP Approved Provider Agreement

REV:08/2008

All CPD approved child care providers shall sign an agreement with DHS that establishes the respective responsibilities and obligations of both the department and the provider and the grounds for discontinuation of approval as specified in this subsection. The signature on the agreement with DHS shall be notarized or witnessed by a member of the staff of the OCC. No payment shall be made for allowable child care expenses until the department receives an original copy of the DHS-CCAP Approved Provider Agreement, signed and dated by the child care provider.

(1) Terms and Conditions for Payment.

Based on section 0850.04.02 of these rules, the department shall determine the DHS Authorized Payment Rate for each eligible child enrolled. The department shall also determine the method that approved providers shall use to request and receive payment for allowable child care expenses.

(2) Termination of the Provider Agreement and Discontinuation of Approved Status.

In certain circumstances, the department may determine that an approved provider is no longer qualified to provide authorized CCAP services and, as a result, approved status shall be discontinued. In such case, the department shall cease payment for any CCAP services rendered by the provider, access to the DHS CCAP automated enrollment system is denied, and any health care assistance is terminated.

a. Grounds for Discontinuation. The department reserves the right to discontinue DHS approved status for providers for any of the following reasons:

i. Failing to meet the terms and conditions established in the DHS-CCAP Approved Provider Agreement;

ii. Engaging in fraudulent or other unlawful acts:
in obtaining or seeking to obtain CCAP approved status;
in providing or receiving payment for CCAP;

in utilizing the CCAP automated enrollment system;

iii. Knowingly providing false information to obtain benefits from any DHS program or any other federally funded program; in not reporting CCAP income when applying for a federally funded program; or in committing tax fraud;

iv. Failing to maintain DCYF licensure or certification or otherwise failing to comply with DCYF regulations or the standards and regulations established by another federal or State government entity applicable to the setting in which the child care is provided;

v. Failing to protect the confidentiality of information related to CCAP beneficiaries; or

vi. Endangering, or failing to ensure, the health or safety of any child in the provider's care;

vii. Failing to report criminal convictions or the imposition of civil penalties.
An approved provider shall report to DHS any criminal conviction or civil penalties imposed for such acts on: the provider, an employee of the provider engaged directly in the provision of child care; or, if a non-certified provider, an adult member of the provider's household. Failure to make such reports within ten (10) days from the date the conviction/penalty is imposed shall be grounds for discontinuation of approved status;

viii. Failing to report any changes in their provider status, living arrangements, addition of new household members, or other vital information to the OCC within ten (10) days of the change;

ix. Caring for more children than allowed under this rule or applicable state laws and regulations;

x. Caring for a child who lives in the same household as the provider;

xi. Failing to attend CCAP Approved Provider Introductory Training;

xii. Failing to provide DHS with a completed CCAP APRR when requested;

xiii. Providing inaccurate or misleading information in the CCAP APRR for the purposes of altering the amount of the DHS authorized payment rate; or

xiv. Refusing or failing to cooperate with DHS personnel conducting audits, reviews, or evaluations related to the proper and efficient operation of the CCAP or compliance with the rules set forth herein or terms and conditions of the provider agreement; or

xv. For legal Non-certified providers- ceasing to provide child care services to CCAP pending or eligible children.

b. Corrective Action Option. The department reserves the right to offer a CCAP approved provider subject to discontinuation the opportunity to take corrective action prior to the effective date of discontinuation of approved provider status and termination of the provider agreement.

In such cases, the OCC shall send a notice to the approved provider that shall clearly state the type of corrective action required, the date it is to be

completed, and the method for evaluating whether the deficiency has been corrected.

Corrective actions shall be permitted in only those cases in which the department determines that the health, safety and welfare of eligible children and the fundamental purposes of the CCAP will not be jeopardized while the remedy is being implemented.

