

Child Care Subsidy Copay Waiving & Monthly Units

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Washington State Department of
CHILDREN, YOUTH & FAMILIES

What to Expect From Today's Webinar

- Waived copayments for July, August, and September
 - The benefit for providers
 - What you will see
 - How it works
- Monthly Unit Authorizations for Full-Time, Part-Time, and Overtime
 - The benefit for providers
 - What you will see
 - How it works

Copay Waiving

The benefit

- Families do not have to pay their copay and DCYF pays the provider the full amount including the family copay amount

What is it?

- DCYF is waiving child care copayments for families accessing subsidy for July, August, and September 2021

Copayment Waiving

- **What you will see**
 - Social Service Notice will still show a copayment

IS REQUIRED TO PAY \$65.00 PARTICIPATION PER MONTH TOWARD THE COST OF SERVICES FROM 07-01-21 THROUGH 02-28-22. COLLECTS THIS AMOUNT FROM EACH MONTH. THIS AMOUNT WILL BE DEDUCTED FROM THE PAYMENT BEFORE IT IS ISSUED.

- Invoice

AMOUNT AUTHORIZED	AUTHORIZED RATE	SERVICE UNIT	TOTAL UNIT
\$65.00	65.00	MON	1
REFERENCE			
001-01-0001		MON	1
REPORTING UNIT	SERVICE CODE	COPAY WAIVED	
970	02963		

Copayment Waiving

- **How it works**
 - Providers claim following the normal claiming process
 - SSPS will prevent copayments from being deducted from the payment



Monthly Units

- **The benefit**
 - Monthly units simplify the claiming process
 - Reducing administrative burden
 - Reducing incorrect payments
 - Provides a more consistent payment to providers for families receiving subsidy

Monthly Units

- **What is it?**
 - Child care subsidy authorizations are converted to a monthly unit instead of a combination of half-day, partial-day, or full-day units
 - Licensed family home providers only
 - All base rate payments authorized as a monthly unit
 - Full-Time
 - Part-Time
 - Overtime
 - Temporary Care
 - Sleep Time

Monthly Units

Monthly Unit	When is it Authorized	Monthly Unit Equivalent
Full Time	Families activities meet 110-hour threshold, parent has only one provider and care is provided by provider 110 hours or more.	22 full days.
Full Time Partial-Day School-Age	Families activities meet 110-hour threshold, parent has only one provider, care is needed before and after school and care is provided by provider 110 hours or more.	17 partial days paid at 75% of full day rate and 5 full days September-June. Switches to 22 full days for July and August.
Full Time School-Age	Families activities meet 110-hour threshold, parent has only one provider, care is NOT needed before AND after school, and care is provided by provider 110 hours or more in the summer.	17 half days and 5 full days September-June. Switches to 22 full days for July and August.
Part Time	All care not meeting the criteria for a full-time authorization.	Actual anticipated average need averaged over the year. *

** Any full days of care needed are converted into 2 half day units*

Monthly Units

Monthly Unit	When is it Authorized	Monthly Unit Equivalent
Overtime	If overtime is scheduled and the base monthly unit is not adequate to cover the scheduled overtime.	Actual anticipated average overtime care need not already covered averaged over the year. *
Sleep Time	If sleep time is allowable, scheduled and the base monthly unit is not adequate to cover the scheduled sleep time.	Actual anticipated average sleep time care need not already covered averaged over the year. *
Temporary	For a half day or more, for three months or less, and for approved activities that are not expected to be scheduled every month.	Actual temporary care need averaged over the time additional care is needed. *

** Any full days of care needed are converted into 2 half day units*

Monthly Units

- **What you will see: *Authorization Letter***

- Letter will include details as to what is being authorized and what the rate includes

Under *Additional Information* you will see a break down of what is included in the monthly unit including the daily rate used in the calculation

Seasonal Child Care
 Working Connections Child Care

_____ is authorized for the following children starting _____ and ending _____.

Child care is being authorized for _____ for up to _____ Half days Full days Hours Monthly Unit for
_____ Full days _____ Half Days _____ Overtime _____ Sleep Time _____ Temporary Care

Child care is being authorized for _____ for up to _____ Half days Full days Hours Monthly Unit for
_____ Full days _____ Half Days _____ Overtime _____ Sleep Time _____ Temporary Care

Child care is being authorized for _____ for up to _____ Half days Full days Hours Monthly Unit for
_____ Full days _____ Half Days _____ Overtime _____ Sleep Time _____ Temporary Care

Child care is being authorized for _____ for up to _____ Half days Full days Hours Monthly Unit for
_____ Full days _____ Half Days _____ Overtime _____ Sleep Time _____ Temporary Care

The monthly copayment will be \$ _____ from _____ to _____.

