New Hampshire Child Care Provider Billing and Payment Handbook

The Child Development Bureau
Child Care Scholarship Program

2009

Child Development Bureau
Division for Children, Youth and Families
New Hampshire Department of Health and Human Services
www.dhhs.nh.gov/DHHS/CDB

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Division for Children, Youth and Families
New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301
www.dhhs.state.nh.us/DHHS/CDB

State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES
129 PLEASANT STREET, CONCORD, NH 03301-3857
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NICHOLAS A. TOUMPAS
COMMISSIONER

November 2009

Dear Child Care Provider:

Thank you for participating in the New Hampshire Child Care Scholarship Program, one of the many supports and services the New Hampshire Department of Health and Human Services administers to fulfill its mission to join communities and families in providing opportunities for citizens to achieve health and independence. Financial independence for families with children birth through 12 years is dependent on the ability to obtain and maintain employment. Child care is a crucial but costly employment support and families working to obtain employment or who are in low paying jobs cannot afford its full cost. The Child Care Scholarship Program provides support for a portion of those costs.

Throughout the State, child care providers support parents' employment by offering safe, nurturing and high quality care for their children. Just as important are the early learning experiences that support children in developing positive relationships, good health habits and the love of learning. As a child care provider, you have the honor and responsibility of working with children at the age when their learning capacity is at its greatest.

Whether you are a child care provider in a large child care center serving hundreds of children or you are a home-based child care provider serving just one or two children, your work has a significant and enduring impact on the children in your care, their families and New Hampshire's future. You support children in the development of the personal and academic skills needed to succeed in life. You support families in their quest to succeed in their jobs. You are a valued member of an industry that provides jobs to thousands of child care directors, teachers and staff, an industry that supports New Hampshire's economy.

Thank you for your hard work and commitment to children, families and New Hampshire's future.

Sincerely,

Nicholas A. Toumpas
Commissioner

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

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Welcome !

Welcome to the New Hampshire Child Care Scholarship Program. To assist you as a child care provider, the Child Development Bureau at the Division for Children, Youth and Families has created two handbooks: the **Child Care Provider Billing and Payment Handbook** and the **Child Care Provider Enrollment Handbook**.

The Billing and Payment Handbook is intended for child care providers who:

- Have already enrolled in the Child Care Scholarship Program;
- Are preparing to provide or are already providing child care services to eligible children and families; and
- Are ready to bill the Department of Health and Human Services (DHHS) for these services.

If you have not yet enrolled as a Child Care Scholarship Program provider, the Child Care Provider Enrollment Handbook will take you step-by-step through that process. You can obtain a copy of the Enrollment Handbook through your local Child Care Resource and Referral agency. Please see the back of this Handbook for contact information.

The Billing and Payment Handbook describes how DHHS determines eligibility for child care scholarship, how payments are calculated and how to bill DHHS for child care services. In addition to billing and payment information, this handbook provides resources to help you to be successful in your business as a child care provider.

We appreciate your participation in the New Hampshire Child Care Scholarship Program and your support of New Hampshire's children and families.

Child Development Bureau

Provider Relations Voicemail

1-800-852-3345 ext 4242

This effort is dedicated to all involved in the care, education, and development of young children in New Hampshire.

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Child Care Scholarship Program Overview

In this section, you will find some basic information to help you in your role as a child care provider.

What Is The Child Care Scholarship Program?

The Child Care Scholarship Program, formerly called Title XX, is a program of the New Hampshire Department of Health and Human Services (DHHS), Division for Children, Youth and Families, Child Development Bureau (CDB) that supports a portion of child care expenses for:

- Families receiving Financial Assistance to Needy Families (FANF);
- Other income eligible families involved in employment, training or job search activities; and
- Children needing preventive or protective child care.

Who Can Provide Child Care Services For Children And Families Who Are Eligible For The Child Care Scholarship Program?

Licensed or license exempt child care providers who serve eligible children and families who:

- Have successfully enrolled with the Child Development Bureau;
- Are compliant with all of the requirements of the Child Care Provider Agreement; and
- Are legally operating.

How Does The Child Care Scholarship Program Work?

- Families apply at their local DHHS District Office;
- The child care provider and the family submit Form 2530 to the District Office;
- The District Office determines whether the family is eligible;
- The child care provider and the family receive the Link Letter, which tells them the amount of the family's cost-share;
- The child care provider provides child care;
- The child care provider collects payment of the cost-share and, possibly, an additional co-payment from the family;
- **Every week**, the child care provider completes the invoice, Form 2500, has the parent/guardian sign it, and submits it to the Data Management Unit in Concord, OR submits billing via the web; and
- DHHS sends a provider payment check to the child care provider.

The remaining sections of the Handbook provide details to assist you to understand and successfully participate in the Child Care Scholarship Program.

New Hampshire's Early Learning Guidelines

The New Hampshire Department of Health and Human Services, Child Development Bureau has published ***New Hampshire's Early Learning Guidelines***. The Guidelines provide a vision and serve as a resource for all those entrusted with the care and education of New Hampshire's young children. Adults who work with and care for young children have a unique opportunity to encourage a sense of wonder and joy in both children and themselves. Play-based activities, a nurturing community of caring adults, positive family interactions, and engaging learning experiences that reflect each child's interest, family, and culture are key to supporting children's growth and learning.

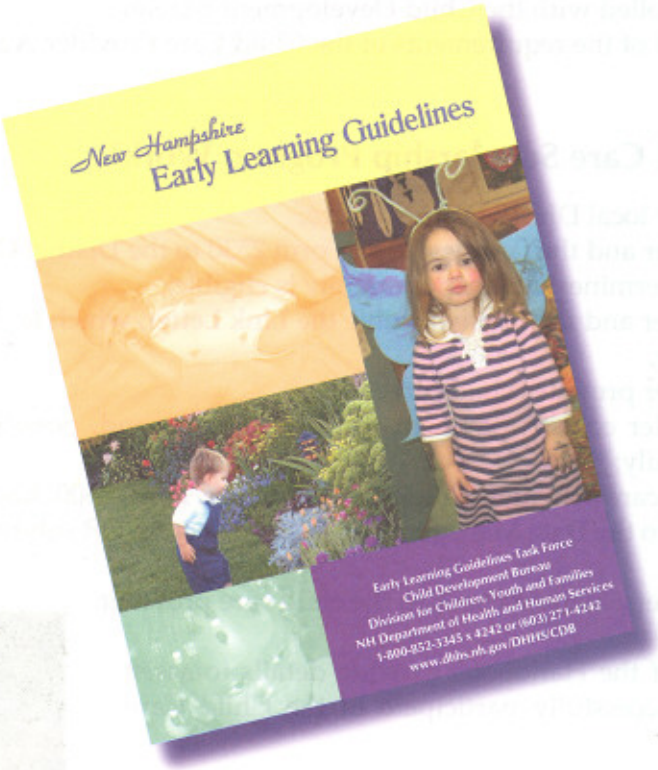
To obtain a free copy of the *Guidelines*

- contact your local Child Care Resource and Referral Specialist, who will also provide free training on the ***Guidelines*** (See back pocket of this handbook for contact information.) or visit

www.dhhs.nh.gov/dhhs/cdb/library

- or write to the

New Hampshire Department of Health and Human Services
Child Development Bureau - Division for Children, Youth and Families
129 Pleasant Street
Concord, New Hampshire 03301



How Do Families Become Eligible For Employment-Related Child Care Scholarship?

Who Is Eligible To Receive Child Care Scholarship?

To be eligible, the parent/guardian must:

- be a New Hampshire resident;
- be residing in the same household with the child;
- have one or more children between the ages of birth and 13th birthday, or a child between 13 and 18th birthday who has a disability that results in being a danger to self or others without continued child care; and
- be engaged in employment, job search or approved training.

To be eligible, the family must be:

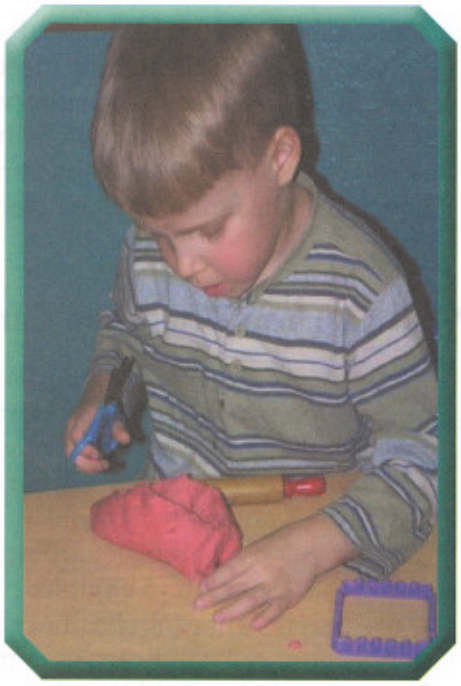
- receiving FANF cash assistance; or
- income eligible; or
- in need of preventive or protective child care

What Are The Family Income Eligibility Limits?

- Family eligibility is determined by family income and household size compared to the Federal Poverty Level (FPL) guidelines as shown in the chart below.
- DHHS uses seven (7) eligibility categories or "Steps".
- Families receiving FANF cash assistance or whose income is within Steps 1 -7 are eligible to apply for child care scholarship.
- Families applying for child care scholarship whose income is at Step 6 or Step 7 are only eligible for child care scholarship if they are using a provider licensed by the Child Care Licensing Unit.

Child Care Scholarship Eligibility

STEP	Income Levels
1	≤100%FPL
2	101%FPL ≥ 120%FPL
3	121%FPL ≥ 140%FPL
4	141%FPL ≥ 160%FPL
5	161%FPL ≥ 190%FPL
6	191%FPL ≥ 220%FPL
7	221%FPL ≥ 250%FPL



For Families To Receive Child Care Scholarship, They Must Participate In The Eligibility Determination Process, Which Has Five (5) Steps.

Step 1: The parent/guardian submits a completed application at the local DHHS District Office

- The family completes the application and participates in a face-to-face interview with a Family Service Specialist at the local District Office.
- The family must provide all the required verification documents within 10 days.

Step 2: The Family Service Specialist gives the family a Verification Checklist

- At the face-to-face interview, the Family Service Specialist reviews the application and any documentation the family has brought with them.
- The Family Service Specialist gives the family a Verification Checklist that specifies which verification documents must be presented within 10 days.

Step 3: DHHS approves or denies the application

- DHHS has 30 days to approve or deny eligibility for the Child Care Scholarship Program.
- The application is approved if the family meets all eligibility criteria and the application is complete, including all verifications.
- The application is denied if the parent does not meet the eligibility criteria, submits an incomplete application or fails to submit verification.

Step 4: DHHS mails a Notice of Decision to the parent/guardian

- The Notice of Decision is proof that the District Office has reviewed the application and verification, and has decided whether the family is eligible.
- If the family is eligible, the Notice of Decision will include the eligibility Step, the approved level of service, the cost share and the dates that child care scholarship begin and end (usually 6 months).

Step 5: Redetermination

- The eligibility for child care ends on the end date on the Notice of Decision.
- Before that day, the family needs to bring updated verification to the District Office and participate in a face-to-face interview.
- If the family does not complete the redetermination process before the end date, the child care scholarship will close and the family may have to reapply for child care scholarship. If there is a wait list, the family may be placed on the bottom of the wait list.

What Can You, The Child Care Provider, Do During The Application Process?

- You can ask the parent/guardian for a copy of the Verification Checklist to assure that the application process has been started.
- Because the family is not yet eligible for child care scholarship until eligibility is determined, you should ask about the parent/guardian's progress in providing verification, if the District Office does not yet have it all.
- You can ask the parent/guardian for the Notice of Decision. This will inform you whether the family has been found eligible.
- If the parent/guardian has not received a Notice of Decision within 30 days from the date of application, the child care case may have been denied. You will not receive a denial notice. You may call the Child Development Bureau two weeks after the parent/guardian has applied

for child care scholarship to verify the child care status, to assist in the decision whether or not to charge the parent/guardian for child care.

- During the application process, you can charge the family the full amount for child care until the family has been found eligible. After you receive the first payment, you must reimburse the family for payments that will be covered by DHHS.

What Does "Level of Service" Mean In The Notice of Decision?

When a parent/guardian applies for child care scholarship, the Family Service Specialist verifies the schedule for work, work-related activity such as job training and work-related commuting. Based on this information, the Family Service Specialist will determine the appropriate level of service. The level of service will determine the maximum number of hours per week for which you, the child care provider, will be paid for care of the child(ren).

There are 3 levels of service:

- Part-time. This level authorizes payment for 1-15 hours of child care per week.
- Half-time. This level authorizes payment for 16-30 hours of child care per week.
- Full time. This level authorizes payment for full time child care, which is 31 hours and any number of hours over that.

Family Eligibility And Family Cost Share

The Federal Administration for Children and Families requires that every state develop a system by which families eligible for child care scholarship pay a portion of their child care costs. This system must be based on the family's size and income. In New Hampshire, the family cost share is determined by comparing the family size and income to the Federal Poverty Guidelines and assigning a percentage of the family's income to be the cost share. The percentage of family income will gradually increase at each Step, which will result in a higher family cost share. The family cost share amount will be determined individually for each family and will be a different amount for each family and child.

STEP	Eligibility Parameters	Percent of Family Income Assigned to Cost Share
1	≤ 100%FPL	5.25%
2	101%FPL ≥ 120%FPL	8.00%
3	121%FPL ≥ 140%FPL	10.50%
4	141%FPL ≥ 160%FPL	13.50%
5	161%FPL ≥ 190%FPL	16.50%
6	191%FPL ≥ 220%FPL	26.00%
7	221%FPL ≥ 250%FPL	27.00%

Example

The Smith family has three people and an income of $1,200 per month. Their family size and income is below 100% of the FPL. DHHS assigns 5.25% of their income to be the cost share for the child care their child receives. Their cost share will be $14.55 per week.

Cost shares will be assigned to all eligible children linked with an approved child care provider.

The cost share will be deducted from the DHHS Standard Rate. The Standard Rate is the DHHS reimbursement rate that is determined based on the biennial Market Rate Survey for child care. (Please see page 15 for more detail)

Families are responsible to pay the cost share directly to you in a timely manner. Families are subject to your policies for non-payment, if they fail to pay you. If you decide, however, that you do not want the family to pay part or all of the cost share, that is between you and the family.

