



# Office of Early Childhood & Out-of-School Learning

## Child Care and Development Fund Voucher Program

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### Policy Manual

*Effective January 29, 2024*

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# INTRODUCTION & PURPOSE

## Policy and Procedure Manual for the Child Care and Development Fund (CCDF) and On My Way Pre-K Eligibility

### Purpose of this Manual

The purpose of this manual is to provide policies, procedures, and guidance to follow as the Eligibility Office facilitates eligibility determination and authorizes services to prospective CCDF Households.

### CCDF Introduction

The Child Care and Development Fund (CCDF) is a federal program that helps low-income families obtain child care so that they may work, attend training, continue their education, or job search may be used as a service need on initial application only. In Indiana, CCDF is managed by the Indiana Family and Social Services Administration (FSSA) in the Office of Early Childhood and Out-of-School Learning (OECOSL).

### The overall purpose of CCDF is to:

- protect the health and safety of children in child care,
- to promote parental choice and empower families searching to make their own decisions regarding the child care services that best suits their family's needs,
- to increase the number of low-income children in high quality settings,
- to improve child care and development of participating children.

### On My Way Pre-K (OMW) Introduction

- On My Way Pre-K was signed into state law on March 27, 2014.
- On My Way Pre-K provides assistance to low-income families with a 4-year-old so they can access a high-quality pre-K program the year before they begin kindergarten.
- On My Way Families may select an approved On My Way Pre-K program.

# SECTION 1 PROCEDURES FOR PROCESSING CCDF ELIGIBILITY

To apply for services applicants can apply through Early Ed Connect (EEC) to pre-qualify. Please direct the Applicant to [Early Ed Connect \(EEC\)](#) to complete the application process.

## 1.1 Determining CCDF and OMW Regular Eligibility

- All families must meet the service need, financial eligibility of 150% or less of the [federal poverty level](#), residency, and age requirements as well as choose a certified provider to access CCDF.
- Eligibility requirements for CCDF and On My Way Pre-K are aligned, and policies should be considered applicable to both unless otherwise noted.
- Eligibility requirements for On My Way Pre-K Limited Eligibility are not aligned and are addressed separately.

### **Definition of Applicant**

A person who is applying for services on behalf of the child(ren) for which they have physical custody. The Applicant must be a person related to the eligible child by blood, law, or is their foster parent or other person standing in place of the parent. The Applicant and Co-Applicant must be at least age eighteen (18) unless the individual is married, an emancipated minor, or a minor parent.

### **Definition of New Applicant**

A New Applicant is an individual applying for services who has not received CCDF services for the previous ninety (90) days.

### **Definition of Initial Applicant**

An Initial Applicant is an applicant that has never been authorized for CCDF services.

### **Definition of CCDF Priority Enrollment**

Applicants with a referral from a priority partner must be enrolled in the program despite the presence of a waitlist. The current OECOSL priority partners include TANF IMPACT, SNAP, Department of Children Services (DCS), Pregnancy Promise (FSSA), Ivy Tech, and Department of Corrections (DOC).

## 1.2 CCDF Waitlist

### **Definition of Waitlist**

A list of children who preliminarily meet financial eligibility guidelines, but final eligibility has yet to be determined.

#### **PLEASE NOTE:**

The Eligibility Office must select the appropriate priority for an Applicant by choosing the category for the highest eligible priority which could be “none.”

## 1.3 Waitlist Prioritization Policy

Families shall be placed on the waitlist and prioritized by the eligibility software in the following order:

1. Families receiving TANF, who are not enrolled in an IMPACT approved activity.
2. Families with children who receive or need to receive child protective services, provided the CPS caseworker indicated the child(ren) need(s) child care outside of the child’s home as part of the CPS plan. A child may be added to the waitlist prior to placement in their home when an appropriate CPS referral is received. If a referral letter is not received the priority can be removed.
3. Children with documented Special Needs, whose families meet income and service eligibility guidelines.
4. Families who indicate they do not have a permanent residence.
5. Families financially eligible: The remaining state-wide CCDF waitlist is sorted in descending order by CCDF waitlist date and slots are assigned until funds have been exhausted.

### **On My Way Pre-K Requirements for Eligibility**

A child who is at least four (4) years old and not yet five (5) years old by August 1 of the year they are applying for services and residing in a CCDF defined household. The application for On-My-Way Pre-K is aligned with the CCDF process. An Applicant or Co-Applicant may provide a completed EEC application to determine pre-eligibility status for the OMW program, including a valid service need, income, and age eligible child. This information can be in written or in verbal form. Enrollment periods for On My Way Pre-k are determined by OECOSL.

## Benefits of OMW

- Family co-pays are waived for all vouchers issued during the authorization period.
- Extension of current benefits for all children receiving services to first Saturday in June of On Way Pre-K year (to align reauthorization dates).
- Providers must be PTQ Level 3 or Level 4 and approved to serve OMW children.
- OMW programs are required to conduct kindergarten readiness assessments.
- Families have supports through their OMW Pre-K Project Manager.

## On My Way Pre-K (OMW) Regular

Applicants receiving OMW vouchers are receiving a CCDF Voucher which may entitle them to:

- Vouchers before the start of the pre-k year,
- Vouchers for before and after school care (wrap around care),
- Vouchers for break care, and
- Vouchers after the pre-k year.
- Families enrolling in OMW. These applications are not a priority enrollment, OMW is done during specific enrollment dates determined by OECOSL.

## ON MY WAY Pre-K Limited Eligibility (OMW LE)

Applicants with income up to 185% of the federal poverty level may be eligible for OMW Pre-K LE services for a maximum of 46 weeks if:

- A parent or guardian living in the household is working, going to school, attending a job training program, or searching for a job on initial application; **or**
- A parent or guardian living in the household receives Social Security Disability Insurance or Supplemental Security Income (also known as SSDI or SSI) benefits for themselves.

OMW LE families are placed on a separate wait list in the order they applied because the enrollment date cannot be before June 1 of each year.

OMW LE is 100% State funded and provides services ONLY for the OMW Pre-K child during the OMW school year. Children receiving OMW LE vouchers are not eligible for wrap around care or break care. The market rate for LE is set at \$147.82. This rate differs from OMW Regular vouchers due to legislative guidelines.

## **1.4 Household Members**

### **Definition of CCDF Family**

Includes Applicant, Co-Applicant, and children, who are living in the same household and who are related by blood or by law or standing in place of a parent.

### **Definition of Standing in Place of a Parent**

An individual with physical custody of a child(ren) when a biological parent is not present in the household.

- Using the definition of CCDF Family, the Eligibility Office must determine which individuals shall be included on the application.
- It is possible for an Applicant to have more than one application based on the relationship of the child or children to the other adults in the household; however, a child may not be on multiple applications with the same adult Applicant.
- Once a child(ren) turns eighteen (18) years of age, the child is no longer considered a family member for purposes of eligibility regardless of school enrollment status.
- In the case of foster families, only foster children who are biological siblings should be listed on the same application.

### **Definition of Single Applicant**

There are no other adults declared on the application.

### **Documented Identity Policy:**

Applicant must submit appropriate documentation of identity for all household members to establish family size.

### **Applicant/Co-Applicant Identity**

Only one verification document is required. When entering the Applicant or Co-Applicant's name into the eligibility software, the first and last name must be entered as recorded on the form of identification. A middle initial is optional. An Applicant or Co-Applicant may declare their date of birth.

### **Name Attestation**

When an Applicant or Co-Applicant's name as displayed on their ID document does not match all verification documents, the individual must complete a Name Attestation form.



## ACCEPTABLE DOCUMENTS

**PLEASE NOTE: Photo ID is not the only source of acceptable documents.** The documentation criteria have been expanded to minimize applicant burden. Any of the following are acceptable:

- Government Issued ID
- State Issue ID
- School ID
- Employer Issued ID
- Photo ID

## Definition of a Minor Parent

Minor parents are Applicants under the age of eighteen (18) and must be the legal parent of a child(ren) applying for services. A minor parent is the Applicant and must meet all relevant eligibility criteria.

## Minor Parent Impact Policy:

If a custodial adult of a minor parent is a TANF Impact participant, the minor parent will be given the custodial adult's priority for purposes of enrollment in the program. To verify priority, the minor's parent must provide a complete TANF Impact referral at the time of initial application. When the application is complete, the priority must be changed to match the service need of the minor parent.

## Minor Parent Primary Caregiver Policy:

When a minor parent is in the Household and is NOT the primary caregiver, the following documentation is required to allow the grandparent of the child to be the Applicant:

- Signed and dated statement from the grandparent indicating the minor parent is not the primary caregiver; **or**
- Signed and dated statement from the minor parent indicating they are not the primary caregiver.

## **PLEASE NOTE:**

Either statement must be provided with each application sequence until the minor parent becomes eighteen (18) years of age. The minor parent will be listed as a child in the CCDF household until the minor parent becomes eighteen (18) years of age or moves out of the household.

## **Change in Physical Custody Policy:**

When the physical custody of a child receiving CCDF benefits changes, the child may be entitled to continued benefits should the new individual with physical custody meet eligibility guidelines. This includes an eligible service need and income below 85% of state median income (SMI).

## **Foster Parent Adopts Child**

When a foster parent adopts their foster child(ren), it is considered a change in custody and must meet the eligibility guidelines including an eligible service need and income below 85% of State Median Income (SMI).

## **Parents in the Military**

The person with physical custody of the child(ren) is considered the Applicant(s) for services. Their service need, and financial eligibility would be considered for eligibility.

## **Two Custodial Adult Household:**

- A married couple's application will include the parent stationed away from home in the household size and their income shall also be counted toward eligibility.
- An unmarried couple's application will not include the parent stationed away from home nor will their income be counted toward eligibility unless support is being provided directly to the custodial parent and this income will be treated as Child Support.
- If the military family is ineligible for CCDF, they should be referred to Child Care Aware (800) 424-2246.

## **1.5 Residency**

There is no minimum length of time an Applicant or Co-Applicant must reside in Indiana to obtain assistance. This can include a person who is homeless or temporarily residing in a domestic violence or homeless shelter in Indiana. Should an active Applicant or Co-Applicant move from their current Indiana County of residence, they may transfer their CCDF benefits to another Indiana county.

## ACCEPTABLE DOCUMENTS

- Proof of address from a third party which includes:
  - Applicant or Co-Applicant name
  - Street address, city and/or zip code
- May not be more than sixty (60) days old based on the signature date on the application completion date.
- This can include a utility bill with the billing/statement date or service period end date. Using the Due Date is not acceptable.

### **PLEASE NOTE:**

Window envelopes are not acceptable verification for residency.