(3) CPD Confidentiality. Both the CPD and web enrollment raise certain confidentiality issues that have been addressed by the department as follows:

a. Confidentiality Statement. Approved providers and the families of eligible children shall be notified at the time of application that, as CPD providers and CCAP beneficiaries, certain personal information may be accessed on the DHS web site by department personnel, approved providers and contracted agents of DHS. A confidentiality statement shall be signed by both providers and parents, prior to participating in the CCAP, indicating that they are aware of, and understand, the limits on confidentiality associated with the methods DHS employs to gather and disseminate information through the CCAP automated enrollment system and the purposes for such information, as well as how that information will be accessed and used.

b. Technological Protections. DHS shall utilize the most advanced technological methods available to ensure the confidentiality of information contained in the CPD and through web enrollment pertaining to CCAP beneficiaries and approved providers.

0850.04 CCAP PAYMENT TO APPROVED PROVIDERS

REV:08/2004

To ensure that payment for CCAP authorized child care expenses is made in the most timely and efficient manner possible, the department has established requirements related to attendance and the payment of allowable child care expenses for CCAP authorized child care services.

0850.04.01 CCAP Attendance

REV:08/2004

Payment shall only be made for CCAP authorized child care services during periods in which the approved provider is open or available to provide services. To determine the allowable child care expense, certain information related to attendance is required by DHS, as follows:

1) Attendance Reports. An approved provider shall:

a) Submit accurate attendance reports to DHS for each eligible child in the manner, and for the time periods, prescribed by in the DHS-CCAP Approved Provider Agreement; and

b) Maintain signed, daily attendance records for each eligible child, on-site, for a minimum of three (3) years.

2) Allowed Absences. When a child is enrolled with a licensed or certified provider, DHS shall make payment for up to two (2) weeks of CCAP authorized child care services during which an eligible child is absent and the parent authorizes payment. Documentation of the parent's authorization must be attached to the attendance report for the period in which the absence occurred. No payment shall be made for periods of CCAP authorized services when the eligible child is not in attendance once the two (2) week limit has been reached, without the approval of department.

3) Conditions of Care. Presence at the Care Site - During periods when eligible children are receiving services, the provider or an approved substitute caregiver must be present at all times. For legal non-certified providers, the approved substitute caregiver must be listed on the provider's current application for CCAP Approval. For licensed and certified providers, substitute caregivers must be approved by DCYF. In no case should the approved provider listed on the application be absent for more than three (3) hours in any one (1) week period.

4) Other Employment. If a provider has other employment, the total hours the provider is permitted to work and maintain CPD status, is sixteen (16) hours in a twenty-four (24) hour period. The sixteen (16) hour work limit applies to all forms of employment combined, including the hours spent providing CCAP services as well as while working at any other job(s) or traveling to and from other employment.

5) Minimum Attendance. For CCAP payment to be made, an eligible child enrolled with an approved licensed or certified provider shall attend at least some portion of their CCAP authorized enrollment each week --e.g., part of scheduled day. Non-certified providers receive DHS payment only for services rendered. No payment is made to non- certified providers when an eligible child is not receiving care.

0850.04.02 CCAP Payments

REV:08/2004

When making payment for allowable child care expenses, the following shall apply:

(1)DHS Authorized Payment Rate for Providers. The process for determining the DHS authorized payment rate is as follows:

a. Licensed and Certified Approved Providers. The DHS authorized payment rate shall be the actual rate the CCAP approved provider charges for child care services as reported in the APRR, up to, but not to exceed the DHS established payment rate as set forth in these rules. The rate reported by each provider on their APRR shall be equivalent to the lowest actual rate charged for services delivered to any family by that provider. If a provider offers non-CCAP financial assistance of any type to non-CCAP assisted families, the provider shall be required to substantiate that every child is supported by a combination of funding that equals the same rate reported to DHS on the APRR. The provider shall also identify the source of funds that support that assistance.

b. Non-certified Approved Providers. The DHS authorized payment rate shall be the CCAP Established Payment Rate as set forth in the tables in Section 0850.05.