Wait List

Due to the increase in families receiving child care scholarship, it may be necessary to implement a wait list for additional child care scholarship. When there are no funds available to provide child care scholarship for additional children, newly eligible children will be placed on the wait list.

Families who are currently receiving FANF financial assistance or within three months after FANF closes, and children who are receiving Preventive and Protective child care will be exempt from the wait list.

When families are determined eligible for child care scholarship and there are no funds available, they will be notified at the interview by the Family Service Specialist that they are being placed on the wait list. The application date determines the child's position on the wait list.

Priority will be given to siblings of children who are enrolled with an approved provider and are actively receiving scholarship, and to children in families whose income is at or below 100% of the Federal Poverty Level.

Children on the wait list are subject to redetermination of family eligibility every six months. If families are determined ineligible or fail to maintain their eligibility status, their children will be removed from the wait list. Once the child is removed from the wait list, the child care scholarship closes and the family must reapply. The new application date will determine the child's position on the wait list.

When resources become available, the family will receive notification that they have been released from the wait list. They will have 15 days to complete all of the following:

- Inform DHHS that they accept the available child care scholarship;
- Enroll with a provider participating in the child care scholarship program; and
- Submit the completed Form 2530 to the District Office.

If an eligible child is not connected (linked) with an enrolled provider within 30 days of notification of eligibility or if no payment has been made for an eligible child for a 90-day period, child care scholarship will close.

If a child is on the wait list, the provider cannot bill DHHS for child care scholarship reimbursement.

When the child is released from the wait list it is very important that the child be linked to an enrolled provider **immediately**.

If you are not currently enrolled as a provider in the child care scholarship program, you must submit the completed enrollment packet immediately, as soon as the family applies for child care scholarship, even if there is a wait list. Please request a copy of the **Child Care Provider Enrollment Handbook**. This book will walk you through the steps of becoming an enrolled child care provider.

Once you are an enrolled participant in the child care scholarship program, the family and you may submit the Form 2530. If you do not complete the enrollment process, the family will lose child care scholarship, will have to reapply and will be placed on the wait list, if there is one, again.

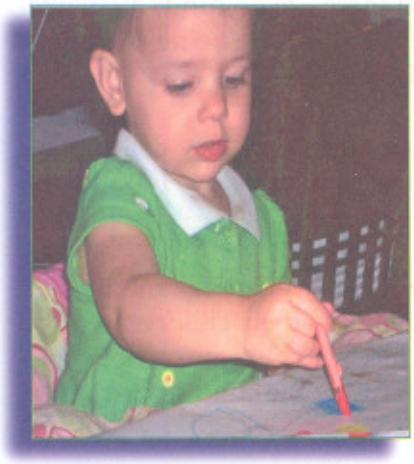
Even if you have already completed and submitted a Form 2530 for this family,

you MUST submit a new one when the child is released from the wait list.

Frequently Asked Questions

Q. How does a family become eligible?

A. In order for a family to be determined eligible for Child Care Scholarship, they must participate in a face-to-face interview with a Family Service Specialist at their local DHHS District Office. A family must provide verification of the eligibility criteria and file an application for Child Care Scholarship. This application must be renewed every six months at an appointment called a redetermination visit.



DHHS has 30 days to approve or deny eligibility for any service for which the family has applied. If a family is determined eligible, they will receive a Notice of Decision from the District Office at a specific Step. At redetermination, the Notice of Decision will also identify eligibility at a specific Step.

Once a link between you (the child care provider) and the child has been established with a completed Form 2530, both you and the family will receive a Link Letter as notification that the link has been established for child care payments to begin. Once you receive this letter you may begin billing.

Q. What are the eligibility criteria for Child Care Scholarship?

A. Families seeking child care scholarship must be residents of New Hampshire and reside in the same household as their child. They must also meet the family income limits for Child Care Scholarship.

In addition, each parent or caretaker in the household must be engaged in one or more of the following activities: Employment, training for employment, or job search.

Q. How can I tell that the parent/guardian really has applied for child care scholarship?

A. You should ask the parent to show you the Verification Checklist she/he received from the Family Service Specialist.

Q. The parent says that the child is eligible for child care scholarship. How can I know if that's true?

A. You should ask the parent to show you the Notice of Decision. If the parent doesn't have the Notice of Decision, call

Child Care Scholarship Provider Relations

1-800-852-3345 ext. 4242

Q. What do the Steps (1 to 7) mean?

A. The Step is based on a family's income and household size. On July 1st of each year, the Department adopts the current Federal income guidelines, and our eligibility levels are adjusted. These can be found on our website at:

http://www.dhhs.nh.gov/DHHS/CDB/LIBRARY/Fact+Sheet/cc-payment-rate.htm

Q. How is the family cost share determined?

A. The family's cost share will be based on a percentage of the family's monthly gross income and household size. The amount of the cost share increases as the family's income increases. Cost share is determined individually for every family. No two families will have exactly the same cost share. Cost share is deducted directly from the standard rate and, therefore, the payment sent to you will be different for each family.

The family's cost share will be determined by DHHS and will be indicated on the Notice of Decision that will be mailed to you once the link has been established. The notice will tell you how much of the family cost share is assigned to each child in the family for whom you are providing care.

Q. Is there an age limit for children to receive child care scholarship?

A. In general, children are eligible from birth through the day before the 13th birthday. As of the 13th birthday, they are no longer eligible. In some cases, if a child is age 13 or over, and has a documented need for supervision on file, then child care scholarship could continue up to age 18. (Please see page 42 for details)

Q. Part-Time, Half-Time or Full-Time?

A. Depending on the parent/guardian's approved work activity, the Family Service Specialist at the District Office may authorize part-time, half-time or full-time level of service for child care. This level of service is determined by the number of hours that the parent/guardian is approved for the employment, training or job search activity.

- Part-Time level of service means that up to 15 hours per week of child care has been authorized and you will not be paid for more than 15 hours of service in any week.
- Half-Time level of service means that up to 30 hours per week of child care has been authorized and you will not be paid for more than 30 hours of service in any week.
- Full-Time level of service means that over 30 hours per week of child care has been authorized and you will be paid up to full-time care, which is 31 hours or more, for child care services.

Q. I haven't received a Link Letter yet. What does this mean?

A. If you have submitted the required paperwork and have not yet received a Link Letter, you should call the Child Development Bureau for further assistance. The case may not be open or may be in a pending status, the child may be on the wait list, or a link may not have been established. In addition, the parent/guardian should contact the family's Family Service Specialist at the District Office.

Remember; without the Link Letter you have no confirmation that the family's child care scholarship case is open. The Link Letter is your confirmation that the case is open and you are approved to submit child care reimbursement invoices.

Q. I began caring for this child a long time ago. What date do I put in the "Date Child Care Began" box?

A. The answer depends on a few factors:

- The Department will reimburse for child care once a case is open and a family is determined eligible, as long as the child was not on the wait list.
- There may be instances in which a child has been in care and the family is newly eligible. The date that should be used is the date that the family became eligible for child care scholarship. This date will be indicated on the Link Letter.
- When a child is on the wait list, DHHS will not pay for child care until the child is released from the wait list. The date in the "Date Child Care Began" box should be the date the child was released from the wait list.

Developing Payment Arrangements With The Family

One of the many responsibilities of being a child care provider is assuring that you get paid for your work. The child care scholarship program is meant to pay a portion of child care costs for eligible families. This means that you will need to make arrangements with the family to pay for the portion not covered by the child care scholarship. The information in this section will help you determine how much you will charge a family per week.

Standard Rate

This is the weekly payment rate DHHS has set for child care services for children of specific ages to specific types of providers. (Please see Page 15 for further explanation)

Cost Share

This is the amount DHHS has determined the family can contribute to the cost of child care. This amount will be subtracted weekly from the Standard Rate. You will be paid the Standard Rate minus the family cost share. Families are responsible for paying the cost share amount to you. You may choose to charge families all or part of the cost share or simply accept what the department will pay.

Copay

The amount you charge the family. If you charge private pay families more than the Standard Rate, you may charge the family the difference between your usual fee and the Standard Rate. The copay you charge may be the combination of the cost share amount and the difference between your private pay fee and the Standard Rate.

Setting Your Weekly Child Care Fee

When you decide to provide child care, you have a responsibility to determine what you will charge for your services. This decision should be made without regard to the amount DHHS will reimburse you. Your weekly fee should be based on what you believe your services are worth, as well as what families can afford to pay you.

When you agree to provide care for a child receiving child care scholarship, you must submit all the paperwork to become enrolled in the child care scholarship program. (Please see Section 2 of this Handbook.) When you receive the Notice of Decision for the specific family, you will know what DHHS will pay you and the amount of the cost share.

As a provider, you are responsible for setting your weekly child care fee. Depending on the amount of that fee, you may be charging less than, more than, or the same amount as the DHHS Standard Rate.

If you charge less than DHHS will reimburse, you will be paid what you have billed minus the family cost share. You will work with the family regarding whether you will require the family to pay all or part of the cost share.

Example

The provider charges families $180 per week for full time child care. She agrees to provide child care for Sophie, who is receiving child care scholarship.

She uses the child care scholarship program provider rate sheet to find the Standard Rate for her provider type and for children Sophie's age. She notes that the DHHS Standard Rate is $160 for full-time care.

When the provider reads the Notice of Decision, she notes that Sophie's cost share is $20 per week.

The provider decides that she wants to charge Sophie's parent the difference between her weekly rate of $180 and the DHHS Standard Rate of $160, as well as the cost share.

DHHS pays Standard Rate $160 – cost share $20 = $140
Provider fee $180 – DHHS Standard Rate $160 = Difference of $20
Difference $20 + cost share $20 = Co-pay of $40
DHHS payment $140 + family co-pay $40 = Provider fee of $180

+

=

State pays $140.

Family owes you $40.

The family's cost share amount will be deducted from the child care reimbursement rate. DHHS cannot pay you, the provider, more than the reimbursement rate minus the cost share.

The family is responsible for paying their cost share directly to you. If you decide, however, that you do not want the family to pay part or all of the cost share, that is between you and the family.

Frequently Asked Questions

Q. Who pays for child care while the child is on the wait list?

A. The family is responsible for paying you until the child is released from the wait list.

Q. The family doesn't have much money to pay for child care. Will DHHS ever pay for care provided while the child is on the wait list?

A. No, DHHS will not pay for care until the child is released from the wait list. You may work with the family regarding what you will accept for payment while the child is on the wait list. If the family cannot afford to pay for the care you provide, please refer the family to the Child Care Resource and Referral agency in your area. (Please see the website on page 77.)

Q. The parent told me that I can't charge her for child care, because she's receiving State funding. Is that true?

A. No, every family receiving employment-related child care scholarship is assigned a cost share based on their income and the number of people in their household. Parents/guardians should expect to pay you the cost share, the copay (if your fee is more than the Standard Rate) and other fees you ask private pay families to pay.

Q. I don't need to do billing and record keeping for my private pay families. Can I charge DHHS or the family for the cost of the extra work?

A. Your total charge to DHHS and the family cannot be more than you charge to private pay families. Even if you perform extra work for billing and record keeping, you cannot charge more for children receiving scholarship than you charge for other children.

The Child Development Bureau currently offers tuition assistance for some early childhood education course work through the New Hampshire Community Technical College System and Granite State College of the University System of New Hampshire. For more information regarding course availability and tuition assistance, contact the NH Community Technical College System or Granite State College.

Early Childhood Professional Development System Guide to Early Childhood Careers

This guidebook outlines the criteria for early childhood care and education professionals to become credentialed providers, describes the Career Lattices in detail, and provides applications to become credentialed at all Lattice levels.

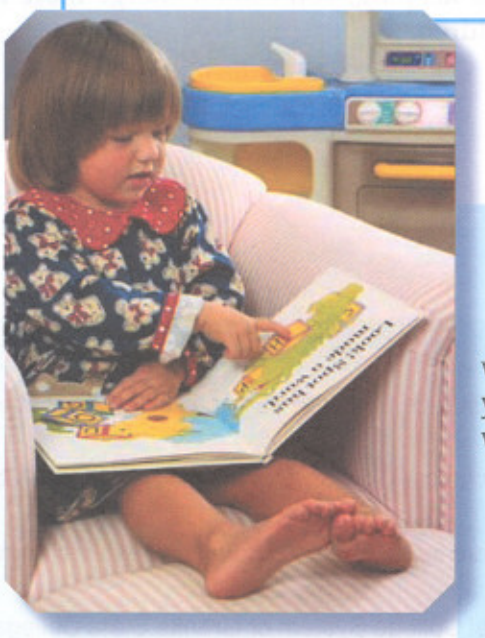
To obtain a free copy, write to the

Child Development Bureau
Division for Children, Youth and Families
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

or visit

http://www.dhhs.state.nh.us/DHHS/CDB/LIBRARY/training+material

The *Early Childhood Professional Development System: Guide to Early Childhood Careers* was edited by Tessa McDonnell, M.Ed.,Granite State College.



WEB BILLING

If you are interested in this new and exciting web billing application and would like to have your name added to our training wait list, please write or call the:

Child Development Bureau
Division for Children, Youth and Families
New Hampshire Department
of Health and Human Services
129 Pleasant Street
Concord, NH 03301
1-800-852-3345, ext 4242
(NH Relay) 7-1-1

(See page 24 for more information.)

Billing

What Is The "Standard Rate?"

DHHS surveys licensed child care providers every two years to determine what they charge private pay families for child care. This is called the Market Rate Survey. From the survey, we can determine the 'average' fees per week for each type of provider. The Standard Rate is based on the 50th percentile of the Market Rate Survey. This allows families eligible for child care scholarship to choose among one half of the child care providers without needing to pay an additional copay above their assigned cost share. Families who choose any of the more expensive providers will have to contribute not only their family cost share, but also additional money from their own pockets.