## **1.6 Child Eligibility**

Eligible children must be under the age of thirteen (13) at the time of application or reapplication. Children aged thirteen (13) through the age of nineteen (19) with appropriately documented special needs or who are under court ordered supervision may participate until the end of their subsidy period and inclusive of any extension of subsidy. When entering the child's name into the eligibility software, a child's first and last name should be entered as recorded on the child's form of identification. A middle initial is optional.

## ACCEPTABLE DOCUMENTS TO VERIFY IDENTITY AND AGE

- Verification of birth from any government entity.
- Any document originating from the hospital of birth.
- Any documentation verified by the Division of Family Resources (DFR).
- Any documentation verified by the Indiana State Department of Health (ISDH).
- School Enrollment Record or Identification Card if date of birth is on the document.
- Medical Immunization Record if the date of birth is on the document.
- Other documents as approved by the CCDF Policy Consultant.

## Eligible Child's Citizenship

For purposes of the Program, an eligible child must be a citizen of the United States or a qualified legal alien. Only the citizenship or immigration status of the eligible child is relevant for eligibility purposes.

### ACCEPTABLE DOCUMENTS

It is the responsibility of the Eligibility Office to obtain documentation to verify a child requesting services is a citizen of the United States or a qualified (legal) alien.

- Any appropriate documentation issued by the United States
- Form I-551 Valid Green Card (lawful permanent resident card)
- Valid Visa
- Form I-94 (Arrival / Departure Document)
- Form I-797C (Notice of Action) this is acceptable to establish legal status if it states granted or approved.
- I-571 Refugee Travel Document
- Social Security Card (with the first five digits redacted) marked "valid for work only with DHS authorization" does verify legal resident alien status.
- Other documents as approved by the CCDF Policy Consultant

**PLEASE NOTE:** Form I-589 is the application for asylum that provides a court date but is not acceptable to establish legal status.

## Foster Children Placed in a Licensed Foster Home

### ACCEPTABLE DOCUMENTS

It is the responsibility of the Eligibility Office to collect documentation **before** exempting a foster parent's income.

- Copy of the foster parent's valid Foster Family Home License, State Form 45562, which matches the foster parent's residency verification; or
- Documentation from approving authority indicating the Foster Family Home License has been renewed or address has been changed; and
- Verification the child is a ward of the State - Medical Authorization Card, placement letter, or a current DCS referral.

# Child with Special Needs

## Definition of a Child with Special Needs

A child who requires educational need or care resulting from learning difficulties, a physical disability, or emotional or behavioral difficulties.

## Policy for a Child with Special Needs

Documentation for children with special needs under the age of thirteen (13) is required at initial application only. For children ages thirteen (13) or over, the required special needs documentation must be an IEP (Individualized Education Plan) or a statement from a health care professional updated at every reauthorization.

### ACCEPTABLE DOCUMENTS

To identify a child under the age of thirteen (13), with special needs, any of the following are appropriate documents.

- Proof of enrollment with Children with Special Health Care Services as provided by the State of Indiana; or
- Proof of enrollment in First Steps Early Intervention System; or
- A copy of the child's Individualized Education Plan or IEP; or
- Verification of Supplemental Security Income (SSI); or
- Proof of enrollment in Head Start for a child professionally diagnosed with disabilities; or
- Statement from a health care professional which includes the child's diagnosis.

### **PLEASE NOTE:**

If documentation of enrollment in at least one of the above indicated programs cannot be obtained, the child will not be considered a child with special needs until the documentation can be provided. A Provider and/or Applicant or Co-Applicant cannot self-declare a child has special needs.

## **1.7 Service Need**

### **Service Need – Priority Referrals**

#### **Priority Service Need Appointment Policy:**

The Eligibility Office must make an appointment available within five (5) business days of the point of contact with the Applicant or Co-Applicant.

Current Priority Partners Include:

- TANF Impact
- Supplemental Nutrition Assistance Program (SNAP)
- Department of Child Services (DCS)
- Pregnancy Promise (FSSA)
- Ivy Tech
- Department of Correction (DOC)

#### **TANF IMPACT Referrals**

CCDF Applicants and Co-Applicants participating in the DFR Referral program are documented by receipt of a complete TANF IMPACT referral from the case worker. The referral is documentation of a service need for the Applicant or Co-Applicant. A DFR referral is valid for sixty (60) days from caseworker signature date.

A complete TANF IMPACT referral must be received for each Adult Household Member unless there is another verified service need. This referral will verify residency and service need.

When an employment activity is marked on a referral, documentation should be collected to verify income eligibility. All other verifications must be collected to determine eligibility.

#### **PLEASE NOTE:**

Upon authorization completion or expiration of referral, the Eligibility Office should complete Section B of referral and return to the Caseworker.

#### **TANF IMPACT REFERRAL SUBSIDY BEGIN DATE POLICY:**

The subsidy begin date for a TANF IMPACT referral may be no more than two (2) weeks prior to the application date, but not prior to the activity begin date. This is only when an Applicant has stated they have used care.

## **TANF IMPACT REFERRAL SUBSIDY END DATE POLICY:**

The subsidy end date for a TANF IMPACT referral must be no more than fifteen (15) weeks unless the caseworker indicates an earlier end date on the referral.

### **Supplemental Nutrition Assistance Program (SNAP) Referral**

CCDF Applicants or Co-Applicants participating in approved IMPACT activities, who receive benefits from SNAP will document their service need by providing the local Eligibility Office with a complete valid DFR / CCDF SNAP referral. A DFR SNAP referral is valid for thirty (30) days from caseworker signature date.

This referral will verify residency and service need. All other verifications must be collected to determine eligibility.

#### **PLEASE NOTE:**

Upon authorization completion or expiration of referral, Eligibility Office should complete Section B of referral and return to Caseworker.

## **SNAP REFERRAL SUBSIDY BEGIN DATE POLICY:**

The subsidy begin date for a SNAP referral must be for the upcoming Sunday following, but not prior to, the activity begin date.

## **SNAP REFERRAL SUBSIDY END DATE POLICY:**

The subsidy end date for a SNAP referral must be the lesser of the identified activity end date or thirty (30) days.

### **Department of Child Services (DCS)**

CCDF Applicants or Co-Applicants may receive a referral from the Department of Child Service (DCS) for children placed in the care of a Licensed Foster Parent or relative care. A DCS referral is valid for sixty (60) days from caseworker signature date.

A complete DCS referral is adequate proof of:

- Applicant and Co-Applicant's identity; and
- A child's identity, date of birth; and citizenship; and
- Residency; and
- All other verification must be collected to determine eligibility.
  
- If placement is with a foster family, a copy of the State Foster License must be collected. The address on the license must match the address on the referral.
  
- If placement with relative care, income verification must be collected.

**PLEASE NOTE:**

Upon authorization completion or expiration of referral, the Eligibility Office should complete Section B of the referral and return to the Caseworker.

**DCS REFERRAL SUBSIDY END DATE POLICY:**

The subsidy end date for a DCS referral must be sixteen (16) weeks. Two (2) consecutive DCS referrals may be issued for a total of thirty-two (32) weeks of subsidy. Applicants/Co-Applicants are eligible for reauthorization for a full fifty-three (53) weeks after the referral period.

**Pregnancy Promise (FSSA)**

CCDF Applicants or Co-Applicants may receive a referral from the Indiana Department of Mental Health & Addiction's Pregnancy Promise Program. A Pregnancy Promise referral is valid for sixty (60) days from caseworker signature date.

A complete Pregnancy Promise referral is adequate proof of:

- Applicant and/or Co-Applicant's identity; and
- A child's identity, date of birth; and
- Residency; and
- A service need of education/training
- All other verification must be collected to determine eligibility.

**PLEASE NOTE:**

Upon authorization completion or expiration of referral, the Eligibility Office should complete Section B of the referral and return to the Caseworker.

**PREGNANCY PROMISE REFERRAL SUBSIDY END DATE POLICY:**

The subsidy end date for a Pregnancy Promise referral must be fifty-three (53) weeks.



## Ivy Tech

CCDF Applicants or Co-Applicants may receive a referral from Ivy Tech Community College. An Ivy Tech referral is valid for sixty (60) days from caseworker signature date.

A complete Ivy Tech referral is adequate proof of:

- Applicant or Co-Applicant's (enrolled student) identity; and
- A child's identity, date of birth; and
- Residency; and
- All other verifications to include the school schedule must be collected to determine eligibility.

## **IVY TECH REFERRAL SUBSIDY END DATE POLICY:**

The subsidy end date for an Ivy Tech referral must be 53 weeks.

## Department of Correction (DOC)

CCDF Applicants or Co-Applicants may receive a referral from the Indiana Department of Corrections Indiana Women's Prison Leath Maternal Child Healthcare Unit. A DOC referral is valid for sixty (60) days from caseworker signature date.

A complete DOC referral is adequate proof of:

- Applicant or Co-Applicant's identity; and
- A child's identity, date of birth; and
- Residency; and
- A service need of education/training
- All other verifications must be collected to determine eligibility.

## **PLEASE NOTE:**

Upon authorization completion or expiration of referral, the Eligibility Office should complete Section B of the referral and return to the Caseworker.

## **DOC REFERRAL SUBSIDY END DATE POLICY:**

The subsidy end date for a DOC referral must be fifty-three (53) weeks.

## Service Need—Employment

### Employment (Working)

Any of the following may be appropriate employment activity/service need requirements:

- Employment/New Employment (Working)
- Self-Employment
- On-the-Job Training
- Job Search (At initial application only)

### Definition of Employment (Working)

A person receiving wages or salary, including cash, for performing services for another person or organization or receiving compensation for a service or product. These activities may be conducted through an employer or be considered self-employment and are documented by proof of income. **There is no minimum number of working hours required.**

### ACCEPTABLE DOCUMENTS

- Applicant or Co-Applicant name or identifying information (employee ID or SSN)
- Gross wages
- Date paid (may be declared)

### Appropriate Documentation to Verify Employment Service Need

Earned income is verified by financial documentation no more than sixty (60) days prior to the applicant signature on the Parent/Applicant Worksheet, which may include The Work Number verification to help families obtain missing documentation. This should include permission from the Applicant and Co-Applicant.

#### **Please Note:**

It is not appropriate to request a social security number to run the Work Number query.

For cash paid Applicants or Co-Applicants, the **Request for Cash Earnings Form** must be completed to verify income and service need.

## New Employment

### Definition of New Employment

A person receiving wages or salary, including cash, for performing services for another person or organization or receiving compensation for a service or product. These activities may be conducted through an employer or be considered self-employment and are documented by a New Hire form or letter from an employer. There is no minimum number of working hours required.