(2) Changes in Licensed and Certified Provider Rates. All licensed and

certified providers shall report any changes in the actual rates they charge to non-CCAP assisted families as reported on the APRR. Reductions in rates must be reported at least thirty (30) days before the change takes place. If a provider reports a reduction in rates, the reduced rates shall be entered into the CPD effective on the date that the change took place. Increases in rates shall be reported at least sixty (60) days before the change takes place. If a provider reports an increase in rates, the increased rates shall be entered into the CPD with an effective date in either June, at the start of the summer camp season, or in September at the start of the school year, whichever comes first after the effective date of the reported change. The department will limit rate increases for any provider in the CPD to no more than once in any twelve (12) month period and all such changes shall take effect in CCAP in either June or September. In absence of submission of a new APRR, the provider's actual rate charged shall be considered that which is currently entered in the CPD. Every five (5) years, when licensed and certified providers renew their approval status in the CCAP, a new APRR shall be collected and entered into the CPD.

(3) Payment Payment of allowable child care expenses for CCAP authorized services shall be made at the DHS Authorized Payment Rate. The terms and conditions for payment of CCAP services are established in the DHS APA in accordance with the requirements of this rule.

(4) Billing Periods. An approved provider shall request payment for allowable child care expenses in the twelve (12) month period that begins on the date the authorized services were rendered. In no case shall DHS make payment for any child care services rendered more than one (1) year prior to the date the approved provider requests payment.

(5) Restrictions and Limitations.

a. There shall be no more than one (1) CCAP approved provider eligible to receive payment from DHS for allowable child care expenses rendered at a specific site or location at any one time. In the case of non-certified child care providers, no more than one (1) person living in the household where CCAP child care services are provided shall be permitted to obtain or retain active Approved status@ at any one time.

b. Approved providers shall not be paid for child care services rendered to children who live in their households.

0850.04.03 Periodic Provider Audits

REV:08/2004

DHS reserves the right to conduct periodic audits of provider records and investigations of provider operations relevant to provider approval, rate reporting, attendance reporting, and accepting payments from CCAP. At the time an audit or investigation is conducted, designated representatives of the Department will review attendance and payment records of all children currently enrolled and receiving child care services and all children enrolled and receiving services during the two (2) years prior to the audit or visit.

0850.05 CCAP ELIGIBLITY AND COST-SHARING LEVELS

REV: 0~~3~~4/2011~~0~~9

CCAP ELIGIBILITY AND COST-SHARING LEVELS

BY GROSS INCOME ADJUSTED FOR FAMILY SIZE

Level	Standard	% Gross Income Applied as Co-payment	Countable Family Size 2	Family Size 3
0	< 100% FPL	0	Up to $14,710	Up to $18,530
1	>100% FPL - 125% FPL	2%	$14,711 - 18,388	$18,531 - 23,163
2	>125% FPL - 150% FPL	5%	$18,389 - 22,065	$23,164 - 27,795
3	>150% FPL - 180% FPL	8%	$22,066 - 26,478	$27,796 - 33,354

CCAP ELIGIBILITY AND COST-SHARING LEVELS
BY GROSS INCOME ADJUSTED FOR FAMILY SIZE

Level	Standard	% Gross Income Applied as Co-payment	Countable Family Size 4	Family Size 5
0	< 100% FPL	0	Up to $22,350	Up to $26,170
1	>100% FPL - 125% FPL	2%	$22,351 - 27,938	$26,171 - 32,713
2	>125% FPL - 150% FPL	5%	$27,939 - 33,525	$32,714 - 39,255
3	>150% FPL - 180% FPL	8%	$33,526 - 40,230	$39,256 - 47,106

CCAP ELIGIBILITY AND COST-SHARING LEVELS
BY GROSS INCOME ADJUSTED FOR FAMILY SIZE

Level	Standard	% Gross Income Applied as Co-payment	Countable Family Size 6	Family Size 7
0	< 100% FPL	0	Up to $29,990	Up to $33,810
1	>100% FPL - 125% FPL	2%	$29,991 - 37,488	$33,811 - 42,263
2	>125% FPL - 150% FPL	5%	$37,489 - 44,985	$42,264 - 50,715
3	>150% FPL - 180% FPL	8%	$44,986 - 53,982	$50,716 - 60,858