The Standard Rate for any one child is based on three factors; the child's age, the type of child care provider caring for the child, and the level of service the child is authorized to receive. Below are explanations of these factors:

- The age of the child is the first factor used in calculating the Standard Rate. The Standard Rate for infants is higher than for other ages and the rate for school age children is lower than for other ages. This is because it costs much more to care for younger children than for older ones. There are four age categories:
    - 1 to 17 months
    - 18 to 35 months
    - 36 to 78 months
    - 79 to 155 months (12 years, 11 months)

- The type of provider is the second factor used in calculating the Standard Rate. Different types of providers have different costs. Due to licensing requirements, it costs more to be licensed. The Standard Rate, therefore, is higher for licensed than license exempt providers. There are four provider codes:
    - Code 31 – Licensed child care centers
    - Code 32 – License exempt child care homes
    - Code 33 – Licensed family and family group homes
    - Code 34 – License exempt child care centers

The level of service, the number of hours per week authorized for child care, is the final factor used in calculating the Standard Rate. The level of service is authorized by the Family Service Specialist at the time the parent/guardian applies for child care scholarship. It is based on the number of hours the parent/guardian is in the work activity plus commute time. There are three levels of service:

- Full-time – 31 hours and over
- Half-time - 16 to 30 hours
- Part-time - 1 to 15 hours

Standard Rate Example

Licensed Home+Preschool Child+Full-Time Level of Service=Standard Rate for that child

Provider Type	Child Age in Months	Level of Service
Licensed Child Care Center	1-17	Full-Time
Licensed Family Home	18-35	Half-Time
License Exempt Center	36-78	Part-Time
License Exempt Family Home	79-155	

While you may be surprised that there are 48 Standard Rates, once you understand that DHHS has created the Standard Rates to reflect how child care providers across New Hampshire charge families for child care services, it will begin to make sense. The Standard Rates can be found on the Child Development Bureau website at:
http://www.dhhs.state.nh.us/DHHS/CDB/LIBRARY/Fact+Sheet/cc-payment-rate.htm

How Reimbursement Is Calculated

The calculation begins with the Standard Rate for the child as determined above. The Standard Rate is the maximum possible payment. Subtracting the cost share is the next step used in calculating the reimbursement. The cost share is subtracted from the Standard Rate.

The final step is to compare the hours submitted on the invoice to the authorized level of service for the child.

The Level Of Service: The Same Standard Rate Within A Range Of Hours

Because the vast majority of child care providers charge families by the week, DHHS has developed a weekly Standard Rate system based on three levels of service:

- Part-time – If the service provided in one week is between 1 and 15 hours, DHHS will reimburse at the part-time rate. For example, providing care for 2 hours of service is reimbursed the same amount as for providing 14 hours of service.
- Half-time – If the service provided in one week is between 16 and 30 hours, DHHS will reimburse at the half-time rate. For example, providing care for 17 hours of service is reimbursed the same amount as for providing 29 hours of service.
- Full-time – If the service provided in one week is 31 or more hours, DHHS will reimburse at the full-time rate. For example, providing care for 31 hours is reimbursed the same amount as for providing 48 hours of service.

Once the Billing and Payment Computer System determines whether you have billed for a number of hours within or less than the authorized level of service, the reimbursement for that child, for that week is completed.

What Creates Variations In Payment

- Changes in family income, child age, or authorized level of service (effective the following Monday)
- Changes in the number of hours a child attends or the hours the program is open in a specific week

Levels of Service And Child Attendance

Because the levels of service each encompass a range of hours of weekly attendance and because the Standard Rates are based on authorized levels of service, the Standard Rate will be paid for any number of hours in the range for the authorized level of service. As long as a child meets the minimum number of hours in the authorized level of service, DHHS will pay the Standard Rate for that level of service (or the rate you charge private pay families, whichever is less). If a child's attendance for the week is below the number of hours in the authorized level of service, you will be paid at the rate for the level of service that includes the number of hours the child did attend.

You cannot be paid for more hours than are authorized. ***For Example: A parent is approved for part-time care, but the child attends 31 hours that week – the Department will only pay the part-time rate.***

What You Need Before You Start Billing

- **You need to receive your Resource ID number.**
  Once DHHS has initially processed your enrollment, a computer-generated letter will be mailed to you with your Resource ID number listed on it. This is the assigned number that you must use when completing child care billing invoices. It is unique to you, no one else will have the same Resource ID number as you.

- **You need to submit the Child Care Provider Verification, Form 2530.**
  In order for you to receive payment for services for an eligible family, you must be "linked" to a specific child. Once you submit the Child Care Provider Verification, Form 2530, to establish the child care link, a Notice of Decision (the Link Letter) will be mailed to you and the parent/guardian indicating the dates that you can be paid by DHHS.

It is important to complete and submit Form 2530:

- As soon as the family begins the application process
- As soon as the child is released from the wait list when there is a wait list for child care scholarship.

This form is available at the local District Office, the local Child Care Resource and Referral agency and on the DHHS website:

http://www.dhhs.state.nh.us/DHHS/CDB/LIBRARY/Form/cc-provider-verif.htm

- **You need to receive the Link Letter.**
  Many providers begin to submit invoices for child care services as soon as they receive their Resource ID number. Unfortunately, these invoices are almost always returned because there has been no "link" established between the family's case and provider Resource ID number.

  Before submitting invoices, you **must** wait until you receive the Link Letter. It will contain important information such as the child(ren)'s Recipient ID (RID) number, the cost share amount and the current authorization dates for child care. It will also contain the name of the Family Service Specialist who is working with this family at the District Office.

Form 2530 - Child Care Provider Verification

State of New Hampshire
Department of Health and Human Services
Division for Children, Youth, and Families

Form 2530
March 2009

CHILD CARE PROVIDER VERIFICATION

Child Care Provider's Name and Physical Address:

Name: _____ Telephone #: _____

Business Name: _____ or

Address: _____ Message #: _____

_____ Email: _____

Parent's Name and Physical Address:

Name: _____ Telephone #: _____

Address: _____ Email: _____

Is the Child Care Provider Licensed with Child Care Licensing? Yes ☐ No ☐

IF THE PROVIDER IS NOT LICENSED PLEASE ANSWER THE NEXT TWO QUESTIONS:

- Indicate the total number of children for whom you provide child care, other than your own? _____
- How many of these children are related to you? _____

INDIVIDUAL DATA

CHILD'S FULL NAME (First)	(Last)	DATE OF BIRTH (mm/dd/yy)	DATE CARE BEGAN (mm/dd/yy)	# DAYS PER WEEK CARE PROVIDED	# HOURS PER WEEK CARE PROVIDED	TOTAL COST PER WEEK (Actual Charge)

Child Care is provided in: ☐ Child's Home ☐ Provider's Home ☐ Child Care Center

The Department of Health and Human Services does not endorse any child care providers. Selection of a provider is the decision of the parent and the Department assumes no liability for safety, protection, or quality of care.

I certify that the information provided is true and correct.
I certify that I have read and understood the instructions provided.

I understand that the Department may release child care payment information to the above-named provider, for the purpose of verifying child care scholarship payment by the Department of Health & Human Services.

_____ Parent's/Guardian Signature _____ Parent's Social Security Number (Optional) _____ Date

_____ Child Care Provider's Signature _____ Child Care Provider's Resource ID Number (if known) _____ Date

Give or mail a copy to the District Office or NHEP site. Keep a copy of this form for your records

(1 of 2 pages)

PD 09-05

- **You need signed attendance sheets: they are required for every invoice you submit.** You must have an attendance sheet for each child for each week. The parent/guardian is responsible for signing the child into and out of your program each day. At the end of the week, you will use this attendance sheet to assist you to accurately complete the billing invoice.

  You must have, at a minimum, the following on the attendance records:
  - the names of the children;
  - the dates; and
  - the arrival and departure times for each child.

  You are required to keep the attendance sheets for each child for a minimum of seven (7) years. When the Child Development Bureau requests that you submit attendance sheets for a specific child or specific time frame, you must submit them within 10 days. Failure to retain accurate attendance sheets and submit them when requested may result in being disqualified from the child care scholarship program.

Important Billing Tip for License Exempt Providers ...

If you plan to care for children on a part time, or part day basis, you must be able to show on the attendance records that you only had three or fewer children at any one time, even if you had a total of four or five in the course of the day or the week. DHHS may question the number of children in care and may ask you to send copies of your attendance records to be reviewed.

Example

As a license exempt provider, you care for Sissy, Alex, Mark, Sheila and Craig. Mark, Sheila and Craig's mom works first shift at the hospital. Sissy and Alex are in 2nd grade and only come after school. The attendance record for one day should look like this:

MONDAY	IN	OUT
Mark	6:30 am	3:00 pm
Sheila	6:30 am	3:00 pm
Craig	6:30 am	3:00 pm
Sissy	3:30 pm	6:30 pm
Alex	3:30 pm	6:30 pm

- **You can't live with the child.**
  DHHS will not pay for children who live with you regardless of their relationship to you. The definition of 'living with you' includes all the children in your residence and your town zoning laws define the word 'residence' for your home. If your town considers the place where you and the children you care for live to be a single residence, then DHHS cannot pay you for their care.

Important Billing Tip for License Exempt Providers ...

Rarely, the family eligibility and provider enrollment systems miss a link that isn't allowed. When the mistake is discovered, DHHS bills the provider to recover the amount of money paid for children that should not have been linked. In addition, DHHS may pursue prosecution for criminal charges. (Please see Improper Payments on page 26.)

Examples

Children in Care	Can You Be Paid Legally By DHHS For Care?
Your own and your sister's two children who live across town	Yes
Your own, your brother's child who lives down the block and your friend's child who lives across the street	Yes
Your own, your boyfriend's two children who live with you and your friend's child who lives in another town	Yes---for the friend's child
Your own and your friend's three children who live with you	No

Payment Process

Getting Paid for the Services You Provide: Properly Complete Form 2500

You must complete and submit the Form 2500 at the end of every week. You **and** the parent(s) of the children in your care must sign Form 2500 after it is completed. You can only complete and mail in the form at the end of the week because your signature means that you are verifying that you are billing for the hours you provided care.

What Happens When You Mail Your Invoice (Form 2500) to The Data Management Unit?

All paper invoices, for all DHHS services, are mailed to a central location, The Data Management Unit (DMU) at DHHS in Concord.

The DMU is the place where all invoices go to be processed. This means numerous invoices are processed every day. The invoices are taken from their envelopes and sorted into "batches" of 25 invoices to be scanned, examined, and keyed by DMU staff.

When DMU Data Control Clerks "key" in a claim, they are entering the information on the invoice into the computer payment system. If any of the information is incorrect or illegible, the claim rejects and payment cannot be made. This will cause your payment to be delayed. Errors in information on the invoice are the most common reason for payment delays and invoice rejections, so be sure to take a few moments and double check your invoices.

Invoices that are processed into the payment system on either Monday, Tuesday or Wednesday morning will result in a check being mailed to you on Friday. Invoices that are processed into the payment system on either Wednesday afternoon, Thursday or Friday will result in a check being mailed to you on the following Tuesday. The day checks are mailed may vary depending on holidays.

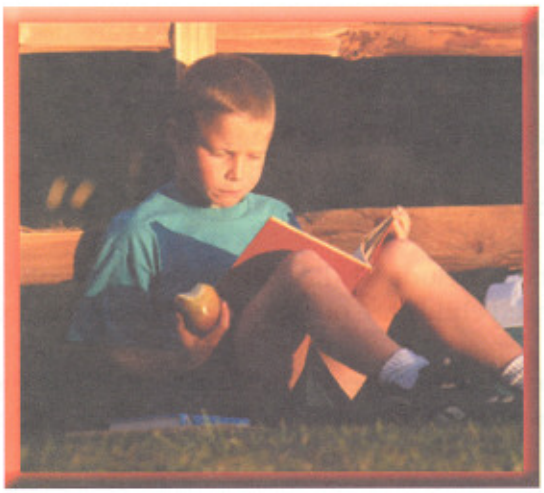
The description above makes it clear that **you will receive payment approximately 2 ½ to 3 weeks after you submit the invoice**. Don't worry, though, as soon as you begin submitting the invoices every week, you will begin receiving checks every week.

Most Common Invoice Errors

Some of the most common invoice errors that result in delay of payment for services are:

- Name of child is spelled incorrectly, nicknames are used, or the names are on the wrong line (e.g. last name placed on first name line, etc.).
- Handwriting is not clear and easy to read.
- Child RID (Recipient ID) number is incorrect.
- Provider forgets to include 31 (licensed child care center), 32 (license exempt child care home), 33 (licensed child care home), or 34 (license exempt child care center).
- Dates of service are not correct. The date format is either unreadable, the arrival and departure times are not included, or no amount is indicated in the "amount charged" box.
- The parent or provider signature is not on the invoice.

- The Provider Resource ID is not on the invoice.
- The invoice is not dated.
- Absent or present is not indicated on the invoice.
- The A.M. or P.M. was not indicated or unreadable on the invoice. (See a sample invoice on page 43.)
- The child or family is not eligible. A family is only eligible for child care if they have applied for this benefit at the District Office. If the family has not applied, or has been denied, invoices cannot be paid.
- The provider is not enrolled with DHHS as a child care provider.
- The 40 day maximum job search for this family has been reached and no more invoices can be paid until the parent is either employed or in an approved training activity. More information about job search and child care reimbursement limits can be found on page 24.
- The "Link" between you and the family's case does not exist. The payment system does not recognize you as being authorized to receive payment for this service, for this child, and so rejects the invoice as invalid.
- You may be attempting to bill for dates of service in the future. DHHS can only reimburse for care that has already been provided, so if an invoice arrives for future dates, the payment system recognizes this as an invalid date of service and rejects the invoice. Remember, claims should only be signed and submitted at the end of the week, after the child care service has been provided.
- The invoice is over 90 days old. DHHS can only reimburse claims going back 90 days. Any invoice older than 90 days will reject as unable to be paid. Providers must submit claims weekly.



How to Avoid Losing Some or All of the Payment for Your Services

Bill once every week for all of the hours and days of service for the previous week. If you submit several invoices for the same child for the same week, you run the risk of losing some of the payment you were expecting. The data system's calculation of the hours of service will end as soon as any combination of invoices reaches the minimum number of hours for level of service for which the child is authorized. If you submit another invoice for the same child for the same week, the system will inform you that you have already received payment for the week.

Example 1

Child authorized for level of service of full-time = 31 hours or more.

Provider submits invoice #1 for 17 hours – system pays for half-time care up to the provider's invoiced amount minus the cost share.

Provider submits invoice #2 for 15 hours – 17 hours (1st invoice) plus 15 hours equals 32 hours – system pays for full-time care up to the provider's invoiced amount minus the cost share and the first payment.

Provider submits invoice #3 for 8 hours – The system rejects the invoice because the provider has already received payment for the week (31 or more hours).

Example 2

Child authorized for level of service of half-time – 16 to 30 hours.