### Appropriate Documentation to Verify New Employment

- New Hire Form-completed. EIN is not required.
- Employer Statement on letterhead must include:
  1. Applicant or Co-Applicant name
  2. Start date of employment
  3. Rate of pay
  4. Anticipated hours (if an average is provided use the lesser of the hours to project income)
  5. Contact information for the employer

### Commissioned Employees

Commissioned employees that do not have any income in the last 60 days should be marked as having incomplete income with vouchers pending after thirteen (13) weeks and an income update must be completed to establish poverty level. Income may not be projected in these situations.

### Tipped Employees

Tipped employees with an hourly wage less than minimum wage should be calculated using the current minimum wage multiplied by the anticipated hours worked to project income.

### **PLEASE NOTE:**

It is the responsibility of the Applicant or Co-Applicant to report if they are not participating in their service need. Eligibility should not request another paystub once projected income has been calculated. An income update is not required. It is important for Eligibility to communicate to the Applicant or Co-Applicant that they need to report all updates/changes within ten (10) days, as it may affect eligibility.

## Service Need-Self Employment

### Definition of Self-Employment (Working)

Revenue earned directly from their own business, trade or profession which may take place in or out of the home and is subject to self-employment tax.

#### APPROPRIATE DOCUMENTATION

- Applicants should complete the Statement of Self Employment Profit and Loss verifying any thirty (30) day period within the past sixty (60) days and
- The most recently completed IRS Tax Transcript with a Schedule C if the business is old enough to file taxes or
- Documentation that reasonably establishes employment. This can include documentation of employment or income through independent contracts, gig work, or other non-traditional work arrangements.

#### **PLEASE NOTE:**

Applicants/Co-Applicants who are self-employed and unable to exhibit income within the past sixty (60) days, may be authorized at the initial enrollment or as a new service need for fifty-three (53) weeks with zero (0) income. At reauthorization, an Applicant/Co-Applicant must be able to exhibit income within the previous one-hundred and eighty (180) days, with a Statement of Self-Employment Profit and Loss.

#### **CHILD CARE SELF-EMPLOYMENT (OWNER/LICENSEE) POLICY:**

In situations where the Applicant and/or Co-Applicant is also a child care owner/licensee, and child care is requested outside of their facility or home, the Applicant/Co-applicant's child care program must be licensed, regulated, or a legally operating child care serving five (5) or fewer unrelated children.

# Service Need-Education or Training Programs

## Type of Education or Training Programs

Any of the following may be appropriate training and education activities:

- Secondary Education (High School) including distance learning.
- Accredited Post Secondary Education or Training Program
  - ✓ Associate degree
  - ✓ Bachelor's degree
  - ✓ Applicant or Co-Applicant who has received one 4-year degree or 2 associate degrees and who is working towards a master's degree.
- Adult Basic Education or GED
- Clinical, Internship, Externship or Practicum
- Educational Activities verified by TANF referral (TANF IMPACT)
- English as a Second Language (ESL)
- Vocational Training

Documentation must include the Applicant or Co-Applicants name, the name of the program, and enrollment start date.

### **PLEASE NOTE:**

Education service need must start within 13 weeks of authorization for childcare services. No limitations on the number of degrees or education.

### **PLEASE NOTE:**

It is the responsibility of the Applicant or Co-Applicant to report if they are not participating in their service need. Eligibility should not request another school schedule. It is important for Eligibility to communicate to Applicant or Co-Applicant that they need to report all updates/changes within ten (10) days, as it may affect eligibility.

## EDUCATION PROGRAM INCOME EXEMPTION POLICY:

When the Applicant and/or Co-Applicant with the earned income is a student participating in or pursuing:

- The individual's first post-secondary degree
- A pre-apprenticeship
- An apprenticeship
- A workforce certificate

The system will automatically deduct \$1,250.00 per month from the earned income in an ongoing case.

## APPROPRIATE DOCUMENTATION

- School or Education Schedule
- School or Education Transcripts
- School or Education Registration Document
- A letter or written statement, including signature and dated within the last sixty (60) days, on company letterhead verifying participation in the pre-apprenticeship or apprenticeship program.
- Workforce Certificate/Apprentice Program State Form 53107

## Service Need–Incapacitation

### *Definition of Temporary Incapacitation*

Temporary incapacitation is defined as a medical condition which prevents an Applicant and/or Co-Applicant from participating in their service need, verified in writing. This condition will not exceed sixteen (16) weeks.

## APPROPRIATE DOCUMENTATION

- A written statement from the Applicant or Co-Applicant or a medical professional, including signature and date within the last sixteen (16) weeks, indicating:
  - An Applicant or Co-Applicant is unable to participate in a service need due to their incapacitation; **and**
  - The duration of the incapacitation does not exceed sixteen (16) weeks.

## **TEMPORARY INCAPACITATION POLICY:**

If an Applicant or Co-Applicant applying to the program **can provide** a service need and income verification, and eligibility can be determined, vouchers can be set, and no update is required.

If an Applicant or Co-Applicant applying to the program **cannot provide** a service need, and income verification and eligibility cannot be determined, vouchers will be placed in pending status for up to sixteen (16) weeks until the service need and income can be verified.

### ***Definition of Permanent Incapacitation***

Permanent incapacitation is defined as a medical condition which prevents an Applicant or Co-Applicant from participating in their service need, as verified by a physician's statement. This condition will exceed sixteen (16) weeks.

## **PERMANENT INCAPACITATION POLICY:**

### ***Single Applicant Household***

- An Applicant is not eligible for services with a permanent incapacitation.

### ***Applicant and Co-Applicant Household***

Any of the following may be appropriate for incapacitation:

- One adult with a service need and one adult incapacitated (either temporarily or permanently).
- One adult temporarily incapacitated, and one adult permanently incapacitated.
- Both adults temporarily incapacitated.
- One adult on transitional care, and one adult incapacitated (either temporarily or permanently).

## **PLEASE NOTE:**

An adult who is permanently incapacitated will have the same Service Need Code as the other adult.

## APPROPRIATE DOCUMENTATION

- A written statement, including signature and date, from a medical professional indicating:
  - An Applicant or Co-Applicant is unable to participate in a service need due to their incapacitation; and
  - The duration of the incapacitation exceeds sixteen (16) weeks, is indefinite or permanent.

**PLEASE NOTE:** An Applicant or Co-Applicant applying to the program with Temporary Incapacitation as their service need should be placed in pending status for up to 16 weeks until a service need can be verified.

## Service Need-Child Protective Services

### Definition of Child Protection Services

Priority given to children who are living with their biological or adoptive parents who receive or need to receive child care outside the child's home as determined by a Child Protective Services (CPS) caseworker.

### CPS SERVICE NEED POLICY:

A service need of CPS is established when an Applicant or Co-Applicant provides verification from the CPS caseworker indicating the Applicant and/or Co-Applicant need child care outside of their home. The service and financial eligibility requirements are waived for children who have been referred by the CPS caseworker as needing care outside the home as part of the CPS case plan.

## APPROPRIATE DOCUMENTATION

- A written statement from the CPS caseworker not more than sixty (60) days old based on the caseworker's signature date indicating:
  - The child(ren) is living with or returning to their biological or adoptive parent.
  - The child(ren) need care outside of the home.
  - CPS caseworker's contact information.
  
- A complete CPS referral is adequate proof of:
  - Service need;
  - A child's identity, date of birth; citizenship; and
  - Residency.



## Child Protective Services Clarifications

An Applicant or Co-Applicant who has physical custody of a child with a CPS case plan who is not their biological child or stepchild is not eligible for CCDF benefits with a service need type of Child Protective Services.

## Change in Service Need/Transitional Care

When the established service need at the time of authorization or reauthorization is no longer valid, the Applicant or Co-Applicant reports this loss to Eligibility. If the loss of service need is temporary the change in service need policy applies. If it is a permanent loss in service need the transitional care policy applies.

## Definition of Change in Service Need

A change in service need is defined as a temporary period when an Applicant or Co-Applicant is not participating in their service need, including but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program.

## CHANGE IN SERVICE NEED POLICY:

A change in service need can extend to the end of the subsidy period. An Applicant or Co-Applicant in a change of service need status at the time of reauthorization is eligible for up to sixteen (16) weeks of transitional care.

### **PLEASE NOTE:**

A break in attending an education program may not exceed thirteen (13) weeks.

## Definition of Transitional Care

Transitional Care is a period not to exceed sixteen (16) weeks, to be used when a service need is no longer valid.

## TRANSITIONAL CARE POLICY:

An active Applicant or Co-Applicant is eligible for transitional care. If a valid service need is not obtained, CCDF benefits will be terminated after sixteen (16) weeks. If properly reported, multiple periods of transitional care may occur in a subsidy period. If the Applicant and Co-Applicant obtains a valid service need prior to the end of the transitional care, they can continue with services. If the transitional care period crosses over the subsidy end date, an extension of the subsidy end date would be appropriate to accommodate the transitional care period. If an extension is not available, the case should be reauthorized, and vouchers placed in pending status at the end of the transitional care period until the service need can be verified.

### **PLEASE NOTE:**

A Co-Applicant is eligible for transitional care upon entering the household if they do not have a valid service need.

## TRANSITIONAL CARE INELIGIBLE

- If TANF IMPACT, SNAP, or DCS priority Applicants or Co-Applicants become ineligible for continued care with any of these priorities as their service need, they will not be eligible for sixteen (16) weeks of transitional care; **or**
- When income exceeds 85% of state median income (SMI) or household assets exceed one (1) million dollars, no transitional care is offered; **or**
- The Applicant and/or Co-Applicant, if any, has requested their case be terminated; **or**
- The eligible child has experienced excessive absences at their CCDF eligible provider's program; **or**
- The Applicant and/or Co-Applicant no longer has physical custody of the eligible child; **or**
- The CCDF Applicant and Co-Applicant have moved outside of the State of Indiana; **or**
- The CCDF Applicant and/or Co-Applicant have reported false facts or information, provided false documentation or omitted facts (Intentional Program Violations-IPV).

## **1.8 Financial Eligibility - Countable Income**

### **Definition of Countable Gross Household Income:**

Total income from all countable sources prior to taxes and after income exclusions and adjustments received by each identified household member.

To determine a household's gross monthly income, all income received by the Applicant and/or Co-Applicant must be evaluated and counted toward eligibility.

### **POVERTY GUIDELINE POLICY:**

Eligibility poverty guidelines are established based on the number in the household and income from all countable sources.

## **Household Income Exclusions**

### **HOUSEHOLD MEMBER UNDER 18 INCOME POLICY:**

Any earned income of a household member under the age of eighteen (18) excluding emancipated minors and minor parents, is exempt.

### **FOSTER FAMILY INCOME POLICY:**

The income of a valid licensed foster family is exempt.

### **CHILD PROTECTIVE SERVICE INCOME POLICY:**

The income of a documented Child Protective Services family is exempt.