CCAP ELIGIBILITY AND COST-SHARING LEVELS
BY GROSS INCOME ADJUSTED FOR FAMILY SIZE

Level	Standard	% Gross Income Applied as Co-payment	Countable Family Size 8	Countable Family Size 9
0	< 100% FPL	0	Up to $37,630	Up to $41,450
1	>100% FPL - 125% FPL	2%	$37,631 - 47,038	$41,451 - 51,813
2	>125% FPL - 150% FPL	5%	$47,039 - 56,445	$51,814 - 62,175
3	>150% FPL - 180% FPL	8%	$56,446 - 67,734	$62,176 - 74,610

CCAP ELIGIBILITY AND COST-SHARING LEVELS
BY GROSS INCOME ADJUSTED FOR FAMILY SIZE

Level	Standard	% Gross Income Applied as Co-payment	Countable Family Size 10	Countable Family Size 11
0	< 100% FPL	0	Up to $45,270	Up to $49,090
1	>100% FPL - 125% FPL	5%	$45,271 - 56,588	$49,091 - 61,363
2	>125% FPL - 150% FPL	5%	$56,589 - 67,905	$61,364 - 73,635
3	>150% FPL - 180% FPL	8%	$67,906 - 81,486	$73,636 - 88,362

CCAP ELIGIBILITY AND COST-SHARING LEVELS
BY GROSS INCOME ADJUSTED FOR FAMILY SIZE

Level	Standard	% Gross Income Applied as Co-payment	Countable Family Size 12	Countable Family Size 13
0	<100% FPL	0	Up to $52,910	Up to $56,730
1	>100% FPL - 125% FPL	2%	$52,911 - 66,138	$56,731 - 70,913
2	>125% FPL - 150% FPL	5%	$66,139 - 79,365	$70,914 - 85,095
3	>150% FPL - 180% FPL	8%	$79,366 - 95,238	$85,096 - 102,114

CCAP ELIGIBILITY AND COST-SHARING LEVELS
BY GROSS INCOME ADJUSTED FOR FAMILY SIZE

Level	Standard	% Gross Income Applied as Co-payment	Countable Family Size 14	Family Size 15
0	< 100% FPL	0	Up to $60,550	Up to $64,370
1	>100% FPL - 125% FPL	2%	$60,551 - 75,688	$64,371 - 80,463
2	>125% FPL - 150% FPL	5%	$75,689 - 90,825	$80,464 - 96,555
3	>150% FPL - 180% FPL	8%	$ 90,826 - 108,990	$ 96,556 - 115,866

~~CCAP ELIGIBILITY AND COST-SHARING LEVELS~~
~~BY GROSS INCOME ADJUSTED FOR FAMILY SIZE~~

~~Level~~	~~Standard~~	~~% Gross Income Applied as Co-payment~~	~~Countable Family Size 2~~	~~Family Size 3~~
~~0~~	~~< 100% FPL~~	~~0~~	~~Up to $14,570~~	~~Up to $18,310~~
~~1~~	~~>100% FPL - 125% FPL~~	~~2%~~	~~$14,571 - 18,213~~	~~$18,311 - 22,888~~
~~2~~	~~>125% FPL - 150% FPL~~	~~5%~~	~~$18,214 - 21,855~~	~~$22,890 - 27,465~~
~~3~~	~~>150% FPL - 180% FPL~~	~~8%~~	~~$21,856 - 26,226~~	~~$27,466 - 32,958~~

~~CCAP ELIGIBILITY AND COST-SHARING LEVELS~~
~~BY GROSS INCOME ADJUSTED FOR FAMILY SIZE~~

~~Level~~	~~Standard~~	~~% Gross Income Applied as Co-payment~~	~~Countable Family Size 4~~	~~Family Size 5~~
~~0~~	~~< 100% FPL~~	~~0~~	~~Up to $22,050~~	~~Up to $25,790~~
~~1~~	~~>100% FPL - 125% FPL~~	~~2%~~	~~$22,051 - 27,563~~	~~$25,791 - 32,238~~
~~2~~	~~>125% FPL - 150% FPL~~	~~5%~~	~~$27,564 - 33,075~~	~~$32,239 - 38,685~~
~~3~~	~~>150% FPL - 180% FPL~~	~~8%~~	~~$33,076 - 39,690~~	~~$38,686 - 46,422~~