Provider submits invoice #1 for 10 hours – system pays for part-time care up to the provider's invoiced amount minus the cost share.

Provider submits invoice #2 for 10 hours – 10 hours (1st invoice) plus 10 hours equals 20 hours. The system pays for half-time care, first subtracting the amount of the first payment and then paying the claim up to the provider's invoiced amount.

Provider submits invoice #3 for 10 hours. 10 + 10+10 = 30 hours. The system has already paid for half-time care and will reject the claim.

There is no 'correction' for this because the system is calculating correctly. The only way to avoid losing payment is to bill once every week, per child, for all the hours and days of service for the previous week.

Web Billing For Child Care

In addition to paper billing, DHHS utilizes a Child Care Provider Web Billing Application. You must be authorized by DHHS in order to bill for child care via the web and submit billing invoices electronically. In order to bill via the web, you **MUST** attend a hands-on interactive training session. There is no cost for this session and a training manual will be provided. In order to access the web billing application you must have:

- A PC with Windows 98 or later operating system
- MS Internet Explorer version 5.5 or above
- Internet Connection

If you are interested in billing child care via the web, please contact the Child Development Bureau at 1-800-852-3345, ext 4242 to be added to the wait list for upcoming training sessions.

Direct Deposit

(EFT – Electronic Funds Transfer)

DHHS offers Direct Deposit to currently enrolled child care providers. EFT allows child care providers to have their child care scholarship reimbursement check deposited directly into their bank account. This will allow easier access to payments, thus allowing providers to better meet their budgetary obligations. EFT will eliminate mailing delays as well as preventing lost or stolen checks.

To request Direct Deposit, you must complete Form 2637 – Direct Deposit Authorization Agreement. It may take 14 to 21 business days to process the request. You will continue to receive checks in the mail until the direct deposit process is completed. You must check your bank account periodically to determine when the first payment is deposited.

Job Search

Job Search is one of the most confusing aspects of all types of child care. The Child Care Scholarship Program will allow 40 days of child care for parents who are actively seeking employment. The parent must be registered with either a public or private employment agency and provide a signed and dated statement to their Family Service Specialist. Job search is limited to 40 days in a six-month period. After those 40 days are used, child care invoices will reject.

If the parent becomes employed, and then the employment ends, the six-month time limit remains in effect. **A new 40 days of job search *does not* begin again.**

Since job search is tied to the calendar year, it is a moving time limit. When calculating the number of days used, the Department's computer system looks back six months, every day.

Establishing a positive relationship with parents is important. Communicate with them! Find out how things are going for them with regards to their search for a job and employment opportunities.

Providers who bill via the web can view a job search report. These reports are generated on the individual child.

Notices of Decision will be sent to the provider stating child care eligibility. Make sure you read these notices carefully, as they inform you about the family's status regarding child care scholarship.

What To Do If Things Go Wrong

DHHS makes every effort to make the payment of child care reimbursement to you as smoothly as possible. However, occasionally, an error is made. An error could occur due to eligibility issues for the family, computer interface problems, or incorrect information on the invoices.

The Child Development Bureau seeks to work with you to answer questions about these billing or payment errors in a timely fashion. Do not wait to call us with a question. No invoices not yet resolved more than 90 days after the service was provided will be paid. The quick resolution of the issue is necessary to make sure that you can be correctly paid for the services you have provided. When 90 days have passed, there will be no payment for those services, regardless of any error that was made.

Please call us at **1-800-852-3345 ext 4242** and leave a complete message on our voice mail. We receive over 1,000 phone calls per month and are often on the line with another provider. We do return your phone calls in the order in which they are received. Repeated calls regarding the same issue only slow down our response time to you.

When you call, please make sure you have the following information available:

- This Handbook
- Your Provider Resource ID (if known), or your Social Security Number or your Federal Identification Number
- The child's RID (Recipient ID) number
- Your telephone number, or a number where you can be reached
- The issue about which you are calling (rejected claims, links, payment)
- Dates of service related to your question

Remember: If you don't leave a message and phone number, we can't return your call!

1-800-852-3345 ext 4242
Child Development Bureau Provider Relations

How To Use the Automated Voice Response System

To use the Automated Voice Response System to access claims payment information by phone:

A. Dial 1-888-294-4353, which is a toll-free telephone number

B. Be prepared to provide:

1. Your Bridges Provider Resource ID Number, and

2. The last four digits of your Social Security Number, or the last four digits of your Federal Identification Number.

When asked by the voice response system,

C. Select your preferred language

D. Enter your Identification Numbers

1. Using your touch-tone phone, enter your Resource ID Number, followed by the # key on your telephone pad; then

2. Enter the last 4-digits of your Social Security Number or Federal Identification Number. ***Do not enter the # key after these digits.***

E. Select Payment Information

1. For Current Payment Information: Press 1. This will inform you of claims in the current payment cycle when a check is scheduled to be mailed. Specific details for each payment are available and include the child, the dates of service and the paid amount.

2. For In-Process Payment Information: Press 2. This will inform you of claims that have been processed and are pending for the next payment cycle. Specific details for each payment are available and include the child and the dates of service. The claim amount is not available.

3. For Information on the last five Payments: Press 3. This will inform you of the last five checks that have been mailed within the preceding six months. Specific details for each payment are available and include the child, dates of service, and the paid amount.

Preventing Improper Billing

The United States Congress passed the Improper Payments Act in 2002. For the Child Care Scholarship program, this has meant examining our internal business practices, as well as the overall integrity of the child care payment system in New Hampshire.

Definition of Improper Payments

Improper Payments are defined as payments that should not have been made and payments that were made for the incorrect amount under any legally applicable requirement.

Definition of Fraud

Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person. It includes any act that constitutes fraud under New Hampshire criminal code, RSA title LXII.

What Does This Mean for Child Care Providers in New Hampshire?

DHHS is looking more closely at child care billing as part of our compliance with the Congressional Improper Payments Act. We will request proof of attendance (attendance records) as part of our auditing of child care billing practices. These audits will be conducted for both licensed and license exempt providers.

We may interview parents/guardians and providers to make sure that care was provided for the

times that are written on the billing invoices. We may also request verification from the parent's/guardian's employer to certify that the parent/guardian was in the employment, or approved activity during the time that the care was given.

If you suspect or know that the parent/guardian is not attending work or approved training or job search activities, you must report this to the parent's FSS or CPSW. Failure to report could result in prosecution for fraud and/or loss of child care scholarship enrollment.

It's A Serious Matter

The money that funds the Child Care Scholarship Program is Federal and State money. Intentional billing for child care that did not occur or intentional over billing for child care services rendered are considered fraudulent billing. Fraudulent billing through which the provider is receiving Federal and State child care dollars is illegal and punishable by law.

Both providers and parents can be held accountable for improper billing and prosecuted for intentional improper billing practices. In 2008, child care providers were found guilty of felony fraud. In addition, the Child Development Bureau and Special Investigations Bureau recovered funds from child care providers who had been improperly paid. Don't put yourself in the position of facing a criminal record, fines, enrollment termination or jail sentences.

To Avoid Improper Billing

Do not fill in billing forms before the care is given. The billing invoice is a legal document. You should be sure what you write is accurate before you submit it to The Data Management Unit for payment.

Do not sign or permit parents to sign blank billing forms. When a parent or provider signs blank billing forms they are giving their consent to what the invoice may say – without seeing it! If the provider or parent indicates the wrong hours on the invoice and an overpayment is issued, both parties will be held liable for the over-billing.

Do not overcharge the amount of care (hours or dollar amount), in order to decrease the parent copay. While this may seem as if it is well intentioned, providers and parents who have been found doing this have lost their benefits and ability to bill for child care. A provider who participates in this practice is not helping a family. He or she is participating in fraud.

Do not charge families receiving CCDF Scholarship more than you charge families who do not receive CCDF Scholarship. The combination of the department reimbursement, the family cost share and any additional family copay you may charge cannot be more than the rate you charge private pay families.

Do not bill for holidays or snow days when you are closed.

Do not bill for days the child is absent. If the child is absent and was scheduled to attend, please indicate by marking the day with an (A). See page 44 regarding completing the invoice.

Do not add hours that the child did not receive services to the invoice so you can receive reimbursement for a higher level of service. If a child only attended 14 hours for the week, you will

only be reimbursed at the part-time rate. If you would charge a family not receiving scholarship for the hours the child did not attend, you may charge a family receiving scholarship for those hours.

Also, remember that providers who are caring for more children than they are legally allowed to will have all payments received for those children recouped by DHHS as improper payment. All providers must keep attendance records to show that they are in compliance with the number of children for whom they are allowed to provide care at any given time. You must keep those records for **seven years**.

If you have concerns about what constitutes an improper payment, we encourage you to call the Child Development Bureau to discuss your concerns and questions.

1-800-852-3345, ext 4242

Frequently Asked Questions

Q. My payment policy is that families pay before the services are provided. Can I bill DHHS for services on Monday for the following week, as I do for families?

A. No. The Child Care Scholarship Program reimburses child care providers for services they have already provided. Billing before the services are provided is improper billing, which could result in you being disqualified from the Child Care Scholarship Program.

Q. I did not get paid the correct amount that I should have been reimbursed. What should I do?

A. In the event that you receive an underpayment or overpayment, the process for correcting this error is to speak directly with the Child Development Bureau staff. We will require that you mail or fax copies of your original billing invoices, and then we will work with The Data Management Unit to correct the error and issue the difference between the amount that you received for reimbursement and the amount that you are owed. This is a manual process, so it will require additional processing time.

Q. I never received a check that was mailed five days ago. How do I place a stop payment on it?

A. DHHS requires a minimum of 10 business days to elapse before a stop payment can be placed on a provider reimbursement check. In order to request a stop payment, please contact the Family Service Specialist at the local District Office, or the Child Development Bureau and explain that you have not received your check.

Once the stop payment process has begun, you cannot cash the check if you receive it. Once the Treasury Department has voided out the canceled check, they will reissue the check to you. This process can take up to six weeks to complete.

Q. I think that someone stole my check and cashed it. What can I do?

A. If you suspect that your check has been stolen, you should contact your local police department to report the theft. Afterwards, please contact the Child Development Bureau and we will begin the stop payment process. If the check has been cashed, a copy of the signed check with an affidavit will be sent to you. You will need to examine the signature. If the signature does not belong to you, you will need to complete the affidavit, have the affidavit notarized and return it to: DHHS, Attn: Office of Finance - Receipts Unit, 129 Pleasant Street, Concord, New Hampshire 03301.

Q. I mailed in all my invoices in the same envelope. Why have I only received payment for some of the children?

A. Please remember, the Data Management Unit sorts all invoices into batches of 25. It is possible that, while the invoices came in the same envelope, they were sorted into different batches to be keyed. If you do not receive payment for the other children within approximately 14 days, please call us to determine if there is an error, or other rejection, which may be delaying payment.

Q. When can I bill for child care services?

A. You can only bill for child care when the child is in attendance and the parent is:

- At work (including commuting time)
- In training
- Attending classes
- Studying (up to the number of hours spent in class)

Exception: Parents who work any four (4) hours between 10 P.M. and 6 A.M. and require resting time - This must be approved by their FSS worker at the District Office.

Q. Can I bill for days the child is out sick?

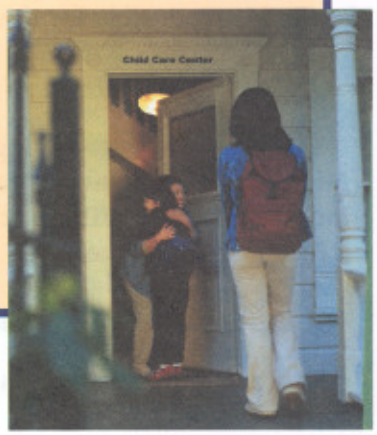
A. No, you cannot bill for days the child is not receiving care. If the child does miss a few hours or a day, but the total number of hours for the week still falls within the authorized level of service, you will still be paid for that level of service. If the child's attendance falls below the authorized level of service you will be paid for the level of service based on the child's actual attendance.

Example 1

The child is authorized for full time, but is out sick for one day. During the other four days, she receives a total of 32 hours of care. You will be reimbursed at the full-time rate, no differently than if the child had been there all five days.

Example 2

The child is authorized for full time, but is out sick for two days. During the other three days, she receives a total of 24 hours of care. You will be reimbursed at the half-time rate.



Q. How do I indicate on the billing form when the child is sick or on vacation?

A. You must indicate the hours the child was scheduled to attend, as well as select (A) absent.

Q. Can I bill the Department if I provide child care on holidays?

A. Yes. If you (licensed or license exempt) are open for business, and you care for the child, then you can bill the Department for child care. Remember, the parent must be in the employment or training activity for DHHS to reimburse for child care.

When you complete the invoice for the time period in which the holiday occurred, please make a notation on the invoice that the parent was working and that child care was provided. We suggest making that notation next to the date of the holiday on the invoice. This will assist in a smooth and timely payment.

Q. I realized that I made an error on the payment request form I submitted last week. How do I correct an error on a payment request form?

A. Do not attempt to correct the error by resubmitting the claim. If you do, the claim will reject as a duplicate. You must contact the Child Development Bureau to determine how the claim in error can be resolved. Call

603 -271-4242 or 1-800-852-3345 x 4242
(NH Relay) 7-1-1

Q. Are parents expected to pay a portion of the child care cost? How about registration fees or deposits?

A. Yes, the intent of the Child Care Scholarship Program is to assist income eligible families with the cost of child care. DHHS recognizes that the amount that we reimburse for child care does not meet the full cost that most providers charge.

The family's cost share is based on income and household size and is deducted from the DHHS Standard Rate prior to any payment you receive. Therefore, a parent may be expected to pay a portion of the child care cost – a co-pay - if the rate you charge is more than the rate the Department will reimburse. The total rate charged is established between you and a family. The rate should be set with the parent before care begins, using a contract or other agreement.

In addition, if the program requires additional fees, such as registration fees or deposit fees, the family is responsible for these. DHHS does not pay for registration or deposit fees.

Q. I've heard DHHS will reimburse for some registration fees. Is this true?

A. If a family is receiving TANF and working with the New Hampshire Employment Program (NHEP), they can have certain fees approved by their NHEP worker. Please speak with the family to find out if they qualify for this assistance. You may need to enroll for a second Resource ID number to receive this payment.