## **Countable Income**

### **Child Support / Spousal Maintenance**

Child Support is money received on a regular basis by a custodial parent for the benefit of his or her child, which includes direct payments and payments via the clerk of the circuit courts and/or the Division of Family Resources, Child Support Bureau. Maintenance is money paid to one spouse/partner by the other for support. Maintenance should be recorded as "Other Income Counted." Child support and maintenance are declared by the Applicant or Co-Applicant on the Parent/Applicant Worksheet.

## Child Support Adjustments

- If the child for whom child support is received is not listed on the application, the child support is not counted.
- If the paying non-custodial adult is listed on the application, the child support would not be counted.

## Earned Income (Wages or Salary)

### APPROPRIATE DOCUMENTATION TO VERIFY EARNED INCOME

- At least one pay verification, which is within sixty (60) days of the applicant's signature date.
- Request for Cash Earnings Form
- Wage detail form (required with canceled check or when additional details are needed)

## Earned Income Adjustments

The following types of income should be deducted from gross wages:

- Advance Pay is counted when received and not when deducted including salary, commissions, sick or vacation pay.
- Health/Dental/Vision Insurance Benefits which are considered part of gross income are not counted when there is an opposing deduction.
- Employment reimbursements are monies paid for out-of-pocket expenses related to employment and reimbursed on an Applicant or Co-Applicant's pay stub. These payments could include reimbursement for mileage, per diem, meals, supplies, etc.
- Housing and Food Allowance when included in Gross Wages.
- Employer contribution to retirement accounts such as 401K, deferred compensation, or pension accounts.

### APPROPRIATE SOURCES TO VERIFY EMPLOYMENT REIMBURSEMENTS

- Documented on the Applicant or Co-Applicant's pay stub.
- Written declaration from the Applicant or Co-Applicant for line items that are uncategorized on the pay stub.

## Earned Income (Tipped Employees)

### STEPS TO DETERMINE COUNTABLE TIPPED INCOME

- When determining wages for employees with documented tips on their pay stub or self-declared tips, the Applicant and/or Co-Applicant must complete a CCDF Tipped Employee Worksheet for the pay stub used for income determination during the current period.
- The total wages on the CCDF Tipped Employee Worksheet for the current period **must be** equal to or greater than the total hours worked (based on pay stubs) multiplied by minimum wage. If total wages are less than minimum wage, then income is figured by using the following formula: **Wages = Total Hours Worked X Minimum Wage.**

## Earned Income (Self-Employment)

Self-employed earned income is revenue received directly from an Applicant or Co-Applicant's own business, trade or profession less business expenses declared by the Applicant or Co-Applicant. An operating loss may be incurred and is reported as zero on the Statement of Profit and Loss Form.

### APPROPRIATE DOCUMENTATION

- Applicants should complete the Statement of Self Employment Profit and Loss verifying a thirty (30) day period within the past sixty (60) days or
- Applicants/Co-Applicants who are self-employed and unable to exhibit income within the past sixty (60) days, may be authorized at initial enrollment or as a new service need for fifty-three (53) weeks with zero (0) income.
- At reauthorization, the Applicant/Co-Applicant must be able to exhibit income within the previous one-hundred and eighty (180) days with a Statement of Self-Employment Profit and Loss.

### PLEASE NOTE:

- In situations where the Applicant and/or Co-Applicant is also a child care owner/licensee, and child care is requested outside of their facility or home, the Applicant/Co-Applicant's child care program must be licensed, regulated or a legally operating child care serving five (5) or fewer unrelated children.
- If self-employed as a private nanny a statement of profit and loss from the previous 60 days is acceptable.

## **Earned Income** (Uber, Lyft, Door Dash, Instacart, or other gig type employment)

Applicants or Co-Applicants employed by Uber, Lyft, Door Dash, Instacart, or similar companies, must provide a screen shot or copy from the company app or website for a week's income. The screen shot or copy should include wages, pay dates and the Applicant or Co-Applicant's name. They may also provide a copy of their company contract with their name on it, along with the income. While they do not have to submit a Profit and Loss form it may be beneficial for them to claim deductions and this would be acceptable.

## **New Applicant or Co-Applicant with Fluctuating Income Policy**

If a new Applicant or Co-Applicant is unable to demonstrate financial eligibility due to a temporary fluctuation in income, their application may remain incomplete and in a partial status for a maximum of thirteen (13) weeks. This will allow the new Applicant or Co-Applicant to complete their application when they are able to demonstrate financial eligibility. If financial eligibility is not demonstrated within thirteen (13) weeks, the partial application will be terminated (swept).

## **Rental Income**

Income received from property owned by the Applicant and/or Co-Applicant is considered countable income. Monthly rental income less the applicable mortgage payment, which may include escrow payment, is entered as "Other Income Counted."

### **APPROPRIATE SOURCES TO VERIFY RENTAL INCOME**

- Valid rental agreement; and
- Most recent mortgage statement, if applicable

### **PLEASE NOTE:**

If no mortgage statement is available, then rental income will be counted in full.

## Social Security Income (All Types)

Income received from the Social Services Administration. This includes SSI, SSDI, and Survivor Benefits.

### APPROPRIATE DOCUMENTS TO VERIFY SOCIAL SECURITY INCOME

- Documentation from the issuing authority dated within the last twelve (12) months which verifies current monthly benefits received; or
- Documentation from the Division of Family Resources which verifies the benefit amount.

### **PLEASE NOTE:**

- Overpayments are counted when received not when withheld from benefits. Lump Sum Social Security Income payments are not counted.

## Temporary Assistance for Needy Families (TANF)

TANF is money paid as cash assistance to an adult in the assistance group.

### APPROPRIATE DOCUMENTS TO VERIFY TANF

TANF benefits can be declared on the Parent Applicant Worksheet.

## Unemployment Benefits

Unemployment Insurance benefits provides temporary payments to eligible workers who lose their job.

### STEPS TO VERIFY UNEMPLOYMENT

Unemployment benefits can be declared on the Parent Applicant Worksheet.

## Veteran's Benefits

Veteran's benefits are money paid by the Veteran's Administration to disabled or retired members of the Armed Forces or to survivors of deceased veterans.

## **APPROPRIATE SOURCES TO VERIFY VETERAN'S BENEFITS**

- Documentation from the Veteran's Administration which verifies the benefit amount.
- Benefit Amount may be obtained by contacting the Veteran Administration's resource number (800) 827-1000.

## **Worker's Compensation**

Worker's compensation is money paid periodically from public or private insurance companies for injuries incurred at work.

## **APPROPRIATE DOCUMENTS TO VERIFY WORKERS COMPENSATION**

- Documentation from issuing authority for the current benefit.

### **PLEASE NOTE:**

Lump sum payments should be annualized and may include:

- Life Insurance
- Inheritances
- Lawsuit Settlement
- Gambling/Lottery Winnings
- Severance Payments
- Retention Bonuses
- Annual Employment Bonuses

## **Assets Greater Than One Million Dollars**

Household assets are the value of all the Household's cash, retirement, investments, and real property. When an Applicant or Co-Applicant's assets exceed one (1) million dollars, the household is considered ineligible for services.



# SECTION 2 CCDF AUTHORIZATION

## 2.1 Authorization

Documentation which verifies the information required for application authorization should be maintained in the Applicant's file at the Eligibility Office and within the eligibility system according to the State's record retention policy.

Prior to completing an application, the Eligibility Office must determine if all necessary documentation is available to complete the application. If the Applicant or Co-Applicant is missing information, the application must be stopped, and the Applicant or Co-Applicant given written documentation indicating the additional documentation required.

### **Authorization Period Policy:**

An application whose funding is provided by the Child Care and Development Fund (CCDF) must have a subsidy period for a minimum of fifty-three (53) consecutive weeks with child care assistance available, except for TANF, SNAP and DCS referrals.

### **Requirements for an Applicant and Co-Applicant Case**

1. Parent/Application Worksheet with all eligibility criteria complete, signed and dated by Applicant or Co-Applicant (which may be original or electronic); and
2. All required supporting verification; and
3. Signed Provider Information Page completed by the child care provider (electronic signatures are acceptable); and
4. Hoosier Works for Child Care Card Authorization form signed and dated by the Applicant and/or Co-Applicant; and
5. Complete Referral, if applicable; and
6. Application For Child Care Services signed and dated by Eligibility; and
7. A copy of the Pre-Voucher.

## **Voucher Dates**

### **Definition of Voucher Begin Date:**

The date a voucher is considered valid for reimbursement to a CCDF Eligible Provider. The Voucher begin date may be the same as the subsidy begin date unless the Applicant or Co-Applicant has requested an alternate begin date, the service need starts later, the case is placed in TFI, or the provider is unavailable.

## Definition of Voucher End Date:

The voucher end date will be the same as the subsidy end date, unless the need for care has changed, the provider has changed, or the Applicant or Co-Applicant are no longer eligible.

## Authorizing Hours of Care

Vouchers should be established with a full-time weekly rate unless the Applicant or Co-Applicant request part time care or have a referral where other hours are indicated. At least one (1) week of care must be utilized during the subsidy period.

## Authorizations

### Full Time Authorizations

#### ***NON-SCHOOL AGE OR SCHOOL AGE OTHER***

- Requested child care need of twenty-five (25) hours or more per week Sunday through Saturday.
- Vouchers are created as ten (10) hours per day, five (5) days a week.

#### ***SCHOOL AGE***

- Requested child care need of ten (10) hours or more per week Sunday through Saturday.
- Vouchers are created as two (2) hours per day, five (5) days per week.

### Part-Time Authorizations

#### ***NON-SCHOOL AGE OR SCHOOL AGE OTHER***

- Requested child care need of less than twenty-five (25) hours per week.
  - Daily rate only applies if care is used for four (4) hours or more per day.
  - Hourly rate applies if care is used for less than four (4) hours per day.
- Provider must supply the part-time rates.
- No personal days are provided for part-time authorizations.
- Total reimbursement will not exceed the weekly CCDF reimbursement rate except in cases of special needs.

## **SCHOOL AGE**

- Requested child care need of less than ten (10) hours per week.
  - Only an hourly rate must be selected.
- Provider must supply the part time rates.
- No personal days are provided for part-time authorizations.
- Total reimbursement will not exceed the daily CCDF reimbursement rate except in cases of special needs.

## **Shift Care**

Utilizing information obtained from the Applicant or Co-Applicant during authorization or from the Parent/Applicant Worksheet, the Eligibility Office should assign children to the appropriate shift or shifts which accommodate the need for care, including earliest drop-off and latest pick-up times.

### **APPROVED SHIFTS ARE:**

#### **SHIFT ONE**

6:00 AM – 6:00 PM

#### **SHIFT TWO**

6:00 PM – 6:00 AM

### **PLEASE NOTE:**

Alternate Eligible Provider shifts may be approved by OECOSL.