~~CCAP ELIGIBILITY AND COST-SHARING LEVELS~~

BY GROSS INCOME ADJUSTED FOR FAMILY SIZE

Level	Standard	% Gross Income Applied as Co-payment	Countable Family Size 6	Countable Family Size 7
0	< 100% FPL	0	Up to $29,530	Up to $33,270
1	>100% FPL - 125% FPL	2%	$29,531 - 36,913	$33,271 - 41,588
2	>125% FPL - 150% FPL	5%	$36,914 - 44,295	$41,589 - 49,905
3	>150% FPL - 180% FPL	8%	$44,296 - 53,154	$49,906 - 59,886

CCAP ELIGIBILITY AND COST-SHARING LEVELS
BY GROSS INCOME ADJUSTED FOR FAMILY SIZE

Level	Standard	% Gross Income Applied as Co-payment	Countable Family Size 8	Countable Family Size 9
0	< 100% FPL	0	Up to $37,010	Up to $40,750
1	>100% FPL - 125% FPL	2%	$37,011 - 46,263	$40,751 - 50,938
2	>125% FPL - 150% FPL	5%	$46,264 - 55,515	$50,004 - 61,125
3	>150% FPL - 180% FPL	8%	$55,516 - 66,618	$59,256 - 73,350

CCAP ELIGIBILITY AND COST-SHARING LEVELS
BY GROSS INCOME ADJUSTED FOR FAMILY SIZE

Level	Standard	% Gross Income Applied as Co-payment	Countable Family Size 10	Countable Family Size 11
0	< 100% FPL	0	Up to $44,490	Up to $48,230
1	>100% FPL - 125% FPL	5%	$44,491 - 55,613	$48,231 - 60,288
2	>125% FPL - 150% FPL	5%	$53,744 - 66,735	$57,484 - 72,345
3	>150% FPL - 180% FPL	8%	$62,996 - 80,082	$66,736 - 86,814

CCAP ELIGIBILITY AND COST-SHARING LEVELS

~~BY GROSS INCOME ADJUSTED FOR FAMILY SIZE~~

~~Level~~	~~Standard~~	~~% Gross Income Applied as Co-payment~~	~~Countable Family Size 12~~	~~Family Size 13~~
~~0~~	~~<100% FPL~~	~~0~~	~~Up to $51,970~~	~~Up to $55,710~~
~~1~~	~~>100% FPL - 125% FPL~~	~~2%~~	~~$51,971 - 64,963~~	~~$55,711 - 69,638~~
~~2~~	~~>125% FPL - 150% FPL~~	~~5%~~	~~$61,224 - 77,955~~	~~$64,964 - 83,565~~
~~3~~	~~>150% FPL - 180% FPL~~	~~8%~~	~~$70,476 - 93,546~~	~~$74,216 - 100,278~~

~~CCAP ELIGIBILITY AND COST-SHARING LEVELS~~
~~BY GROSS INCOME ADJUSTED FOR FAMILY SIZE~~

~~Level~~	~~Standard~~	~~% Gross Income Applied as Co-payment~~	~~Countable Family Size 14~~	~~Family Size 15~~
~~0~~	~~< 100% FPL~~	~~0~~	~~Up to $59,450~~	~~Up to $63,190~~
~~1~~	~~>100% FPL - 125% FPL~~	~~2%~~	~~$59,451 - 74,313~~	~~$63,191 - 78,988~~
~~2~~	~~>125% FPL - 150% FPL~~	~~5%~~	~~$68,704 - 89,175~~	~~$72,444 - 94,785~~
~~3~~	~~>150% FPL - 180% FPL~~	~~8%~~	~~$ 77,956 - 107,010~~	~~$ 81,696 - 113,742~~

Note: The percent of income assigned at each level is applied against the gross countable family income calculated in determining eligibility for each family. The system divides that percent of income by fifty-two (52) weeks to assign the family share the family is expected to pay each week. The family share is assigned to the eligible child who receives authorized services paid at the highest rate (generally the youngest child). DHS subtracts the assigned family share from the full rate for that child when making payment to a provider.