The monthly copayment will be \$ _____ from _____ to _____.

It is the parent's responsibility to pay you the monthly co-payment. It is a good idea to give a receipt to parents every time they pay you money. You must submit your claims on these authorizations based on the billing rules outlined in the billing guidelines.

Additional Information:

Each child and what type of monthly unit will be identified

[REDACTED] is authorized for the following children starting **05/01/2021**
and ending **04/30/2022**.

Child care is being authorized for **[REDACTED]** for up to **1** Monthly Unit
22 Full days Half Days Overtime Sleep Time Temporary Care

Child care is being authorized for **[REDACTED]** for up to **1** Monthly Unit
22 Full days Half Days Overtime Sleep Time Temporary Care

Child care is being authorized for _____ for up to _____
Full days Half Days Overtime Sleep Time Temporary Care

Child care is being authorized for _____ for up to _____
Full days Half Days Overtime Sleep Time Temporary Care

The monthly copayment will be **\$ 214** from **05/01/2021** to **04/30/2022**

The monthly copayment will be \$ _____ from _____ to _____

It is the parent's responsibility to pay you the monthly co-payment. It is a good idea to give a receipt to parents every time they pay you money. Please submit your claims on these authorizations based on the billing rules outlined in the billing guidelines.

Additional Information:

[REDACTED] Authorized a unit of \$770.00 based on 22 full days at the states rate of \$35.00.

[REDACTED] Authorized a unit of \$660.00 based on 22 full days at the states rates of \$30.00.

[REDACTED] is authorized for the following children starting 03/04/2021
and ending 02/28/2022

Child care is being authorized for [REDACTED] for up to **1** Monthly Unit

Full days **18** Half Days **9** Overtime Sleep Time Temporary Care

Child care is being authorized for for up to

Full days Half Days Overtime Sleep Time Temporary Care

Child care is being authorized for for up to

Full days Half Days Overtime Sleep Time Temporary Care

Child care is being authorized for for up to

Full days Half Days Overtime Sleep Time Temporary Care

The monthly copayment will be \$ 15 from 03/04/2021 to 04/30/2021

The monthly copayment will be \$ 477 from 05/01/2021 to 02/28/2022

It is the parent's responsibility to pay you the monthly co-payment. It is a good idea to give a receipt to parents every time they pay you money. Please submit your claims on these authorizations based on the billing rules outlined in the billing guidelines.

Additional Information:

The child meets the criteria for Part Time LFH care (02911) [Based on care needed].

On average, the child requires and equivalent of 18 half days per month.

Authorize a unit of \$378.00 based on using the providers rate of \$21.00 for a half day unit.

Authorize a 9-coded overtime unit (92918) of \$189.00 based on 9 half days at the providers rate

of \$21.00.

[REDACTED] is authorized for the following children starting 07/01/2021

and ending 04/30/2022

Child care is being authorized for **[REDACTED]** for up to **1** Monthly Unit

22 Full days Half Days **18** Overtime Sleep Time Temporary Care

Child care is being authorized for _____ for up to _____

Full days Half Days Overtime Sleep Time Temporary Care

Child care is being authorized for _____ for up to _____

Full days Half Days Overtime Sleep Time Temporary Care

Child care is being authorized for _____ for up to _____

Full days Half Days Overtime Sleep Time Temporary Care

The monthly copayment will be \$ 0 from 05/01/2021 to 04/30/2022

The monthly copayment will be \$ _____ from _____ to _____

It is the parent's responsibility to pay you the monthly co-payment. It is a good idea to give a receipt to parents every time they pay you money. Please submit your claims on these authorizations based on the billing rules outlined in the billing guidelines.