Q. Do I have to charge the parent the cost share assigned by the Department?

A. No, it is the provider's choice whether or not to charge the parent the cost share.

Q. My weekly charge for child care is more than the combined reimbursement amount and the Department's assigned cost share, can I charge the parent the difference?

A. Yes, you may choose to charge or not to charge the parent the difference between your actual fee and the reimbursement amount.

Q. I am currently providing care for a child on the wait list. Will I get paid from the Department?

A. No, the parent is responsible for payment while the child is on the wait list.

Q. How will I know when the child is no longer on the wait list so I can submit billing invoices?

A. The parent will receive notification that the child has been removed from the wait list. You can request to see a copy of this notice. If you are a currently enrolled provider, you must complete a Provider Verification Form 2530 immediately and send it to the Family Service Specialist at the local District Office. If you are not enrolled, you will need to complete the child care enrollment packet and mail it directly to the Child Development Bureau. Once the link has been established, a Notice of Decision will be mailed to you.

Q. I am providing child care and the case closed. What happens now?

A. The parent must reapply and be determined eligible for child care. The child will be placed on the wait list if there is a wait list in effect. The parent will be responsible for payment until the child is released from the wait list. If there is no wait list, the provider must send in a Provider Verification Form 2530 to reestablish the link. A notice will be sent to you once the link is established.

If the parent is receiving FANF, the child will be exempt from the wait list, but the parent still has to reapply and be determined eligible for child care scholarship. The Division of Family Assistance will send a Notice of Determination that will tell you when the child's case is open again for billing.

Professional Development

The Department strongly supports all efforts by individuals to develop themselves professionally in Early Childhood Education.

To find an electronic copy of this professional development guide, titled Early Childhood Professional Development System - Guide to Early Childhood Careers on the web, go to

http://www.dhhs.nh.gov/DHHS/CDB/LIBRARY/Training+Material

Statewide Professional Memberships

for New Hampshire Early Childhood and Child Care Professionals

Association for Childhood Education International (ACEI)
1-800-423-3563
www.acei.org

Early Education and Intervention Network (EEIN)
228-2040
www.eeinnh.org

Early Learning New Hampshire (ELNH)
603-226-7900
info@earlylearningnh.org

New Hampshire Association for the Education of Young Children (NHAEYC)
1-888-225-4884
www.nhaeyc.org

National AfterSchool Association (NAA)
1-703-610-9028
www.naaweb.org

National Association of Child Care Professionals (NACCP)
1-800-537-1118
www.admin@naccp.org

National Association for Family Child Care (NAFCC)
1-800-359-3817
www.nafcc.org

How To Make Kool-Aid Finger Paint

2 cups flour
2 packs un-sweetened kool-aid
1/2 cup salt
3 cups boiling water
3T. oil
Mix wet into dry. Children love the color change.
Then finger paint away.

The Forms

Below is a discussion of each form and the role it plays in the Child Care payment process.

AW9 (Alternate W-9) and Form 2620 (Provider Enrollment Form)

These forms are used not only to enroll you as a child care provider, but also to determine where to send your payment. They are the base forms upon which enrollment and mailing your payment is built. These forms **must** always be submitted together. One will not process without the other.

Because the information provided on these forms is used to determine the address where your child care payment will be mailed, you must indicate your **physical and mailing** address.

To determine if you need an Employer Identification Number (EIN) also known as a Federal Tax Identification Number, which is used to identify a business entity, answer the following two questions:

- Do you have employees?
- Do you operate your business as a corporation or a partnership?

If you answered 'yes' to one or both of the questions above, please consult an attorney or Federal tax office. These experts will give you further information regarding whether you need an EIN.

If you answered 'no' to both questions, then you do not need an EIN. Your Social Security Number will be enough.

Whether you use an EIN or your Social Security Number (SSN), the State will issue a Form 1099-MISC by January 31st each year if total reportable payments from all state agencies for the previous year equaled $600 or more.

You are a self-employed child care provider, not an employee of the State of New Hampshire; therefore, you are responsible to report this income to the IRS for the payment of all required federal and state taxes accrued.

It is important that the information on the AW-9 and 2620 match. For example, both forms should be filled out completely, with the correct SSN or EIN. The billing address should match on both forms. This is the address to which payment will be mailed. If you are a private, license exempt child care provider, you do not need to fill in a "Doing Business as" name and can leave that space blank.

The AW-9 must be signed and dated by you, the child care provider, or the acting agent for your business.

Also on the AW-9 form, it is important that you choose the category under which your business will be placed. If you are a license exempt child care provider, you will most likely choose "Service Provider." The service you will be providing is "Child Care." If you are a business, please choose between the selections of Corporation, Government, Non-Profit or Other.

If you are a non-profit organization, you must provide a copy of your exemption paperwork (501-(c)(3)).

Form AW-9 - Alternate W-9

STATE OF NEW HAMPSHIRE

ALTERNATE W-9 FORM

PAYERS REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 31% withholding on each payment made to you. To avoid this 31% withholding & ensure that accurate tax information is reported to the IRS, **A RESPONSE IS REQUIRED**.

If a service provider is a part of a GROUP PRACTICE, it is the group name & TIN, which is required on this Alternate W-9.
If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN, which is required on this Alternate W-9.

NAME _____

ADD'L or D/B/A NAME _____

BUSINESS ADDRESS _____

CITY/TOWN _____ **STATE** _____ **ZIP** _____

HOME ADDRESS _____

CITY/TOWN _____ **STATE** _____ **ZIP** _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

SSN ___ - __ - ____ **EIN/FIN** __ - _____

PRINCIPAL ACTIVITY (select one only)

☐ Service Provider ☐ Product/Merchandise Provider ☐ Other Provider

List principal type of service product or other you provide _____

DESIGNATION (select ALL which apply to you/your organization)

☐ Individual ☐ Government ☐ Personal Service Corporation

☐ Sole Proprietor ☐ Estate or Trust ☐ Health Care Provider

☐ Partnership ☐ Corporation ☐ Non-Profit (attach copy of exemption)

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge and belief.

NAME & TITLE (print or type) _____

TELEPHONE # ( )

SIGNATURE _____ **DATE** _____

Depending on how you file with the IRS, you must use either your SSN or your EIN.

Remember to sign and date the form. If you are a nonprofit, please include a copy of your 501-(C)(3) exemption letter.

Form 2620 - Provider Enrollment Form

State of New Hampshire
Department of Health and Human Services
Division for Children, Youth and Families

Form 2620
March 2009

CHILD CARE PROVIDER ENROLLMENT FORM

Transaction Code (Check 1 Only) ☐ Add ☐ Change ☐ Close

Effective Date of the Transaction ____ month ____ day ____ year

Resource Identification Number (Use on change/close transactions only) ☐☐☐☐☐☐☐

SECTION 1

PROVIDER'S NAME (Please Note: If you are reporting income with a Social Security Number, use your name here not the name of your business. If you are reporting income with an Employer Identification Number, use your business name here.)

DOING BUSINESS AS (DBA) Complete this line only if you report income to the IRS under your Social Security Number and you choose to have a business name. You must also complete your name above.

☐☐ - ☐☐☐☐☐☐☐ Employer Identification Number (EIN)

OR

☐☐☐ - ☐☐ - ☐☐☐☐ Social Security Number (SSN)

SECTION 2

Provider's Physical Address (Street)

Provider's Physical Address (Town/City) State Zip Code

Provider's Billing or Mailing Address (Street)

Provider's Billing or Mailing Address (Town/City) State Zip Code

Provider's E-mail Address

PLEASE NOTE: All provider payments are directed to the Provider's Billing or Mailing Address. If you are a provider who forwards payments to a separate billing address or corporate headquarters, you must indicate the correct billing address above to avoid delays in payment.

Provider Contact Person (First and Last name)

Contact Person's Telephone Number Provider's Telephone Number (if different than contact person)

SECTION 3

Services Provided: Check the box for the service you provide:

- ☐ 31 Child Care-Licensed Center
- ☐ 32 Child Care-License-Exempt Family/Friend/Neighbor
- ☐ 33 Child Care – Licensed Family or Family Group Child Care Home
- ☐ 34 Child Care – License-Exempt Center

PD 09-05

Frequently Asked Questions

Q. I have recently moved. How do I change my address in the payment system?

A. If you or your business change name or address, new AW-9 and 2620 forms must be completed in order to make any change in our computer database. Without these completed forms, we cannot change a name or address.

Q. I changed my address on the invoices I submitted. Will that change my address?

A. No. The only way to change your address is to submit a new AW-9 and Form 2620. Please do not include any notes with your payment request invoices indicating a change of address, as these will have no effect.

Q. Why didn't I get my check?

A. If your name is not on your mailbox, the Post Office may not deliver your check.

Q. I have a forwarding order on my mail with the Post Office. Will that correct my address and make sure my payments are sent to me?

A. The Post Office does not forward state issued checks under any circumstance. Payments are not forwarded to a new address, even if you have a forwarding order on your mail. Payments will be returned to the Data Management Unit, and this will delay your receipt of payments by 10 to 14 days. If you are planning to move, please plan accordingly and have your address changed with DHHS in a timely manner. We want you to receive the payments that you have earned!

Q. Where can I get these forms (AW-9, 2620) to change my address?

A. These forms are available at your local District Office. In addition, all forms are available at the Child Development Bureau website:

http://www.dhhs.nh.gov/DHHS/CDB/LIBRARY/Form/default.htm

Safe Sleep
Reducing the Risk of Infant Death
is a workshop offered in October each year. For information, please call the Child Development Bureau at 1-800-852-3345 x 4206 or (603) 271-4206

Form 2631 - License Exempt Child Care Provider Agreement

All child care providers must complete a Child Care Provider Agreement as part of the provider enrollment and re-enrollment process. These agreements must be completed and kept on file with DHHS in order to receive Child Care Development Fund (CCDF) Scholarship reimbursement.

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families

Form 2631
March 2009

Child Care And Development Fund Scholarship
CHILD CARE PROVIDER AGREEMENT
License-Exempt Child Care

_____ Name of Provider

_____ Program Name

of _____ Street Address

_____ City, State and Zip

agrees to participate in the New Hampshire Child Care Development Fund (CCDF) Scholarship Program and comply with all the requirements set forth in this agreement.

I understand that failure to comply with the terms of this agreement is grounds for termination of participation in the New Hampshire CCDF Scholarship Program and for possible further action by the Department of Health & Human Services (DHHS).

I agree to comply with all laws, rules, policies, and procedures, including enrollment requirements and billing directions, regarding CCDF.

I agree to bill only for child care services provided in compliance with this agreement.

I agree to bill only for the time the child was in attendance.

I understand that as a child care provider:

1. I must be 16 years of age or older;
2. I may not reside in the same home as the parent and/or child for whom I am providing care;
3. I will not be paid for providing care to my own children; and,
4. I can provide care for up to 3 children, other than my own, at any given time.

I agree to bill DHHS weekly for services provided in the previous week on the Child Care Payment Request Invoice (Form 2500) or on the automated web billing system. I agree that invoices will not be paid unless they are completed correctly and are submitted to DHHS within 90 days after the services were provided.

I agree that by submitting an invoice to DHHS for services provided, I am certifying that the bill is true and accurate.

I understand that the Department will recover any payment made for inaccurate or fraudulent billing.

I agree that I will be the only person to submit invoices to DHHS for children under my care and supervision.

I agree that if I choose to submit invoices through the automated web billing method, DHHS will assign a Personal Identification Number (PIN) to me. I understand that I am responsible for all invoices submitted to DHHS using the PIN and that this PIN is non-transferable.

I agree that I will not sign or submit the child care payment request invoices until *after* the services have been provided. I further agree that I will not have the parent sign the child care payment request invoices until *after* the services have been rendered.

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(1 of 3 pages)

Form 2632 - Licensed Child Care Provider Agreement

All child care providers must complete a Child Care Provider Agreement as part of the provider enrollment and re-enrollment process. These agreements must be completed and kept on file with DHHS in order to receive (CCDF) Scholarship reimbursement.

STATE OF NEW HAMPSHIRE
Department of Health and Human Service
Division for Children, Youth and Families

Form 2632
March 2009

Child Care And Development Fund Scholarship
CHILD CARE PROVIDER AGREEMENT
Licensed Child Care

Name of Provider _____ Program Name _____

of _____ Street Address _____ City, State and Zip

agrees to participate in the New Hampshire Child Care Development Fund (CCDF) Scholarship Program and comply with all the requirements set forth in this agreement.

I understand that failure to comply with the terms of this agreement is grounds for termination of participation in the New Hampshire CCDF Scholarship Program and for possible further action by the Department of Health & Human Services (DHHS).

I agree to comply with all the laws, rules, policies and procedures, including enrollment requirements and billing directions, regarding CCDF.

I agree to bill only for child care services provided in compliance with this agreement.

I agree to bill only for the time the child was in attendance.

I agree to bill DHHS weekly for services provided in the previous week on the Child Care Payment Request Invoice (Form 2500) or on the automated web billing system. I agree that invoices will not be paid unless they are completed correctly and are submitted to DHHS within 90 days after the services were provided.

I agree that by submitting an invoice to DHHS for services provided, I am certifying that the bill is true and accurate. I understand that the department will recover any payment made for inaccurate or fraudulent billing.

I agree that if I choose to submit invoices through the automated billing method (web) DHHS will assign a Personal Identification Number (PIN) to me. I understand that I am responsible for all invoices submitted to DHHS using the PIN and that this PIN is non-transferable.

I agree that I will not sign or submit the child care payment request invoices until *after* the services have been provided. I further agree that I will not have the parent sign the child care payment request invoices until *after* the services have been rendered.

I agree to keep all information concerning children and their families confidential except as otherwise allowed by law.

I agree to keep daily attendance records, which include start and stop time and parent/guardian's signature, and other records related to billing for a period of *seven years*. I agree to provide all such records and information related to billing and/or services provided to DHHS or its agents as requested.

I agree that the decision to charge or not to charge all or part of the cost share determined by DHHS is between the provider and the parent.

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Form 2530 - Child Care Provider Verification (The Link Form)

This form is used by the District Office and the Child Development Bureau to link, or authorize, child care between you, the child care provider, and the family. This form creates the "link" between the family's case in the eligibility computer system and the child care provider's information in the payment computer system in order to process the child care billing invoices.

The form must be completed with the name of the child, the date that care began, and number of days/hours per week that the child will be in care.