A child who needs care overlapping these shifts shall be assigned to both shifts. For example: a child who needs childcare from 3:00 PM – 11:00 PM should be assigned to both shift one and shift two and will be counted in the provider's capacity for both shifts.

### **PLEASE NOTE:**

A legally licensed exempt child care home provider is eligible to care for five (5) children, inclusive of both shifts.

## 2.2 Personal Days

### **PERSONAL DAY Definition:**

Personal Days are provided to children who are enrolled on a full-time weekly basis. Days are provided to supplement a child's attendance when the minimum full time hour requirement has not been met for the week.

### **Personal Day Value:**

- Non-school age and School Age Other personal days have a value of ten (10) hours per day.
- School-age personal days have a value of two (2) hours per day.

### **PERSONAL DAYS POLICY:**

Personal days should only be used when the child was scheduled to attend and did not attend any part of the day and the provider was open for business.

- Personal days should be used at the Applicant or Co-Applicant's discretion to supplement attendance for the week to reach the full-time minimum. Each Personal Day counts as 10 hours of attendance and must be used in full day increments.
- Each child with a full-time weekly voucher currently receives forty-one (41) personal days per enrollment year, which accrue on the case anniversary date (initial enrollment date). Unused personal days do not roll-over and if not used are forfeited.

### **PLEASE NOTE:**

If a child with special health situations (i.e., prolonged illness or injury) has exhausted their personal days, the treating physician or medical professional is to document the child's need for treatment and/or recuperation. The Eligibility Office should submit documentation to the CCDF Policy Consultant on behalf of the Applicant or Co-Applicant for consideration of additional personal days.

## 2.3 CCDF/OMW Provider Information Page

To complete the application process, the Applicant or Co-Applicant must submit a Provider Information Page which has been completed and signed by the child care provider.

An Eligibility Office may not establish part-time charges for a CCDF eligible provider who only specifies a full-time charge.

## Provider Changes

A provider change must be requested, by submitting a new provider page not later than noon the day prior to the last business day of the week, to be effective the following week. These may be submitted in advance with a future start date indicated.

## Provider Rates

A provider must document their rates through completion of a Provider Information Page. If rates are not completed, the Eligibility Office will contact the provider to verify the rate and document it on the Provider Information Page.

## Child Care Charge Errors on CCDF Voucher

An Eligibility Office will utilize the charges documented to complete an Applicant or Co-Applicant's authorization for child care and issue a voucher accordingly. If the provider reports an Eligibility Office error on the voucher within thirty (30) days of issuance, the subsidy may be adjusted. If the provider, Applicant or Co-Applicant fails to notify the Eligibility Office of an error timely, the voucher will remain unchanged.

## 2.4 CCDF Provider Reimbursement Rates

### Definition of CCDF Reimbursement Rates

CCDF Reimbursement Rates are determined using an alternative rate methodology based on reported provider costs. Rates are provided by geography, age, provider type, and quality level.

### CHILD WITH SPECIAL NEEDS REIMBURSEMENT RATE:

Subsidy may exceed the Reimbursement Rate by 10% in cases of children with documented special needs, however, it may not exceed the Provider's charges.

### CCDF Reimbursement Rate Age Categories

Eligibility Office must select the appropriate age group based on date of birth and school participation.

- **Infant** – a child zero (0) to eleven (11) months of age
- **Toddler** – a child twelve (12) to thirty-five (35) months of age
- **Three (3), Four (4) or Five (5)** – children thirty-six (36) months to five (5) years of age
- **Kindergarten** – a child enrolled in half-day kindergarten or a child six (6) years of age regardless of whether they are attending kindergarten.
- **School-Age** – A school-age child attending before or after school (wrap around care).

**PLEASE NOTE:**

Children participating in the OMW program through a Public, Private, or Charter school will be assigned school-age voucher for CCDF wrap around care if needed.

School-Age Other – A school-age child enrolled during non-traditional hours if their participation will exceed ten (10) hours per week or a child attending care during a break in school.

**PLEASE NOTE:**

A child's voucher should be assigned a new age category the Sunday following their birthday, unless their birthday falls on a Sunday in which case the new voucher shall be assigned on the child's birthday.

### **School-Age Child Care Reimbursement Exceptions**

In accordance with Direct Service Funds federal restrictions, funds may not be used for children enrolled in grades one (1) through twelve (12) for:

- Any service for which such students receive academic credit toward graduation; **or**
- Any services duplicating an academic program of any public or private school.

#### ***Clarification When Care is Requested:***

The use of CCDF for child care services for school age children during times when schools are open, and children can attend safely in person, is restricted.

When a School-Age Other (age 7 years and older) voucher is requested during the normal school day, care is not allowed to teach or provide instruction in place of academic credit. If providing care while instruction is provided virtually, this may be allowable with verification of enrollment in virtual K-12 education program and must be approved by the CCDF Policy Consultant.

## **2.5 Definition of Nanny Care**

Nanny Care is defined as child care services provided by an individual over eighteen (18) years of age who comes into the child's own home and does not reside at the child's address and is not the parent, stepparent, guardian, or in place of a parent.

## Nanny Care Requirements

An Applicant or Co-Applicant may be eligible for Nanny Care if the Applicant, Co-Applicant, and Nanny Care Provider all meet CCDF Eligibility Standards.

### NANNY CARE REIMBURSEMENT RATE

Reimbursement is calculated per eligible Household at an hourly rate consistent with the current federal minimum wage and cannot exceed forty (40) hours per week. Therefore, there is one (1) rate for all eligible children. The Reimbursement Rate does not apply in this situation.

When the child care authorization has been established, the Eligibility Office must use the following formula to determine the subsidy.

$$\frac{\text{Current Minimum Wage}}{\text{Number of Children}} = \text{The Hourly Rate of Child Care}$$

## 2.6 Child Care Subsidy & Copayments

### Definition of Child Care Subsidy

The established child care reimbursement rate less any applicable copayment paid to CCDF eligible programs. After the Eligibility Office has authorized services and recorded the eligible child care provider's charges, the eligibility software will calculate the subsidy.

### Definition of Copayment

A copayment is defined as a weekly fee for child care based on the household's income and the number of years on the program. The fee is determined using a sliding fee scale and applies to all families with household income over 100% of Federal Poverty Level (FPL).

### COPAYMENT POLICY:

The Applicant and Co-Applicant are responsible for the weekly copayment amount determined at the time of authorization regardless of the child(ren)'s attendance and is paid directly to the provider. The co-payment may not be waived and must be collected from the Applicant and Co-Applicant on a regular basis.

### OMW COPAYMENTS POLICY:

Applicants participating in the OMW Pre-K Regular program will not be charged a copayment during the entire subsidy period.

## **PROVIDER CHARGES MORE THAN REIMBURSEMENT RATES (Overage):**

When the child care provider's charges are greater than the Reimbursement Rate, the Applicant and Co-Applicant must assume responsibility for the additional cost of care also called an "overage."

Applicant will pay this fee directly to the provider. This includes OMW Pre-K providers.

## **2.7 Changes to Vouchers**

### **When a Provider Change is Required**

When a provider appears on the "Provider Exceeding Capacity" report the Eligibility Office will be required to make the necessary changes to reduce their enrollment to within the eligibility software stated capacity.

## **STEPS FOR PROVIDER EXCEEDING CAPACITY**

### **STEP 1**

- Within three (3) days of appearing on the over-capacity report, contact the provider by phone or email to determine which child or children will be removed from their care by the following Saturday.
- An OMW child should not be removed until all other CCDF only children have been removed and the provider still exceeds capacity. (If you leave the provider a voicemail, allow one (1) business day for them to return your call.)
- If you have made three (3) attempts at different times of the day and are unable to reach the provider or leave a message, remove all CCDF only children unless the provider still exceeds capacity as stated below. DO NOT wait more than three (3) days to take the appropriate action.

### **STEP 2**

- The Eligibility Office will remove the identified child or children by placing their voucher in a pending status the following Sunday. **OR**
- If the provider fails to identify the child or children to be removed, the Eligibility Office will remove all CCDF children by placing their vouchers in a pending status as of the following Sunday unless the provider still exceeds capacity.



### STEP 3

- The Eligibility Office will send the Applicant and Co-Applicant an Adverse Action notification requesting a new Eligible Provider be chosen.

### STEP 4

- If an Applicant or Co-Applicant selects an eligible provider within the notice period, the provider change shall be completed. However, if an Applicant or Co-Applicant has not selected an Eligible Provider or the ineligible provider has not been reinstated, prior to the notification date, the services shall be terminated.

#### **PLEASE NOTE:**

An Applicant or Co-Applicant may make a written request for an extended provider search. See Steps for Provider Search Extension Policy Section 4.7

#### **PLEASE NOTE:**

An Applicant or Co-Applicant's questions regarding a provider's ineligibility should be referred to the provider.

### **INCREASE IN PROVIDER CHARGES POLICY:**

If an eligible provider increases their rates, the changes may only take place at reauthorization.

## **2.8 Completing Authorization Process**

### **RESOURCE INFORMATION**

When completing the authorization and reauthorization process, the Eligibility Office must provide the Applicant or Co-Applicant with resource information to address the Applicant's other needs. Prior to completing enrollment, the Eligibility Office are required to provide the following:

- Child Care Resource and Referral, including help with finding child care; **and**
- Information on Quality Child Care / Paths to QUALITY™; **and**
- Complaint Policies/Process; **and**
- Subsidy Information; **and**
- Rights and Obligations; **and**
- Information on accessing the Indiana e-Child Care Family Portal at <https://www.hoosierchildcarefamily.com/ecccwp/>; **and**
- Information on accessing developmental resources at <https://brighterfuturesindiana.org/local-help-for-finding-child-care/>; **and**

- Information on accessing [FSSA's Child Care Finder](#) which can provide the following information:
  - License and regulatory information met by their provider; **and**
  - Inspection, violation, and complaint information about their provider; **and**
  - Paths to QUALITY™ level and basic information about each level, if participating.

***Written material based on the Applicant or Co-Applicant's expressed need which must, at a minimum, include:***

1. TANF Information
2. Head Start / Early Head Start
3. CHIP Information
4. Low Income Home Energy Assistance Program (LIHEAP)
5. SNAP (formerly Food Stamps) information
6. CACFP information
7. Medicaid information
8. Indiana Department of Health information
9. WIC information
10. First Steps information
11. Local Public School information
12. Healthy Families information
13. Mom's Helpline
14. Locally obtained resource information and materials

## **2.9 CONSUMER EDUCATION SURVEY & DEVELOPMENTAL MILESTONES**

OECOSL is federally required to provide a consumer education survey to Applicants and/or Co-Applicants at the time of authorization and reauthorization.