If the family share exceeds the rate paid for one child, the remainder of the family's share is assigned to the next oldest child enrolled.

If family income or family size changes, the family share is re- calculated. The family is expected to make the same weekly family share payment to the designated provider regardless of the number of children or the amount of time the children are enrolled.

0850.10 CCAP APPROVED PROVIDER RATES

REV:07/2008

CCAP APPROVED PROVIDER RATES

R.I. DEPARTMENT OF CHILDREN. YOUTH AND FAMILIES (DCYF)

REGULATED PROVIDERS

INFANT/TODDLER Care
Children 1 Week up to 3 Years of Age

Time Authorized Full Time Three Half Time Quarter Time & Enrolled
(FT) Quarter (HT) (QT)
Time(3QT)

Provider Type: DCYF Licensed $188 $141 $94 $47 Centers

DCYF Certified $155 $116 $77 $38 Family Child Care
Homes

PRESCHOOL Care
Children 3 Years up to Entry into 1st Grade

Time Authorized Full Time Three Half Time Quarter Time & Enrolled
(FT) Quarter (HT) (QT)
Time(3QT) Provider Type:

DCYF Licensed $157 $118 $78 $39 Centers

DCYF Certified $150 $112 $75 $37 Family Child Care
Homes

SCHOOL AGE Care
Children 1st Grade up to 13 Years of Age
YOUTHCare

Time Authorized Full Time Three Half Time Quarter Time & Enrolled
(FT) Quarter (HT) (QT)
Time (3QT)

Provider Type: DCYF Licensed $142 $106 $71 $35 Centers

DCYF Certified $142 $106 $71 $35 Family Child Care Homes

LEGAL NON-CERTIFIED PROVIDERS

INFANT/TODDLER Care
Children 1 Week up to 3 Years of Age

Time Authorized Full Time Three Half Time Quarter Time & Enrolled
(FT) Quarter (HT) (QT)
Time(3QT)

Care Type:

Non-Certified (NC) in Provider's Home	$81	$60	$40	$20
Non-Certified (NC) in Child's Home	$74	$55	$37	$18

PRESCHOOL Care
Children 3 years up to entry into 1st Grade

Time Authorized (FT)	Full Time Quarter Time (3QT)	Three (HT)	Half Time (QT)	Quarter Time & Enrolled
Provider Type: Non-Certified (NC) In Provider's Home	$54	$40	$27	$13
Non-Certified (NC) in Child's Home	$50	$37	$25	$12

SCHOOL AGE Care
Children 1st grade up to 13 years of age

Authorized (FT)	Full Time Quarter Time (3QT)	Three (HT)	Half Time (QT)	Quarter Time & Enrolled
Provider Type:				
Non-Certified (NC) In Provider's Home	$53	$39	$26	$13
Non-Certified (NC) in Child's Home	$49	$36	$24	$12

Summer Camps (SC) $43 These programs approved ONLY for FT care for School Age children during ten weeks of summer vacation. Other rate categories do not apply.

0850.11 CHILD CARE IMPROPER PAYMENTS

REV:08/2008

A client improper payment occurs when the child care benefit paid exceeds the benefit that would have been issued if the payment were calculated correctly based on accurate information that was reported , verified, and acted on in a timely manner. A provider based improper payment occurs when a provider receives a duplicate benefit or receives payments for services not received.

The cause of each improper payment shall be classified as agency, client or provider caused. Client and provider caused improper payments shall be further classified as unintentional household errors or intentional fraud violations.