State of New Hampshire
Department of Health and Human Services
Division for Children, Youth, and Families

Form 2530
March 2009

CHILD CARE PROVIDER VERIFICATION

Child Care Provider's Name and Physical Address:

Name: _____ Telephone #: _____

Business Name: _____ or

Address: _____ Message #: _____

_____ Email: _____

Parent's Name and Physical Address:

Name: _____ Telephone #: _____

Address: _____ Email: _____

Is the Child Care Provider Licensed with Child Care Licensing? Yes ☐ No ☐

IF THE PROVIDER IS NOT LICENSED PLEASE ANSWER THE NEXT TWO QUESTIONS:

- Indicate the total number of children for whom you provide child care, other than your own? _____
- How many of these children are related to you? _____

Don't forget to fill these in!

INDIVIDUAL DATA

CHILD'S FULL NAME (First)	(Last)	DATE OF BIRTH (mm/dd/yy)	DATE CARE BEGAN (mm/dd/yy)	# DAYS PER WEEK CARE PROVIDED	# HOURS PER WEEK CARE PROVIDED	TOTAL COST PER WEEK (Actual Charge)

Child Care is provided in: ☐ Child's Home ☐ Provider's Home ☐ Child Care Center

The Department of Health and Human Services does not endorse any child care providers. Selection of a provider is the decision of the parent and the Department assumes no liability for safety, protection, or quality of care.

I certify that the information provided is true and correct.
I certify that I have read and understood the instructions provided.

I understand that the Department may release child care payment information to the above-named provider, for the purpose of verifying child care scholarship payment by the Department of Health & Human Services.

_____ Parent's/Guardian Signature _____ Parent's Social Security Number (Optional) _____ Date

_____ Child Care Provider's Signature _____ Child Care Provider's Resource ID Number (if known) _____ Date

Give or mail a copy to the District Office or NHEP site. Keep a copy of this form for your records

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(1 of 2 pages)

Please note that the family must have applied to DHHS, and the child care case must be open for the "link" to be established. If the case is closed, the family is not eligible, or if the child is on the wait list, no link will be made and therefore, no payment will be issued.

Furthermore, a family's child care case is only open as of the date of that family's actual application for child care scholarship at the District Office or, if the child is on the wait list, not until the child is released from the wait list. There is no retroactive opening for child care.

Examples

A provider requests that the link begin on February 1st. However, the family did not apply for child care at the District Office until February 15th. DHHS cannot reimburse for child care prior to the date of application (February 15th), and the family would be responsible for child care costs during that time.

A provider requests that the link begin on March 5th. However, the child was on the wait list until March 30th. DHHS cannot reimburse for child care prior to the date of release from the wait list (March 30th) and the family would be responsible for child care costs until that day.

Form 2530 must be signed and dated by the parent and you, the provider. The parent must sign and while we request that the parent provide his/her Social Security Number, it is not required that the parent supply it.

You must use your Resource ID number. A new 2530 Form must be sent to the parents' Family Service Specialist (FSS) worker at the local District Office.

You, as the child care provider, and the parent will each receive a copy of the "Link Letter" once the link is established in an open child care case. This notice will contain all the information you will need to complete the billing forms.

Do not submit your billing forms prior to your receipt of this Link Letter for child care reimbursement. Sending the billing forms in before you receive the Link Letter will cause errors that will delay payment.

If you have submitted required paperwork and have not yet received a Link Letter, you should call the Child Development Bureau for further assistance. If it has been longer than 3 weeks, the case may not be open, may be in a pending status, the child may be on the wait list or a link may not have been established.

Please remember, without the Link Letter you have no confirmation that the family's case is open. The Link Letter is your confirmation that the case is open and you are approved to submit child care reimbursement invoices.

Remember!

Open Case + Link = Payment

Form 2628 - Verification For A Child With A Disability

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth, and Families

Form 2628
March 2009

VERIFICATION FOR A CHILD WITH A DISABILITY

To: *(Licensed Professional or Director named below)*

_____
_____
_____

Return to: *(See instructions for where to return form)*

_____
_____
_____

Telephone _____

Name of Child _____

The Department of Health & Human Services, Division for Children, Youth, and Families, Child Development Bureau has seen a dramatic increase in the expulsion rate of children from child care centers and family child care homes. Many of these children have behavioral problems, which may be a result of an emotional or psychological disability. Children with an emotional disability must be receiving on-going treatment. To encourage providers to accept and retain children with special needs, the Department will pay a supplemental rate to all child care providers caring for children with a verified diagnosed disability.

Does the child have a ☐ medical, ☐ physical, ☐ developmental, or ☐ emotional disability?

The diagnosis of the child's disability is _____

Is this a permanent condition? ☐ Yes ☐ No If not, length of expected duration is _____

I ☐ have ☐ have not provided treatment to the above-mentioned child.

List the name of each provider of disability service for the child _____

_____

☐ **I certify that I am a licensed Physician/Psychologist/Social Worker**
☐ **I certify that I am currently treating this child for an emotional disability**

Signature_____ Date___/___/_____

The child has a current Individual Education Plan ☐ Yes ☐ No

☐ **I certify that I am a SAU Special Education Director or Area Agency Director**

Signature_____ Date___/___/_____

By signing below, I authorize the verification and release of the information requested above. I understand that the information will be held in the strictest confidence and that it will be reviewed by, or shared with, authorized Department of Health & Human Services' staff involved in the authorizations of Child Care Development Fund Scholarships. This authorization expires 12 months from the date indicated below by the parent or guardian.

Parent or Guardian Signature_____ Date___/___/_____

For chronic non-changing disabilities verification is required only once. For all others, verification is required annually.
The disability differential becomes effective the first Monday following the date of signature of the Licensed Professional or Director named above.

PD 09-05

Children With Special Needs

In order to encourage stable child care for children with special needs, DHHS will pay a disability differential for child care for these children. The payment, an additional $50 for full-time, $30 for half-time or $15 for part-time care per week per child eligible for child care scholarship, is directly added to the amount that is being reimbursed. There are no additional invoices to complete to receive this money. A child 13 to 18 years of age may continue to be eligible for child care services if the child's physical and/or mental condition is such that the child would cause harm to him/herself or to others without supervision.

Form 2628 - Verification for a Child with a Disability needs to be completed and on-file before the additional funds can be released.

The disability (medical, physical, developmental or emotional) must be documented by one of three acceptable sources. These are:

- An area agency providing Family-Centered Early Supports and Services or Family Support;
- The child's school district; or
- The child's physician, psychologist, or licensed social worker.

For children whose disability is of a temporary nature, this authorization is in effect for 12 months from the date it is signed by one of the above listed professionals. If the disability is of a permanent nature, then the verification needs to only be provided one time. This payment is not retroactive, so it is important that the family get this form signed, dated and returned to the Family Service Specialist as soon as possible.

Form 2500 - Child Care Payment Request Invoice

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families
CHILD CARE PAYMENT REQUEST INVOICE

Form 2500
March 2009

Type or print all information. Please read the instructions before you begin. Be sure to sign your name at the bottom of the form.

PROVIDER NAME AND PHYSICAL ADDRESS:

Name: _____

Address: _____

_____

Phone: _____

PARENT NAME AND PHYSICAL ADDRESS:

Name: _____

Address: _____

_____

Phone: _____

CHILD'S NAME AND ID NUMBER: (only one child per form)

Last: _____ First: _____

Child's RID # | | | | | | | | | | | |

ENTER DATE (MONTH/DAY/YEAR)	OCCURRENCE	ARRIVE TIME	AM	PM	DEPART TIME	AM	PM	PRESENT	ABSENT
Monday / /	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Tuesday / /	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Wednesday / /	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Thursday / /	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Friday / /	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Saturday / /	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Sunday / /	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐

Provider Service Code: | | |

Actual Amount Charged for this WEEK $ | |

Payment is requested for the child care services listed above. It is understood that payment will only be made for services actually received. No extra costs or fees have been listed for the days this child was not in child care. It is understood that payment will not be made if the person providing the child care lives in the child's household, is a parent of the child or does not meet State license requirements.

I certify that I have read and understood the above statement and certify that the information on this form is true and accurate.

Child Care Provider's Signature _____ Child Care Provider's Resource ID Number _____ Date _____

The parent must be engaged in an authorized and approved activity such as employment, training or job search.
I certify that I was participating in an approved activity for the hours indicated on this form.

Parent/Guardian's Signature _____ Parent/Guardian's Social Security Number - *OPTIONAL* _____ Date _____

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(1 of 2 pages)

There is a new Form 2500. Please note the following:

As of June 29, 2009, neither the Data Management Unit nor the Child Development Bureau will accept the old Form 2500 for any child care service provided after June 28, 2009. All child care services provided from June 29th onward must be billed using the new Form 2500. The new form will have "February 2009" in the upper right hand corner.

If you use the old Form 2500 for child care services provided after June 28th, it will be rejected and returned to you, and you will be required to resubmit the invoice using the new Form 2500. This will delay your payment by several weeks. If you do not resolve the rejected invoice form within 90 days from the date of service, you will not be paid for the services you provided.

Until September 30, 2009, you may continue to bill for child care services provided up to June 28, 2009 on the old Form 2500. The old form has December 2006 in the upper right hand corner. On September 29, 2009, you will not be able to bill for any services provided before June 29, 2009, regardless of which Form 2500 you use.

In order to receive payment for the child care you provide, you or the parent must complete a Child Care Payment Request Invoice Form 2500 at the end of every week. Both you and the parent are required to sign the form after carefully reviewing the information to make sure it is correct. When you sign this form, you are verifying that the hours and charges listed are accurate. As an enrolled provider, you are able to receive child care payment directly from DHHS.

One Form 2500 must be completed and submitted per week, per child in care. This is the form that initiates the payment process. It is very important that this form be filled out completely and carefully to ensure timely payment for child care services rendered.

Billing forms must be submitted in a timely manner. Billing weekly will assure timely payment.

If you submit an invoice more than 90 days after the week of service, you will not receive payment. Forms over 90 days will be rejected.

If, at any point, you don't bill for a child for 90 days, the link with that child will be severed and you will no longer be authorized to bill for that child.

Please print clearly. If the Data Management Unit cannot read your writing, the form will be rejected and returned to you, which will delay payment.

Send the forms to:

The Data Management Unit
PO Box 2000
Concord, New Hampshire 03302-2000

We cannot accept a Fax.

Any payment changes due to changes in family circumstances, ie: step increase/decrease, disability documentation or change in age will not take effect until the following Monday.

Some Tips For Accurately Completing The Billing Invoice

- Make sure that the spelling of the child's name matches the Link Letter that you receive when you are linked to the child's case. Many errors that cause bills to be rejected are spelling errors! Do not use nicknames.

- The child's RID (Recipient Identification) number can be found on the Link Letter. You will notice that there may be an extra box on the billing form (11 boxes), although the child's RID number is only 10 numbers. Start with the first box on the invoice. The last box, if there is an extra one, can be left blank.

- In the box with the days and hours entitled Child Care Services Received, there are a couple of important things to know:

    - Child care cannot be prepaid. That is, we cannot process invoices for dates that have not yet occurred. If you send in an invoice in advance, it will be rejected.

    - Invoices are time and date stamped when DHHS receives them. If the dates of service on the invoice are a future date, it will be rejected and returned to you. In other words, you cannot bill this week for next week.

    - The days of the week must be in sequence. The payment week runs from Monday to Sunday. So, for example, if a Monday is the 7th, then that Sunday will be the 13th. If Sunday the 6th is written on the invoice along with Monday the 7th, it will be rejected, as the line dates are not in sequence.

    - Line date is out of sequence. This claim will be rejected. You must bill for the Sunday on its own invoice.

    - The date format must be as specified (mo/day/yr). Invoices with shortened dates, for instance 10/10, or Oct 10 will be rejected. Also, pay attention to the dates in January when the year changes. Often, providers will have invoices rejected for entering the incorrect year.

    - Make sure that you add the decimal point to the amount you are charging. This will help Data Management to key in the correct amount you are charging.

    - Please make sure that you enter the actual amount charged correctly. If left blank, the form will be rejected. If the number of hours is entered as the amount charged, you will receive the incorrect amount as payment (e.g., 40 hours, $40 dollars).

    - The amount charged is the amount you have set as the fee for child care for this child for this week. This amount is not necessarily the amount the provider is reimbursed, but rather the actual amount the provider charges.

At the bottom of the invoice, both the parent and provider must sign and give the appropriate information including the Provider Resource ID, and date the invoice. We request, but do not require, that parents provide their SSN.

Remember, by signing the invoice, you are certifying that the information is true and accurate. ***This is a legal document. (Please refer to section 3 – Improper Billing for more information.)***

All child care providers, licensed or license exempt, use the four forms (AW-9, 251, 2530 and 2500) just described. However, if you are a license exempt provider, there are some additional forms that you must complete every 3 years to finish the reenrollment process.

QUEST Center Job Bank

Do you want to advertise an Early Childhood position statewide? If you do, use the QUEST Center Job Bank! It is a free service!

TO ADVERTISE A POSITION

- Send a message via e-mail to QuestCenter@lrcsc.org, with your request to advertise a position.
- Send your ad as an attachment. This may be an ad you have already placed in a newspaper. Please include the job title, salary range, credentials required, and contact information.
- Send a detailed job description.

Job postings will be sent via e-mail once it is received. If you are not sure what to send, e-mail your questions to:

QuestCenter@lrcsc.org

Additional Enrollment Forms
License Exempt Child Care Providers Must Complete

DHHS works to ensure that children receive care in safe environments. All license exempt child care providers, including previously enrolled providers, are required to supply personal information and, if providing care in your own home, information regarding all household members. This information is used to conduct criminal background checks and central registry screens in accordance with RSA 170-E: 3-a. These background checks must be completed every three years, or on the first day that any of your household information changes.

Form 2601 – Background Check Authorization Form
Form 2602 - Criminal Records Release Authorization Department of Safety Form # DSSP256

These forms must be completed for every child care provider. If you are caring for the child in the child's home, then you only need to complete these forms with information about yourself. If you are providing child care in your home, information must also be provided regarding every member of your household.

All adults who live in the household must be listed, regardless of whether they are home during the hours that care is provided. Children ages 12 and over must also be listed as members of the household. Children under age 12 do not have to be listed.

If you or any household member has been found to be responsible for child abuse or neglect, you must list it on this form, in the space provided. There is also space to list any criminal convictions for yourself and household members.

The parent of the child in care is required to sign this form to verify that the provider has accurately reported the members of the household to the Child Development Bureau.