As part of the consumer education process, Applicants and/or Co-Applicants will also be asked to review the CDC's child developmental milestones checklist(s) for their children five (5) years of age or younger. If provided, answers to the consumer education survey and milestone checklist(s) will be recorded in the eligibility software for statistical reporting.

The FSSA Resource Guide is dedicated to helping families live productive, safe, and healthy lives and includes information about other community organizations providing services to those in need. [http://www.in.gov/fssa/files/FSSA\\_Resource\\_Guide.pdf](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf).

An additional referral can be made to the statewide referral service 211. The Eligibility Office must familiarize themselves with other resources located within the communities they serve.

## **2.10 Card Issuance**

After an authorization has been completed, the Eligibility Office must issue the Applicant and Co-Applicant if applicable, a Hoosier Works for Child Care card supplied by OECOSL. They may also issue up to two (2) authorized cards, if requested. When properly used, these cards will transmit attendance electronically from the provider to the payment vendor. This information is used to calculate the provider's reimbursement, which is electronically deposited.

### **Issuing a Hoosier Works for Child Care Card**

- Obtain authorization on the completed Hoosier Works for Child Care Authorization-Authorized User Form from the Applicant or Co-Applicant.
- The Authorized user must complete and sign the form and provide a copy of their Photo ID. The Applicant and/or Co-Applicant must be willing to accept responsibility for the child's attendance activity.
- Provide direction to the Applicant or Co-Applicant regarding not sharing confidential card information. Provide the Applicant or Co-Applicant the link to the Hoosier Works for Child Care card training video available on Parent Portal at the [Indiana e-Child Care Website](#).
- Provide the Authorized User the link to the Hoosier Works for Child Care card training video available on Parent Portal at the [Indiana e-Child Care Website](#).

#### **PLEASE NOTE:**

Lost, stolen, or inoperable cards may be re-issued, as necessary at no cost. **A new form is not required.** Old cards must be deactivated by the eligibility office through the eligibility software.

## **2.11 Hoosier Works for Child Care Card Usage**

### **POINT OF SERVICE DEVICE (POS) USAGE POLICY:**

An Applicant, Co-Applicant or Authorized User must document the child(ren)'s attendance by using the POS device available at the program each day they attend.

The expectation is that the Applicant or the Co-Applicant will document the child's attendance daily. The POS device does provide an opportunity to record previous day's attendance as a previous-check in/out or record personal day usage for up to thirteen (13) prior calendar days.

### **ABSENCE**

An absence is recorded when a non-pending voucher has no recorded electronic attendance, attendance for a personal day, attendance for a provider holiday or attendance for an inclement weather day.

### **EXCESSIVE ABSENCES**

Excessive absences are the failure of an Applicant, Co-Applicant or Authorized User to electronically document attendance on the Point of Service device for at least sixty (60) consecutive calendar days.

### **Terminating Child Care for Inactivity (Excessive Absence)**

When an Applicant or Co-Applicant does not document attendance using the POS device on a regular basis, the Applicant and Co-Applicant are at risk of losing their services. The Applicant and Co-Applicant, as well as the Eligible Provider must be notified a child is at risk of losing their services if they fail to electronically document their child's attendance on the POS device.

### **Terminating Child Care for Inactivity Policy**

Failure of an Applicant, Co-Applicant, or Authorized User to electronically document their child(ren)'s attendance for more than sixty (60) days will be considered voluntary termination of the child(ren) from the CCDF Voucher Program.

## STEPS TO TERMINATE AN APPLICANT FOR INACTIVITY

When the Applicant's name appears on the 60+ Day No Swipe Activity Report, the Eligibility Office shall terminate the child's subsidy after appropriate notice has been made following the steps below.

### STEP 1

After forty (40) days of no swipe activity, the Applicant and Co-Applicant, and the CCDF provider are sent the 40-day automated letter.

### STEP 2

After fifty (50) days of no swipe activity, the Applicant and Co-Applicant, and the CCDF provider are sent the 50-day automated letter.

### STEP 3

If the child remains on the report after sixty (60) days, terminate the child's subsidy for inactivity. No additional notification is required. An automated termination letter is available and should be sent to the family.

### STEP 4

Terminate the case if there are no remaining active CCDF recipients. Document the action taken in eligibility software case notes.

#### **PLEASE NOTE:**

This termination may be appealed using Applicant Appeal Process as stated in CCDF Non-Compliance Section 4.2

# SECTION 3 MAINTAINING CCDF ELIGIBILITY AND REAUTHORIZATION

## 3.1 Maintaining an Application

### CHANGE IN CIRCUMSTANCES

When the Applicant or Co-Applicant reports a change in their circumstances, the Eligibility Office should update the reported information in the eligibility software, print the application, State Form 805, note the change, and scan all applicable documents relating to the change. All changes should be noted in the eligibility software.

### Verified Information Policy

An update of verified information would include collection of documentation. Unverified information such as phone and email can be declared.

#### **PLEASE NOTE:**

The Eligibility Office should verify with the Applicant and/or Co-Applicant if they have permission to text them.

### Change in Household Circumstances

#### CHANGES REQUIRED TO REPORT

The following changes must be reported within ten (10) calendar days of the event, requiring the Eligibility Office to take the appropriate action.

- Change in residency
- Change in name
- Change in household size
- Loss of service need
- Change in income which exceeds 85% of State Median Income
- Change in total assets to one (1) million dollars or more.

#### **PLEASE NOTE:**

The Eligibility office should remind the Applicant or Co-Applicant to notify the DFR, if necessary, of any relevant change.

## STEPS FOR AN ACTIVE APPLICANT OR CO-APPLICANT TRANSFERRING TO ANOTHER COUNTY

When an active Applicant and/or Co-Applicant moves to another Indiana County, they may transfer their services to their new county of residence.

When an active Applicant or Co-Applicant notifies the Eligibility Office in their old or new county of residence they are moving or have moved, the following actions should be taken:

### STEP 1

The Eligibility Office will update the Applicant's new mailing address. No written verification is required.

### STEP 2

The Eligibility Office initiates the transfer by using the county transfer option in the eligibility software, select the new county of residence from the drop down and specify the date the transfer is to occur. This date must be a future date. If the move date is in the past, the first available date should be selected.

### STEP 3

If requested, the old or new county's Eligibility Office shall complete a provider change using the provider information page provided by the Applicant.

### STEP 4

If the Applicant or Co-Applicant does not have a service need, transitional care will be made available.

### **PLEASE NOTE:**

- If the notification is received with the reauthorization information, the documents will be scanned into the eligibility software for the new Eligibility Office to process.
- If the notification is received and the case is in a partial status, the Eligibility Office in the old county will terminate the case. The Eligibility Office in the new county will create a new case and move to active.

## **3.2 Household Size**

When the Applicant or Co-Applicant reports a change in household size, the Eligibility Office shall identify the appropriate situation below and follow the procedure provided.

### **STEPS FOR BLENDING HOUSEHOLDS**

#### **STEP 1**

Identify the cases involved. Utilizing the sliding fee scale, determine if the “new household” will be income eligible.

#### **STEP 2**

Select the case with the largest household size and update the most recent application sequence in the eligibility software using existing income, if applicable.

#### **STEP 3**

Terminate the other application in the eligibility software and add Co-Applicant and eligible child(ren) to the “new household”.

#### **STEP 4**

Complete the authorization for the eligible child(ren) and assure authorizations do not overlap.

### **STEPS FOR ADDITION OF HOUSEHOLD MEMBER**

#### **STEP 1**

Obtain appropriate proof of identity for the new household member.

#### **STEP 2**

Obtain appropriate proof of service need and add income from Co-Applicant if applicable. Note: A new Co-Applicant is eligible with a service need of Transitional Care for a maximum of sixteen (16) weeks.



## STEPS FOR LOSS OF A HOUSEHOLD MEMBER

### STEP 1

Obtain a statement from the Applicant indicating the household member is no longer in the residence. In the case of a child turning age eighteen (18), the member will be removed without a statement.

### STEP 2

Update the most recent subsidy period in the eligibility software, including removal of any income associated with the household member being removed. Child support should only be removed if the applicant has confirmed the support is received for the child being removed.

### 3.3 Loss of Service Need

The Applicant or Co-Applicant is required to report a loss of service need within ten (10) calendar days. The Applicant and/or Co-Applicant is eligible for sixteen (16) weeks of transitional care beginning the Sunday after loss of service need.

An Applicant or Co-Applicant who fails to report a loss of service need may be responsible for repayment of all or part of the subsidy paid on their behalf after transitional care has been applied.

### 3.4 Extending Subsidy End Dates

When evaluating the Applicant and/or Co-Applicant's service need at reauthorization, it may be necessary to extend their subsidy end date to allow for the complete evaluation of their financial and service needs. Additionally, when extending the subsidy end date is not appropriate, the Eligibility Office may utilize the creation of vouchers assigned to Pending Provider to assure child care subsidy is not paid before the service need and income eligibility is appropriately verified. The maximum extension available in the system is 16 weeks.

### 3.5 Self-Employment

In situations where a reauthorizing Applicant or Co-Applicant has provided evidence of a request for an IRS Tax Transcript (IRS form 4506T-EZ) the subsidy period of fifty-three (53) weeks may be extended eight (8) weeks to provide an opportunity for receipt of the tax transcript.

## **3.6 Temporary Fluctuation in Income (TFI)**

In situations where a reauthorizing Applicant or Co-Applicant's income temporarily fluctuates, and exceeds the established state maximum poverty guideline, the current subsidy period of fifty-three (53) weeks may be extended up to thirteen (13) weeks to provide an opportunity for re-evaluation of their income. After entering income, a prompt will warn the Eligibility Specialist that the income exceeds the maximum poverty level. The Eligibility Specialist should cancel the warning, mark income as TFI, and the Eligibility Software will extend the subsidy end date by thirteen (13) weeks.

### **STEPS TO COMPLETE A TEMPORARY FLUCTUATION IN INCOME (TFI) WHEN EXTENSION IS UNAVAILABLE OR AN INCOME UPDATE IS BEING PERFORMED**

#### **STEP 1**

When completing an income update, a prompt will warn the Eligibility Office that the Applicant's income exceeds the established maximum poverty guideline. The eligibility software will offer the following two (2) options:

- Income is accurate and is not fluctuating. Case is to be terminated.
- Income is temporarily fluctuating; case will not be terminated, and subsidy should be extended.

#### **STEP 2**

If the income is expected to fluctuate, select temporary income and save. The income will save; however, the case will not terminate. A Copayment will be based on the prior documented income.

#### **STEP 3**

If at least thirteen (13) weeks remain in the subsidy period, vouchers will be placed with a pending provider starting week fourteen (14).

If less than thirteen (13) weeks remain in the subsidy period and the subsidy period cannot be extended, the remaining weeks of TFI eligibility will carry forward to the next sequence when reauthorization is completed.