Agency child care improper payments:

An improper payment shall be classified as an agency error if the error was caused solely by actions taken by the department or department staff. Agency errors shall include, but not be limited to the following types of errors:

A. errors caused by delays in processing applications or taking prompt action on changes that were reported timely;
B. errors in determining eligibility, the benefit amount or the payment authorization period;
C. data entry errors;
D. errors caused by the incorrect application of state regulations, policy or procedures; and

Improper payments caused by clients and providers:

Improper payments that are not due to agency error shall be classified as client or provider caused. The error shall be classified as both client and provider caused if the client and the provider both had knowledge and actively participated in the action that caused the improper payment to occur.

A. Client error: Improper payments caused by the client shall include, but not be limited to errors caused by reporting false or inaccurate information, and/or delays in reporting changes in household income, resources, circumstances or provider arrangements.
B. Provider error: Improper payments caused by the provider shall include, but not be limited to the following types of errors:
    1. inaccurate reporting of information concerning licensing status, age or other provider eligibility requirements;
    2. inaccurate reporting of the provider's relationship to the child or the location at which care is given;
    3. inaccurate reporting of household circumstances;
    4. committing an illegal act, such as cashing a replacement check after falsely claiming that the original check was lost, stolen or destroyed;
    5. inaccurate reporting of actual charges, attendance or dates of service; and
    6. any other false claim for services provided.

Intentional and unintentional household errors:

The CCR/Fraud Unit shall make a preliminary determination of whether the improper payment was intentional or an unintentional household error pursuant to guidelines below. Improper payments shall be classified as intentional if the client or provider knowingly withheld or provided false information on matters affecting eligibility, benefits or a claim for services. An improper payment shall be considered unintentional household error under the following circumstances:

A. there was clearly no intent to commit fraud or to obtain benefits or payments under false pretenses;
B. the client or provider did not purposefully withhold or provide erroneous information;
C. illness, a family emergency, or any other good-cause reason exists for not reporting information timely or accurately; or
D. the error was due to a delay in taking action as the result of an administrative hearing request.

If a question of Intentional Fraud Violation exists, the case may be referred by the CCR/Fraud Unit to the DHS Office of Legal Services and/or to the Office of the Attorney General of Rhode Island for civil and/or criminal action, or for an Intentional Fraud Violation hearing.

Recovery:

Below are the procedures for recovery:

* Enable a repayment in full settlement (a lump-sum repayment);

* Enable a repayment agreement between the CCR/Fraud Unit and the child care recipient, using the "Notice of Child Care Overpayment";

* Enable a repayment agreement between the CCR/Fraud Unit and the child care provider when there is no requirement for an adjustment by the Department's Financial Office; and

* May be used to refer cases to the DHS Office of Legal Services and/or Office of the Attorney General of Rhode Island for civil and/or criminal action, or for an Intentional Fraud Violation hearing.

When a child care improper payment is to be recovered from the recipient, the recipient shall be given notice of that determination using the "Notice of Child Care Overpayment." The notice shall include an explanation of the improper payment determination, including the following:

1. The amount and period of the improper payment;

2. The reasons for the improper payment;

3. The regulations supporting the improper payment determination;

4. An explanation of the available methods of repayment;

5. The recipient's right to appeal; and

6. A telephone number to call for information about free legal services.

Consequences for failure to repay:

Failure of the child care provider to repay a child care improper payment made by the DHS CCAP and not subject to adjustment by the Department's Financial Office because of provider error, provider fraud, or agency error, shall result in the termination/revocation of the "DHS-CCAP Approved Provider Agreement" and disenrollment from the CPD. Denial for certification shall continue until further notification. An appeal may be taken from the denial in accordance with policy Section 0110.

When a licensed child care facility has pled guilty to, has been determined to have committed fraud, or has been convicted of fraud, the Department shall notify the DCYF Child Care licensing section in writing of any findings of fraud. Notification is to be made by the Hearing Officer if fraud is found in a hearing, or to be made by the FRED/FRAUD Supervisor, if found by that unit.

The DHS shall retain any improper payment it recovers and shall use the funds for the provision of child care services.

Improper payments that are recovered shall be reported to the Agency Director and the Program Administrator.