Falsification of any information on this form can result in termination of your enrollment as a child care provider.

Every child care provider must complete these forms. If you are caring for the child in the child's home, then only you need to complete these forms.

If you are providing child care in your home, a criminal record release form must also be completed and notarized for every member of your household 16 years of age and older.

Notary Publics can be found at the local District Offices, at no charge. Additionally, banks, public libraries, town or city halls and police departments often have Notary Publics available to notarize these criminal record releases.

The State Police will not process these background checks without a Notary Seal or Justice of the Peace stamp. Having these documents notarized ensures that you have given permission for the Child Development Bureau to have access to any criminal conviction records.

Form 2601 - Background Check Authorization

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Child Development Bureau

Form 2601
December 2008

BACKGROUND CHECK AUTHORIZATION

Type or print all information. Please read the instructions before you begin. Be sure to **complete both sides** of the form.

License-Exempt Family Provider:
I authorize the Child Development Bureau to review background records, in accordance with RSA 170-E: 3-a and 170-E: 7, for the individuals who reside in my home who are 12 years or older, and other individuals not living in the home who have regular contact with the children for whose care I receive child care reimbursement from the Department.

License-Exempt Child Care Center:
I authorize the Child Development Bureau to review background records, in accordance with RSA 170-E: 3-a and 170-E: 7, for the individuals who are employed or volunteer for licensed-exempt child care centers who are 12 years or older, and who have regular contact with the children for whose care I receive child care reimbursement from the Department.

I authorize any police department, court, or human services agency in NH or any other state to release copies of any criminal or child abuse or neglect records to the Child Development Bureau.

I understand that I am required to complete and submit another background authorization on the first day that any information in this authorization changes.

☐ **I certify that all information on this form is true and complete. Providing falsified information may be grounds for denying enrollment.**

PLACE OF CARE: IN CHILD'S HOME ☐ IN PROVIDER'S HOME ☐ IN NON-RESIDENCE BY AGENCY ☐

Print Clearly

Last Name *First Name* *Middle Initial* | *Date of Birth* | *Federal ID or Social Security #* OPTIONAL

Street | *City* | *State* | *Zip Code*

Other Names Used

Signature of Applicant/Provider

List all household members age 12 years or older and all other individuals not living in the home who will have regular contact with children for whose care you receive child care reimbursement from the Department. If an agency, list all employees and volunteers.

Last Name	First	Middle	Other Names Used	Date of Birth	Signature

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(1 of 3 pages)

Form 2602 - Criminal Records Release Authorization

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH AND FAMILIES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-2175 1-800-852-3345 Ext. 2175
FAX: 603-271-7982 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

Maggie Bishop
Director

Child Care Provider Name: _____

CRIMINAL RECORDS RELEASE AUTHORIZATION

SECTION I

PLEASE TYPE OR PRINT CLEARLY. ALL INFORMATION IN THIS SECTION MUST BE COMPLETED.

YOUR NAME _____
LAST (MAIDEN) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

DRIVER LICENSE NUMBER _____ STATE _____

By signing below you are certifying that you are the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
SIGNATURE UNDER PENALTY OF UNSWORN FALSIFICATION PURSUANT TO RSA 641:3

SECTION II

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal conviction(s), if any, to the:
NH Division for Children, Youth and Families
Child Development Bureau
129 Pleasant Street, Concord, NH 03301

YOUR SIGNATURE: _____ DATE _____

NOTARY SIGNATURE _____ DATE _____
(AFFIX SEAL) (COMM. EXP)

_____ / DHHS DATE _____
SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD

RETURN TO:
CHILD DEVELOPMENT BUREAU
129 PLEASANT ST CONCORD NH 03301

PD 08-20
December 2008

Form 2602

This is the space for the Notary or Justice of the Peace to complete. Once you have completed and mailed it back to us, the Child Development Bureau Staff will sign and date the bottom of the form.

Without a Notary Seal, the State Police cannot release any records to the Child Development Bureau, and your enrollment will be delayed. Failure to return these documents will result in denial of your enrollment as a child care provider with DHHS.

What is DHHS looking for in these background checks?

DHHS examines two sources of information:

- Founded cases of child abuse and neglect maintained by the Division for Children, Youth and Families (DCYF); and
- Criminal conviction records maintained by the New Hampshire State Police.

DCYF Central Registry of Founded Abuse and Neglect

Information in the central registry is confidential and is not available to the public. However, if you apply to enroll as a license exempt child care provider, staff from the New Hampshire Department of Health and Human Services will request, as part of the enrollment procedure, information from the central registry. If you are providing child care in your home, all members of the household and all other individuals who will have contact with the children must be screened against this registry.

Criminal Convictions

The New Hampshire State Police at the Department of Safety maintains records of criminal convictions in New Hampshire. The Child Development Bureau Enrollment Specialist reviews criminal records to identify convictions that might indicate a person could reasonably expect to be a danger to children. The general practice is that convictions for all crimes of violence will result in a request for additional information. Felony convictions, drug convictions and convictions involving the endangerment of children will also result in a request for additional information.

What happens if something of concern turns up in my background check?

If the background check reveals information of concern, you will receive a certified letter outlining the findings. You, or the person with the conviction, will need to submit a letter of explanation. You may be required to submit a corrective action plan prior to final approval of your enrollment as a license exempt child care provider.

In some cases, the Enrollment Specialist in the Child Development Bureau will also contact the police department where the arrest was made to request the police records. This information will be used to assist the Child Development Bureau to determine whether the identified person can reasonably be expected to be a danger to children.

If you are asked to create a corrective action plan, you are encouraged to work with the Enrollment Specialist in the Child Development Bureau to understand what information should be included. Once submitted, the corrective action will be reviewed with legal counsel and either be accepted or denied. If accepted, you will be enrolled and able to bill with no interruption. If the letter of explanation and/or corrective action plan is denied, you will be notified that you will not be enrolled as a provider and given instructions regarding your right of appeal.

Please note:
It takes a minimum of three weeks from the time we receive all of your correctly completed forms to when you will be completely enrolled.

Preventive And Protective Child Care

This chapter of the handbook will describe preventive and protective child care. Employment related child care and preventive/protective child care are both funded from the Child Care Scholarship Program. The referral and certification process, as well as the billing form are different for preventive and protective child care.

What Is Preventive and Protective Child Care?

Protective child care is care to ensure safety for children who have an open child protective services case with DCYF. Protective child care is accessed through DCYF District Offices and the Child Care Resource and Referral Network.

Preventive and protective child care gives parents/guardians an opportunity to participate in programs designed to teach positive parenting skills and to learn how to address problems that are harmful to their children. DCYF uses preventive and protective child care funding in their efforts to assist biological and foster families in utilizing safe, affordable, and quality child care options.

What Is The Goal Of Preventive Child Care?

The goal of preventive child care is to prevent children from entering the child welfare system. Families may access preventive child care through contracted Comprehensive Family Support Services providers (CFSS). Child care scholarship funds can provide financial support for safe, reliable, nurturing child care for children while their parent/guardian is involved in work, work related activities, or activities identified through their Comprehensive Family Support Family Service Plan. Preventive child care funds can be used for direct service only. Fees a child care provider may charge, such as registration, field trip, or activity expenses, are not eligible for child care scholarship funds.

For a list of current CFSS providers, please contact the Bureau of Community and Family Supports at 1-800-852-3345, ext 4229. For other questions related to preventive child care, please contact your local CFSS provider.

Reimbursement Rates For Child Care Providers And Cost Sharing For Families

Reimbursement rates for preventive and protective child care providers are based on a percentile of the most recent Child Care Market Rate Survey in the same manner as for Employment Related child care providers. Cost sharing for children receiving preventive or protective child care will be determined on a case-by-case basis.

Population Served

Children ages birth through 12 who are referred by Comprehensive Family Support Services or DCYF are eligible for services, unless in the case plan it is determined that a child up to age 17 requires child care.

Applying As A Licensed Child Care Provider

In order to apply as a licensed child care provider, you need to complete the following forms:

- Form 2445 - Application
- Form AW-9
- Form 2502
- In addition to the forms listed above, you must send a copy of your current child care license.

These forms must be sent to:

Child Development Bureau – Division for Children, Youth and Families
NH Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301

Applying As A License Exempt Child Care Provider

In order to apply as a license exempt child care provider, you need to complete the following forms:

- Form 2446 - Application
- Form AW-9
- Form 2503
- Form 2601 - Background Check
- Form 2602

These forms must be sent to:

Child Development Bureau – Division for Children, Youth and Families
NH Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301

Forms

This section contains a discussion of forms in the Child Care Certification process.

Form AW-9 - Alternate W-9

See Section 5, pp. 34-35.

Additional Form For License Exempt Child Care

Form 2602 - Criminal Records Release Authorization

See Section 5, pp. 49-50.

Form 2601 - Background Check Authorization

See Section 5, p. 48.

Form 2628 - Verification For A Child With Disability

See Section 5, pp. 41-42.

Applications

On the following two pages are examples of the License and License Exempt application forms.

Form 2445 - Application For Certification And Enrollment Of Licensed Preventive And Protective Child Care Providers

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families
Division for Juvenile Justice Services

Form 2445
March 2009

APPLICATION FOR CERTIFICATION AND ENROLLMENT OF LICENSED PREVENTIVE AND PROTECTIVE CHILD CARE PROVIDERS

Date:

For DCYF Office use only

Certification Valid: *From:* _____ *To:* _____ *NH Bridges Provider Number:* _____

Part A: Identifying Information

Name of Applicant: _____

Billing Information:

Name of Agency:
(If applicable) _____ Federal Taxpayer Id Number (TIN) _____

Or

Social Security Number (SSN) _____

Physical Address: _____

Mailing Address: _____ Telephone: _____

City/Town: _____ State: _____ Zip Code: _____ Fax Number: _____

Name of Billing Contact Person: _____ Telephone # of Billing Contact: _____

Languages in which you are proficient _____

Email Address: _____ Agency Website Address _____

Part B: Child Care Service Specialties *(check as many as apply)*

- ☐ Center Care
- ☐ Family Care
- ☐ Group Care
- ☐ Days
- ☐ Evenings
- ☐ Weekends
- ☐ Overnight shift
- ☐ Before/After School
- ☐ Transportation Provided
- ☐ Part-Time Accepted
- ☐ Full-Time accepted

Form 2446 - Application For Certification And Enrollment Of License Exempt Preventive And Protective Child Care Providers

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families
Division for Juvenile Justice Services

Form 2446
March 2009

APPLICATION FOR CERTIFICATION AND ENROLLMENT OF LICENSED-EXEMPT PREVENTIVE AND PROTECTIVE CHILD CARE PROVIDERS

Date:

For DCYF Office use only

Certification Valid: *From:* _____ *To:* _____ *NH Bridges Provider Number:* _____

Part A: Identifying Information

Name of Applicant: _____ Federal Taxpayer Id Number (TIN) _____

or

Street Address: _____ Social Security Number (SSN) _____

Mailing Address: _____ Telephone: _____

City/Town: _____ State: _____ Zip Code: _____ Fax Number: _____

Name of Billing Contact Person: _____ Telephone # of Billing Contact: _____

Languages in which you are proficient _____

Email Address: _____ Website: _____

Part B: References

Please provide the name, address and telephone number of three (3) individuals that have known you for longer than one year and who can verify your professional experience and expertise. These people will be sent a reference form that they need to complete and mail back to DCYF prior to certification.

	Last Name	First Name	M.I	Street Address	City	State	Zip Code	Telephone #
1.								
2.								
3								

Part C: Child Care Service Specialties *(check as many as apply)*

- ☐ Center Care
- ☐ Family Care
- ☐ Group Care
- ☐ Days
- ☐ Evenings
- ☐ Weekends
- ☐ Overnight shift
- ☐ Before/After School
- ☐ Transportation Provided
- ☐ Part-Time Accepted
- ☐ Full-Time accepted

(1 of 3 pages)

Form 2502 - Licensed Preventive and Protective Child Care Provider Agreement

Child care providers must complete a Preventive and Protective Child Care Provider Agreement as part of the certification process. This agreement is separate from the Employment Related Provider Agreement. Even if you have submitted a Provider Agreement for employment related child care, you must submit the Preventive and Protective Agreement in order to be certified. These agreements must be signed and kept on file with the Department in order to receive Child Care Development Fund (CCDF) Scholarship reimbursement.

STATE OF NEW HAMPSHIRE
Department of Health and Human Service
Division for Children, Youth and Families

Form 2502
March 2009

Child Care And Development Fund Scholarship
PREVENTIVE & PROTECTIVE CHILD CARE PROVIDER AGREEMENT
Licensed Child Care

_____ Name of Provider _____ Name of Program

of _____ Street Address _____ City, State and Zip

agrees to participate in the New Hampshire Child Care Development Fund (CCDF) Scholarship Program and comply with all the requirements set forth in this agreement.

I understand that failure to comply is grounds for termination of participation in the New Hampshire CCDF Scholarship Program and for possible further action by Department of Health and Human Services (DHHS).

I agree to comply with all the laws, rules, policies and procedures, including certification requirements and billing directions, regarding CCDF.

I agree to bill only for child care services provided in compliance with this agreement.

I agree to bill only for the time the child was in attendance.

I agree to bill DHHS weekly for services provided in the previous week on the Child Care Services Invoice (Form 2501) or on the automated web billing system. I agree that any invoice for services submitted to DHHS more than 1 year after the services were provided will not be paid.

I agree to indicate on the child care services invoice (Form 2501) A for absent for the time the child was scheduled to attend but was not in attendance.

I agree that by submitting an invoice to DHHS for services provided, I am certifying that the bill is true and accurate. I understand that the department will recover any payment made for inaccurate or fraudulent billing.

I agree that if I choose to submit invoices through the automated billing method (web) DHHS will assign a Personal Identification Number (PIN) to me. I understand that I am responsible for all invoices submitted to DHHS using the PIN and that this PIN is non-transferable.

I agree that I will not sign or submit the child care services invoices until *after* the services have been provided.

I agree to keep all information concerning children and their families confidential except as otherwise allowed by law.

(1 of 3 pages)

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Form 2503 - License Exempt Preventive and Protective Child Care Provider Agreement

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families

Form 2503
February 2009

Child Care And Development Fund Scholarship
PREVENTIVE & PROTECTIVE CHILD CARE PROVIDER AGREEMENT
License-exempt Child Care

_____ Name of Provider _____ Name of Program

of _____ Street Address _____ City, State and Zip

agrees to participate in the New Hampshire Child Care Development Fund (CCDF) Scholarship Program and comply with all the requirements set forth in this agreement.