## **STEP 4**

Advise the Applicant and/or Co-Applicant an income update must be completed within thirteen (13) weeks. An Applicant or Co-Applicant may attempt to update their income multiple times in the thirteen (13) week period. Failure to update their income or document income below the established maximum poverty guideline will result in termination.

## **3.7 Reauthorization**

### **Required Notification of Upcoming Reauthorization**

The Applicant and Co-Applicant will be notified and eligible for reauthorization at least thirty (30) days prior to the current subsidy end date. This notification will also serve as a ten (10) calendar day notice should the Applicant and Co-Applicant be determined ineligible at the time of reauthorization. If an Applicant or Co-Applicant is found to be no longer eligible for services and is not eligible for Transitional Care the ten (10) calendar day notice period will not be extended past the current subsidy end date.

#### **PLEASE NOTE:**

Prior to starting the reauthorization, the Eligibility Office must determine if all necessary documentation is available to complete the reauthorization process or if an extension of the subsidy end date is appropriate.

## SECTION 4 CCDF NONCOMPLIANCE

### 4.1 Notice of Adverse Action (NOA)

An adverse action written notice must be provided if the Applicant and/or Co-Applicant are facing a potential termination of services for reasons which include, but are not limited to, the following:

- A request to provide documentation due to a critical error, which will affect eligibility; **or**
- A request for required documentation for authorization or re-authorization; **or**
- A requirement to select a new provider when the current provider is no longer eligible.

In response to an administrative error, the Eligibility Office may send the Applicant and Co-Applicant a written request for additional information. However, if the Applicant or Co-Applicant does not respond to the request, services cannot be terminated.

#### **PLEASE NOTE:**

An Applicant and their provider must be notified in writing at least ten (10) calendar days before an adverse action can be taken unless the adverse action is to occur at the Applicant's subsidy end date. If an Applicant or Co-Applicant has not appropriately responded to the Adverse Action request in a timely manner, the Application shall be terminated. Any reimbursement made after the Eligibility Office's failure to timely terminate an unresolved Adverse Action will be considered an inappropriate payment and may require a payment reduction and/or repayment from the Eligibility Office.

#### **Reasons an application will be ineligible:**

1. Household income does not meet financial eligibility.
2. Household does not meet service need requirements.
3. Child who is the primary beneficiary of service is not a US citizen, qualified alien and/or resident of Indiana.
4. Failure to select an eligible provider.

## Reasons an application may be terminated:

1. Failure to provide complete information at the time of authorization, reauthorization, or update.
2. Misrepresenting, concealing, or withholding information on the Application, State Form 805.
3. Failure to remain current on any existing repayment agreements determined by OECOSL.
4. Previous substantiation of welfare fraud, any component of fraud, or illegal receipt of government funds.
5. Failure to respond to requests for information related to eligibility determination from OECOSL or the Eligibility Office within the required time frame.
6. Failure to pay weekly copayment owed, if reported within thirty (30) days from first missed payment.
7. Failure to document an eligible child's attendance in the manner required by OECOSL.
8. Submitting attendance claims for time the eligible child was not in attendance, except for approved holidays and personal days, as allowed by OECOSL.
9. Allowing an unauthorized person, including the eligible child care provider, to possess a Hoosier Works for Child Care card, card number, or Personal Identification Number, password, or any other tool for entering electronic attendance information, as applicable.
10. Failure to select an eligible provider.
11. A change of residency outside of the State.
12. Substantiated fraud or intentional program violations.
13. Household income does not meet financial eligibility.
14. Household does not meet service need requirements.
15. Failure to fully reimburse eligible in-home (nanny) provider.
16. Excessive absences

## **4.2 Applicant Appeal Process**

When any adverse action is taken such as termination or denial of service, the Applicant or Co-Applicant may appeal. The Eligibility Office must inform the Applicant / Co-Applicant of the Appeal Procedure at the time of initial authorization, reauthorization, and issuance of Adverse Action.

### **Level 1 Appeal**

Within ten (10) calendar days of the termination date, denial date, or subsidy expiration date, the Applicant or Co-Applicant must send a written request of appeal to the Eligibility Office.

The Eligibility Office has ten (10) calendar days to review the request and respond in writing. This response must provide information on the next steps of the appeal process. The Eligibility Office will document research to support any decision made. The documentation shall be scanned into the case file.

### **Level 2 Appeal**

If the Applicant or Co-Applicant is not satisfied with the decision of the Eligibility Office supervisor, they must send a written request for appeal to the Assistant Director of CCDF Policy within fifteen (15) calendar days of receipt of the denial letter from the Eligibility Office at the below address.

#### **Office of Early Childhood and Out of School Learning**

**Attn: Assistant Director of CCDF Policy**

**CCDF Appeals  
402 West Washington Street, W-362, MS-02  
Indianapolis, IN 46204-2739**

The Assistant Director of CCDF Policy has fifteen (15) calendar days to review the request and respond in writing. This response must provide information on the next step of the appeal process.

## Level 3 Appeal

If the Applicant or Co-Applicant is not satisfied with the decision, they have fifteen (15) calendar days from receipt of the letter from the Assistant Director of CCDF Policy to submit a final written request for appeal to:

### **Office of Early Childhood and Out of School Learning**

**Attn: Director of Operations - CCDF Appeals  
402 West Washington Street, W-362, MS-02  
Indianapolis, IN 46204-2739**

The Director has fifteen (15) calendar days to review the decision of the Assistant Director of CCDF Policy and respond in writing. The decision of the Director is FINAL.

## **PAYMENT OF SERVICE DURING APPEAL**

Service for child care provided during an Applicant and Co-Applicant's appeal will not be reimbursed after the ten (10) calendar day notice. However, if a finding is held in the Applicant and Co-Applicant's favor, all child care during the appeal process will be paid retroactively provided the Applicant or Co-Applicant completes reauthorization timely, has a service need during the entire appeal period, and has utilized child care through an Eligible Provider. After an appeal, the Applicant and Co-Applicant who can demonstrate a current service need but are unable to document a service need during the entire appeal period, may reauthorize using their current service need.

## **4.3 Determination of a Repayment Agreement**

A repayment is needed when a non-compliance with CCDF Policies and Procedures resulted in child care subsidy being paid when the Applicant or Co-Applicant was ineligible for the program and Family and Social Services Administration (FSSA) is seeking repayment for that time frame.

### **REPAYMENT APPEAL POLICY:**

If a repayment determination has been made and the Applicant and/or Co-Applicant disagree, a written appeal must be submitted following the appeal guidelines provided below.

## **STEPS TO DETERMINE A REPAYMENT AGREEMENT**

### **STEP 1**

Establish a begin and end date to be entered on the CCDF Repayment form for the period of time which the Applicant or Co-Applicant was ineligible.

### **STEP 2**

Determine if the Applicant and Co-Applicant were eligible for transitional care. If yes, reduce and/or eliminate their overpayment by the number of eligible transitional care weeks.

### **STEP 3**

Determine the total amount of the overpayment by pulling payment details from eligibility software less any reduction due to transitional care.

### **STEP 4**

Complete the CCDF Non-compliance and CCDF Repayment form.

### **STEP 5**

Send copies of the forms to the Applicant/Co-Applicant for signatures and include the CCDF Repayment Appeal form.

- Send a copy of the agreement and all relevant documents to OECOSL.

### **STEP 6**

Provide a signed copy of the forms to the Applicant/Co-Applicant and send a copy of the signed agreement to OECOSL.

**Scan and Email to:** [CCDF\\_Repayment@fssa.in.gov](mailto:CCDF_Repayment@fssa.in.gov)



## Re-Payment Appeal Process

If the Applicant or Co-Applicant does not agree with the re-payment, they must send a written request for appeal to the Assistant Director of CCDF Policy, at the address below, within thirty (30) calendar days from the date of they received the re-payment agreement.

**Office of Early Childhood and Out of School Learning  
Attn: Assistant Director of CCDF Policy - CCDF Appeals  
402 West Washington Street, W-362, MS-02  
Indianapolis, IN 46204-2739**

## 4.4 Program Abuse or Fraud

### Reporting Fraud

Fraud may be reported to OECOSL in variety of ways. Applicants, Co-Applicants, child care providers and concerned citizens may report suspected fraud by contacting:

- 800-403-0864; **or**
- ReportFraud@fssa.IN.gov; **or**
- FSSA Investigations and Compliance Division, Room E-414, 402 W Washington Street, Indianapolis, IN 46204

## 4.5 Eligibility Office Role

All suspected fraud should be reported to the appropriate CCDF Policy Consultant prior to action taken. The CCDF Policy Consultant will review the documentation with the Eligibility Office to determine if a fraud referral is needed.

If the Eligibility Office suspects they have received fraudulent documentation, then you should send this info through a SECURE FSSA email account to your **CCDF Policy Consultant:**

- 1. Applicant's name**
- 2. Address**
- 3. Date of birth**

The CCDF Policy Consultant will review the information provided and decide whether to request for more information for the case and share those results with you.

## **Instances could include and are not limited to:**

### ***APPLICANT AND CO-APPLICANT PROGRAM ABUSE***

Any of the following instances should be based on submitted documentation only.

- Failure to report a biological or custodial adult as a household member when evidence exists.
- Failure to report other forms of income, including child support, second employment, etc.

### ***PROVIDER PROGRAM ABUSE***

Any of the following instances should be reported to the appropriate CCDF Policy Consultant, in writing.

- Providing care at an address which has not been licensed, registered, or certified.
- Providing care at an address which differs from the address indicated on the Applicant's ProviderWorksheet and/or Voucher.
- Having possession of or using the Applicant's Hoosier Works for Child Care card or having possession of card numbers or pin numbers.

### ***ELIGIBILITY SPECIALIST FRAUD***

Any of the following instances should be reported in writing to the appropriate CCDF Policy Consultant.

- Suspicious activity by an employee.
- Suspicion of program abuse in receipt of services by any employee of the agency.

## **4.6 Intentional Program Violation (IPV)**

An applicant/co-applicant may be denied services based on submission of false or misleading documentation after review with a CCDF Policy Consultant.

## **4.7 Provider Compliance / Noncompliance**

### **Provider Compliance**

#### **PROVIDER ELIGIBILITY STANDARDS POLICY:**

A CCDF eligible provider must assure CCDF Provider Eligibility Standards are always maintained. Failure to maintain compliance may result in decertification through a Notice of Order.

The Eligibility Office will be notified of a child care provider's failure to comply with Provider Eligibility Standards. Eligibility Specialists must identify if there are vouchers assigned and send a Notification of Denial / Revocation to the Applicants/Co-applicants within three (3) business days of receipt to ensure adequate notice is given regarding the status of their current child care provider. Case notes should be entered of notice sent.