Additional information:

[REDACTED] needs an average of 55.0 hrs per week with Family Home provider [REDACTED].

The child will require an average 239 hrs per month care with this provider. This authorization was calculated using Family Home Pre-School rates for Region 4, care starting 7/1/2021. The child meets the criteria for Full Time LFH care (02910) [22 FDU per month]. Authorize a unit of \$1100.00 based

██████████ on 22 full days at the providers rate of \$50.00.

██████████ Authorize a 9-coded overtime unit (92918) of \$450.00 based on 18 half days at the providers rate

_____ has been approved for Special Needs Child Care subsidies starting 07/01/2021
and ending 09/30/2021 .

- 1. Special Needs Child care is being approved for _____ Half days Full days Hours Monthly Unit
Special Needs Child care is being approved for 1 hours.
at the rate of \$553.32 an hour.
- 2. Special Needs Child care is being approved for _____ Half days Full days Hours Monthly Unit
Special Needs Child care is being approved for _____ hours.
at the rate of _____ an hour.
- 3. Special Needs Child care is being approved for _____ Half days Full days Hours Monthly Unit
Special Needs Child care is being approved for _____ hours.
at the rate of _____ an hour.

Child / Children's Special Needs rate is changing for:

- 1. Special Needs Child care is changing to _____ Half days Full days Hours Monthly Unit
Special Needs Child care is changing to _____ hours.
at the rate of _____ an hour.
- 2. Special Needs Child care is changing to _____ Half days Full days Hours Monthly Unit
Special Needs Child care is changing to _____ hours.
to the rate of _____ an hour.
- 3. Special Needs Child care is changing to _____ Half days Full days Hours Monthly Unit
Special Needs Child care is changing to _____ hours.
to the rate of _____ an hour.



Because per WAC 110-15-0220:



**Monthly rate is based on rate \$3.18 per hour with schedule of 174 hours
per month. Wac 110-15-0220**

Monthly Units

- What you will see: *Social Service Notice*

Unit Type

IS AUTHORIZED TO PROVIDE (MON) LFH FT FOR
PAYMENT WILL BE A MAXIMUM OF \$660.00 PER MONTH
FROM 07-01-21 THROUGH 02-28-22. PARTIAL MONTHS WILL BE PRORATED
WITH A DAILY RATE DETERMINED BY DIVIDING THE MONTHLY RATE BY
30.42.



Monthly Units

Monthly Unit	What can be claimed?
Full-Time Monthly Unit	You may claim “1” Monthly Unit if authorized, the child was scheduled and was in care during a time covered by the authorization.
Full-Time Partial Day Monthly Unit	
Full-Time School-Age Monthly Unit	
Part-Time Monthly Unit	
Part-Time Partial Day Monthly Unit	
Part-Time School Age Monthly Unit	
Overtime Monthly Unit	You may claim “1” Overtime Monthly Unit if authorized, the child was in care at least one day in the month, and was scheduled for overtime.
Sleep Time Monthly Unit	You may claim “1” Sleep Time Monthly Unit if authorized, the child was in care at least one day in the month, and was scheduled for Sleep Time.
Temporary Care Monthly Unit	You may claim “1” Temporary Care Monthly Unit if authorized, the child was in care at least one day in the month, and was scheduled for Temporary Care.



Monthly Units

- **How it works**


- Providers claim the monthly unit if the child was in care during any day covered by the authorization
- If the authorization is less than the full month, the system will automatically adjust for the days authorized in the month
 - Providers are required to report closure days, days closed for reasons other than the five professional development days, or eligible holidays

Monthly Units

- **What you will see: *Invoice***

- You will see the total amount with 1 total unit
 - To claim “1” monthly unit, enter “1” in the “Total Units” box on the invoice

AUTHORIZED RATE 796.00	SERVICE UNIT MON	TOTAL UNIT 1
	MON	



Resources

- Child Care Subsidy Billing and Payment Guides
 - Available in English, Spanish, and Somali
 - <https://www.dcyf.wa.gov/services/early-learning-providers/subsidy>
- Questions about how to properly claim
 - Provider Line
 - 1-800-394-4571
 - providerhelp@dcyf.wa.gov