The eligibility software system will automatically move children assigned to an ineligible provider to pending provider effective the Sunday following the effective date of the Notice of Order.

#### **PROVIDER SEARCH EXTENSION POLICY:**

If an Applicant or Co-Applicant is unable to locate a CCDF Eligible Provider, they may make a written request for a thirty (30) day provider search extension. Child care will not be paid during the provider search extension.

#### **PLEASE NOTE:**

Applicant's or Co-Applicant's questions regarding a provider's ineligibility should be referred to the provider. (Some denials or revocations may be based on confidential information.) If an Applicant or Co-Applicant wishes to leave their child(ren) in the care of the ineligible provider, their services will be terminated, and future eligibility is subject to availability of funds. Ineligible providers who choose to file an appeal will not be reimbursed during the appeal process.

## 4.8 Documenting Child Attendance

Child care providers are required to maintain written or electronic attendance records in addition to using the State supported attendance tracking system (POS device). These records shall be kept at the child care program, available for review for a minimum of one (1) year and shall document the following for all children: (1) first and last name of child (2) daily arrival and departure times (3) dates of attendance.

The Applicant, Co-Applicant or Authorized User's are required to electronically document children's attendance information using the POS device. The Hoosier Works for Child Care Card should never be left with the child care provider.

### **STEPS TO FOLLOW WHEN A HOOSIER WORKS FOR CHILD CARE CARD HAS BEEN FOUND IN THE PROVIDER'S POSSESSION**

#### **STEP 1**

The Eligibility Office receives notification from OECOSL to deactivate Applicant, Co-Applicant or Authorized User's Hoosier Works for Child Care cards.

#### **STEP 2**

Deactivate Hoosier Works for Child Care cards in the Eligibility Software System.

#### **STEP 3**

Send the Applicant, Co-Applicant, or Authorized User a written Non-compliance notice and provide the cardholder the link to the Hoosier Works for Child Care card training video. Mail the new Hoosier Works for Child Care card with the Non-compliance.

## 4.9 Ordering Hoosier Works Cards

Cards are to be ordered quarterly during the last month of each quarter (March, June, September, and December). All regions will be contacted with a reminder at the end of each quarter, indicated above. Not all offices will need to submit an order each quarter, depending upon the volume of cards issued and those remaining.

#### **PLEASE NOTE:**

Cards are to be ordered at a minimum of 100 cards (100 cards to a box). All shipping charges will be billed to and paid by the State.

## SECTION 5 PERFORMANCE STANDARDS

### 5.1 Quality Assurance and Monitoring

The Eligibility Office (Grantee) is required to maintain performance standards regarding Quality Assurance. **These standards are as follows:**

- An accuracy rate of less than 100% of Applicant files reviewed by the State shall result in a reduction of the monthly payment to Grantee for active family case files found to have errors. In addition, if Grantee has two (2) consecutive months of an accuracy rate of less than 97% for the Applicant files reviewed, grantee shall be placed on a probationary status by the State for a period of three (3) months.
- Grantees on probationary status that have an accuracy rate of less than 97% for the Applicant files reviewed, shall incur a reduction of the monthly payment for active family case files found to have errors and for the direct services paid to providers on files found to be ineligible.
- If after three months on probation, the accuracy rate of files reviewed remains less than 97%, the State may terminate their contract agreement pursuant to Section VII SUSPENSION AND TERMINATION Paragraph A of the contract agreement.

### Monitoring and Audit

OECOSL will conduct a review of recipient files to monitor compliance. In addition, the Eligibility Office may be audited by the FSSA Audit, State Board of Accounts, and/or Federal Audit.

### REASONS FOR INVALID VOUCHERS

The Quality Assurance (QA) process includes the identification of invalid vouchers. Applicants/Co-Applicants or children appearing on the weekly QA report for any of the following reasons are ineligible to receive services:

- Employment services need with no wages recorded.
- Child over thirteen (13) years old and not documented as special needs.
- Child attending a closed provider.
- Age ineligible child.

### Quality Assurance (QA) Review

#### QUALITY ASSURANCE REQUIREMENT:

It is the Eligibility Office's responsibility to maintain data integrity and assure the Applicant and Co-Applicant's eligibility is accurately determined and the subsidy is appropriately authorized.

## REASONS FOR INVALID VOUCHERS

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- Child over thirteen (13) years old and not documented as special needs.
- Child attending a closed provider.
- Age ineligible child.

## Quality Assurance (QA) Review

### QUALITY ASSURANCE REQUIREMENT:

It is the Eligibility Office's responsibility to maintain data integrity and assure the Applicant and Co-Applicant's eligibility is accurately determined and the subsidy is appropriately authorized.

## 5.2 Eligibility Specialist Audit of an Application

### STEPS FOR NOTIFICATION OF FILE ERROR AND TIMELY SUBMISSION OF QUALITY ASSURANCE CORRECTION

If a quality assurance review identifies an invalid or incomplete authorization, the Eligibility Office shall:

#### STEP 1

Have five (5) business days from the application completion to scan in documents to the case in the eligibility software.

#### STEP 2

Once Monitoring has determined there is a critical error, Eligibility will have ten (10) business days to correct the error.

#### STEP 3

On the 11<sup>th</sup> business day after application completion, corrections will go to the State. Monitoring queue for review.

- If an error is approved by Monitoring, then case is placed in completed queue.

- If an error is not approved and still deemed critical, a system notification will go to the Eligibility Office indicating why it was not approved.

## STEP 4

Eligibility will have five (5) business days from the notice of an error being “not corrected” to appeal the error in Quality Assurance Software.

## STEP 5

On the 6<sup>th</sup> business day from the date of the notice, if an error is not fixed or the appeal is not approved, the case will go to the Payment Reduction Letter. If the appeal is approved, the case will move to the completed queue.

## THE RESULT FOR NO SUBMISSION OF QUALITY ASSURANCE CORRECTION

Failure to make a timely correction of a critical error will require the Eligibility Office to terminate the ineligible application. The case will be listed on the Payment Reduction Letter. If the missing documentation will result in an administrative error, services **may not** be terminated.

### 5.3 The Eligibility Software Quality Assurance Reports

The eligibility software generates quality assurance reports to identify potential data errors. It is the sole responsibility of the Eligibility Office to review reports and correct data errors weekly.

The Consultant Consortium (TCC) will email weekly Quality Assurance reports which summarize the eligibility software’s potential data errors. In addition, a representative of TCC support will conduct Quality Assurance Calls with the Eligibility Office. The Eligibility Office is required to participate in these calls. The purpose of the call is to identify potential data integrity issues, discuss upcoming software enhancements, evaluate eligibility performance, and answer Eligibility Office questions. A summary of all Quality Assurance calls will be provided to the Eligibility Office, Assistant Director of CCDF Policy and CCDF Policy Consultant.

## **SECTION 6 AGREEMENT / CONTRACT CENTERS**

### **6.1 The Memorandum of Understanding (MOU)**

Each center operating as an Agreement/Contract Center and Eligibility Office must have a current (within the current contract year) signed Memorandum of Understanding (MOU).

#### **DEFINITION OF AGREEMENT/CONTRACT CENTER:**

A designated CCDF Eligible child care facility who has entered into an agreement or contract with the Indiana Family and Social Services Administration, Office of Early Childhood and Out of School Learning to administer quality child care for low-income families under the Child Care and Development Fund (CCDF).

This MOU outlines the responsibilities of both parties in the delivery of service to households participating through a center contract. When implementing or changing policies or procedures, both parties should review the MOU to determine if such actions will violate their existing agreement.

### **6.2 General Principals**

#### **Contract Center Responsibilities**

In general, it is the responsibility of the Center operating with an Agreement to:

- Determine preliminary eligibility.
- Create referrals for services in the Eligibility Software System.
- Direct families to apply for services at Early Ed Connect.
- Provide the Applicant/Co-Applicant with a completed provider information page.
- Notify the Eligibility Office of known changes in household circumstance which may affect eligibility.
- Complete all budget functions associated with their contract.

#### **Eligibility Office Responsibilities**

In general, it is the responsibility of the Eligibility Office to:

- Check daily for new referrals in the Pending Referral Search.
- Verify eligibility and collect any missing documents.
- Notify the Agreement/Contract Center Applicants or Co-Applicants within five (5) business days of voucher creation.
- Maintain Applicant files.
- Communicate any changes in child eligibility to the Agreement/Contract Center.



- Act upon changes in household circumstance reported by the Agreement/Contract Center within ten (10) calendar days.
- Notify the Applicant and Co-Applicant of reauthorization at least thirty (30) days in advance.

### **6.3 Client Reauthorization**

The Eligibility Office must conduct a reauthorization with each Agreement/Contract Center Applicant or Co-Applicant every fifty-three (53) weeks which requires a new child care referral. A reauthorization may be completed within thirty (30) days of the subsidy end date.

### **6.4 Applicants Requesting a Provider Change**

When a current Agreement/Contract center Applicant or Co-Applicant requests to change their provider to another Eligible Provider, not owned by an Agreement/Contract Center, the child may receive funding immediately. The Eligibility Office may request a slot from OECOSL if needed.

# SECTION 7 CCDF Forms & Resources

## 7.1 CCDF Forms

### CCDF Linked Forms

1. [Parents/Applicants Rights and Obligations](#)
2. [Parent/Applicant Worksheet](#)
3. [Child Care and Development Fund \(CCDF\)/On My Way Pre-Application](#)
4. [Child Care Assistance Residency Statement](#)
5. [Statement of Self-Employment Profit and Loss](#)
6. [Wage Detail](#)
7. [CCDF Voucher Program Tipped Employee Worksheet](#)
8. [Secondary School Enrollment Verification](#)
9. [Name Attestation](#)
10. [New Hire Verification](#)
11. [CCDF/OMW Report of Change](#)
12. [Provider Information Form](#)
13. [Workforce Certificate/Apprentice Program Forms](#)
14. [CCDF Child Care Voucher Program Appeal](#)
15. [On My Way Pre-K Parent Agreement Form English](#)
16. [On My Way Pre-K Parent Agreement Form Spanish](#)

### CCDF Unlinked Forms will be provided as PDF Documents

1. Request for Cash Earnings
2. Hoosier Works Card Authorization Applicant and Co-Applicant Card Holders
3. Hoosier Works Card Authorization Authorized User
4. Job Search Documentation

## 7.2 Resources

1. [Early Ed Connect](#)
2. [Child Care Resource and Referral](#)
3. [Policy Consultant Map](#)
4. [Eligibility Office Map](#)
5. [CCDF Sliding Fee Schedule FPL Chart with Co-pays](#)
6. [Income Limits to Get on CCDF Cheat Sheet](#)
7. [Income Limits to Stay on CCDF Cheat Sheet](#)