I understand that failure to comply with the terms of this agreement is grounds for termination of participation in the New Hampshire Child Care Development Fund Scholarship Program and for possible further action by the Department of Health & Human Services (DHHS).

I agree to comply with all laws, rules, policies, and procedures, including certification and enrollment requirements and billing directions, regarding CCDF.

I agree to bill only for child care services provided in compliance with this agreement.

I agree to bill only for the time the child was in attendance.

I understand that as a licensed-exempt child care providers:

1. I must be 16 years of age or older;
2. I will not be paid for providing care to my foster children unless the ratio of private pay children to foster care children is 1:1;
3. I will not be paid for providing care to my own children; and,
4. I can provide care for up to 3 children, other than my own, at any given time.

I agree to bill DHHS weekly for services provided in the previous week on the Child Care Services Invoice (Form 2501) or on the automated web billing system. I agree that any bill for services submitted to DHHS more than 1 year after the services were provided will not be paid.

I agree to indicate on the child care services invoice (form 2501) A for absent for the time the child was scheduled to attend but was not in attendance.

I agree that by submitting a bill to DHHS for services provided, I am certifying that the bill is true and accurate. I understand that the Department will recover any payment made for inaccurate or fraudulent billing.

I agree that I will be the only person to submit invoices to DHHS.

I agree that if I choose to submit invoices through the automated web billing method, DHHS will assign a Personal Identification Number (PIN) to me. I understand that I am responsible for all invoices submitted to

Form 2503 - License Exempt Preventive and Protective Child Care Provider Agreement

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families

Form 2503
February 2009

Child Care And Development Fund Scholarship
PREVENTIVE & PROTECTIVE CHILD CARE PROVIDER AGREEMENT
License-exempt Child Care

_____ Name of Provider _____ Name of Program

of _____ Street Address _____ City, State and Zip

agrees to participate in the New Hampshire Child Care Development Fund (CCDF) Scholarship Program and comply with all the requirements set forth in this agreement.

I understand that failure to comply with the terms of this agreement is grounds for termination of participation in the New Hampshire Child Care Development Fund Scholarship Program and for possible further action by the Department of Health & Human Services (DHHS).

I agree to comply with all laws, rules, policies, and procedures, including certification and enrollment requirements and billing directions, regarding CCDF.

I agree to bill only for child care services provided in compliance with this agreement.

I agree to bill only for the time the child was in attendance.

I understand that as a licensed-exempt child care providers:

1. I must be 16 years of age or older;
2. I will not be paid for providing care to my foster children unless the ratio of private pay children to foster care children is 1:1;
3. I will not be paid for providing care to my own children; and,
4. I can provide care for up to 3 children, other than my own, at any given time.

I agree to bill DHHS weekly for services provided in the previous week on the Child Care Services Invoice (Form 2501) or on the automated web billing system. I agree that any bill for services submitted to DHHS more than 1 year after the services were provided will not be paid.

I agree to indicate on the child care services invoice (form 2501) A for absent for the time the child was scheduled to attend but was not in attendance.

I agree that by submitting a bill to DHHS for services provided, I am certifying that the bill is true and accurate. I understand that the Department will recover any payment made for inaccurate or fraudulent billing.

I agree that I will be the only person to submit invoices to DHHS.

I agree that if I choose to submit invoices through the automated web billing method, DHHS will assign a Personal Identification Number (PIN) to me. I understand that I am responsible for all invoices submitted to

Form 2501 - Division for Children, Youth and Families Child Care Services Invoice

In order to receive payment for the preventive or protective child care services you provide, you must complete a Child Care Services Invoice, Form 2501. When you sign this form, you are verifying that the hours and charges listed are accurate. As a certified provider, you are able to receive child care payment directly from DHHS. One Form 2501 must be completed and submitted per week, per child in care. This is the form that initiates the payment process. It is very important that this form be filled out completely and carefully to ensure timely payment for child care services rendered.

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families
Child Care Services Invoice

PROVIDER INSTRUCTIONS: FILL IN COMPLETELY AND MAIL ORIGINAL TO: DHHS, Data Management Unit, PO Box 2000, Concord, NH 03302-2000. **PLEASE MAKE A COPY FOR YOUR RECORDS.**

Child Care Agency Name and Address:

Child's Name and Number:

Authorization Number:

Provider Number:

Authorization Period:

Arrive Time, Depart Time and (P)resent/(A)bsent fields are required for each date of service child was in attendance or was scheduled to be in your care. The (A)bsent field is not be used for days the child was not scheduled to attend.

		Arrive Time	AM	PM	Depart Time	AM	PM	(P)resent	(A)bsent
Monday	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Tuesday	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Wednesday	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Thursday	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Friday	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Saturday	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Sunday	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐

Actual Amount Charged: _____

_____
Provider's Signature

PD 09-05 Form 2501

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families
Child Care Services Invoice

PROVIDER INSTRUCTIONS: FILL IN COMPLETELY AND MAIL ORIGINAL TO: DHHS, Data Management, PO Box 2000, Concord, 03302-2000, NH. **PLEASE MAKE A COPY FOR YOUR RECORDS**.

Child Care Agency Name and Address:

MARY'S LITTLE LAMB CHILD CARE
123 SESAME STREET LANE
CONCORD NH 03301

Child's Name and Number:

SHIRLEY TEMPLE
010708

Authorization Number:

112008

Authorization Period:

12/1/2008 through 3/1/2009

Provider Number:

98765

SAMPLE

Start Time, Stop Time and (A)bsent/(P)resent fields are required for each date of service child was in attendance or was scheduled to be in your care. The (A)bsent field is not to be used for days the child was not scheduled to attend.

		Arrive Time	AM	PM	Depart Time	AM	PM	(P)resent	(A)bsent
Monday 12/2/08	1	8:00	☒	☐	3:00	☐	☒	☒	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Tuesday 12/3/08	1	8:00	☒	☐	3:00	☐	☒	☒	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Wednesday 12/4/08	1	8:00	☒	☐	10:30	☒	☐	☒	☐
	2	10:30	☒	☐	12:30	☐	☒	☐	☒
	3	12:30	☐	☒	3:00	☐	☒	☒	☐
Thursday 12/5/08	1	8:00	☒	☐	3:00	☐	☒	☐	☒
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Friday 12/6/08	1	8:00	☒	☐	10:30	☒	☐	☐	☒
	2	10:30	☒	☐	1:30	☐	☒	☒	☐
	3	1:30	☐	☒	3:00	☐	☒	☐	☒
Saturday 12/7/08	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐
Sunday 12/8/08	1		☐	☐		☐	☐	☐	☐
	2		☐	☐		☐	☐	☐	☐
	3		☐	☐		☐	☐	☐	☐

Actual Amount Charged: $90.00

Mary Smith
Provider's Signature

PD 09-05

Form 2501

Please Note

- Billing forms must be submitted within one year. Billing weekly will assure timely payment.
- Forms over a year old will be rejected.
- The billing forms for employment related child care must continue to be submitted within 90 days.

PLEASE PRINT CLEARLY. IF DATA MANAGEMENT CANNOT READ YOUR WRITING, THE FORM WILL BE REJECTED AND RETURNED TO YOU, WHICH WILL DELAY PAYMENT.

Important Things To Know

Invoices are date stamped when the Department receives them. If the dates of service on the invoice are a future date, it will be rejected and returned to you. In other words, you can't bill this week for next week.

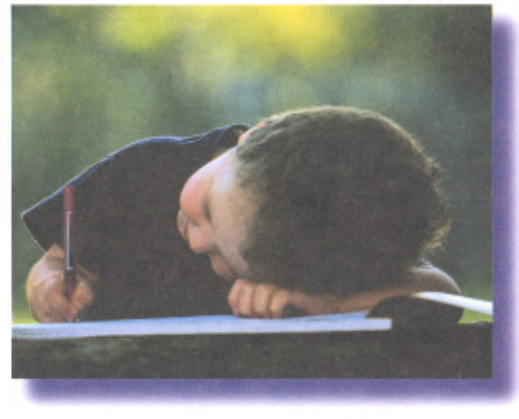
• The payment week runs from Monday to Sunday. So, for example, if a Monday is the 7th, then that Sunday will be the 13th. If Sunday the 6th is written on the invoice, it will reject, as the line dates are not in sequence.

• The amount charged is the actual amount the child care provider charges for the care provided for the dates billed. This amount is not necessarily the amount the provider is paid by the Department. Please be sure to complete this field on Form 2501 with the amount you are charging for the care provided during the billing week.

• Remember to sign the billing form. Signing the invoice means you are certifying that the information is true and accurate.

Send the invoice to:

The Data Management Unit
PO Box 2000
Concord, New Hampshire 03302-2000



What Happens Next?

Once the Department of Health and Human Services, Child Development Bureau has processed your certification and enrollment on the Department's payment system has been completed, a letter will be mailed to you with your preventive/protective Resource ID number listed on it. No one else will have the same Resource ID number as you.

Child Care Provider Web Billing Application

(see Employment Related Child Care, Chapter 5 for web billing.)

What To Do If Things Go Wrong

The Department of Health and Human Services makes every effort to make the payment of preventive and protective child care reimbursement as smooth as possible. However, occasionally there is an error made. An error could occur due to the need for a new service authorization or computer interface problems.

The DCYF Provider Relations Unit will work with you to answer questions about billing or payment issues in a timely fashion. Please call us at 1-800-852-3345 ext 4714 and leave a complete message on our voice mail. We return your phone calls in the order in which they are received. You can also contact us via email at provider_relations@dhhs.state.nh.us.

When you call, please make sure you have the following information available:

- Your Provider Resource ID (if known), or your Social Security Number or Federal Identification Number;
- The child's authorization number;
- Your telephone number, or a number where you can be reached;
- The issue about which you are calling (rejected claims, payment); and
- The dates of service related to your question.

Remember: If you don't leave a message and phone number, we can't return your call!

DCYF Provider Relations
1-800-852-3345 ext 4714

Frequently Asked Questions

Q. Do district offices have preventive and protective certification packets ready to send out to potential child care providers?

A. No, all referrals are passed along to the Child Development Bureau. This Bureau is the only entity that is authorized to send out certification/enrollment packets.

Q. If a child care provider is currently enrolled for employment related child care, does the provider need to complete additional forms to be certified/enrolled to serve children eligible under the preventive and protective child care program?

A. Yes, DCYF has a separate certification process based on referrals as described above.

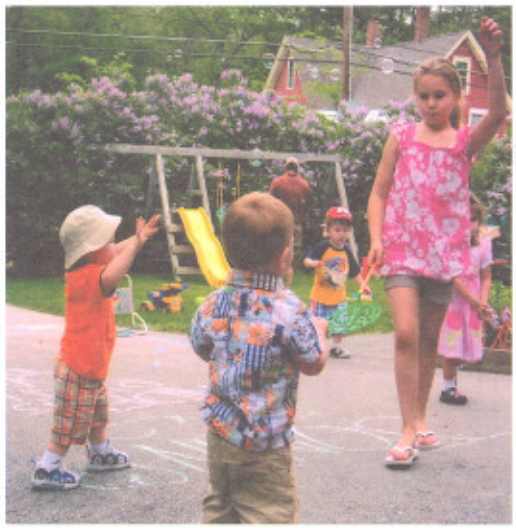
Q. I changed my address on the invoices I submitted. Will that change my address in the computer system?

A. No. The only way to change your address is to contact DCYF-Provider Relations at 1-800-852-3345, ext 4714. Please do not include any notes with your payment request invoices indicating a change of address, as these will have no effect on updating your address. Checks sent out by the Department will not be forwarded to a new address, checks will be returned to DHHS.

The Post Office does not forward state issued checks under any circumstance. Payments are not forwarded to a new address, even if you have a forwarding order on your mail. Payments will be returned to the Data Management Unit, and this will delay your receipt of payments by 10 to 14 days. If you are planning to move, please plan accordingly and have your address changed with DHHS in a timely manner. We want you to receive the payments that you have earned!

Q. I am unsure how to fill in a field on a form included in my certification packet, whom do I contact for assistance?

A. Questions related to the forms within the packet can be addressed to the Child Development Certification Specialist. Please call 1-800-852-3345 x 2175.



Making Bubbles

- 8 Tablespoons of high quality dish detergent.
- 1 Quart of water
- 1 Shallow dishpan or baking sheet
- Cans of all sizes (cut both ends of the can and be sure to hammer down all sharp points)
- Pour bubble mix into a pan and let the fun begin!

Helpful Hints

If you call with questions, please have this handbook available. We will ask you to refer to specific pages regarding your question.

In order to be paid:

- The child must be eligible for the child care scholarship.
- The child must not be on the Wait List.
- It takes a minimum of 2 ½ weeks to be paid once you have accurately submitted your Payment Request Invoice.
- The Payment Request Invoice must be completed correctly and must be legible.
- You must submit your Payment Request Invoices weekly even if you have provided only one day of service.
- Web-Billing decreases the time it takes to receive payment.

Why child care scholarship payment might be delayed:

- You are not completely enrolled.
- There is an error on the Payment Request Invoice.
- We cannot read the invoice.
- You left a required field blank.
- The invoice is not signed by provider or parent.
- The Department never received it.
- Your payment will be significantly delayed for any of the above reasons.

Why child care scholarship payment will be denied:

- The child is not eligible.
- The child care is provided before the parent applies for services.
- The child is on the Wait List.
- The Payment Request Invoice is received more than 90 days past the date of service.
- Your provider enrollment has been denied or revoked.

Remember, in order to bill the Department for child care:

- You must be open for business.
- The parent must be in the approved activity (Employment, Training or Job Search).
- The child must be in attendance with you.

You cannot bill the Department for child care:

- When the child is absent.
- On holidays or snow days when your child care is closed.
- When the parent is not in the approved activity.

If you bill for care that was not provided, it is considered fraudulent billing and will be referred to Special Investigations as an improper payment.

New Hampshire Water Safety Training

NH Water Safety Training is offered in each county in New Hampshire every April through June. For more information, contact your Child Care Resource and Referral Agency.

Early Care and Education Market Rate Survey

The Child Development Bureau provides findings of the New Hampshire Early Care and Education Market Rate Survey for the State of New Hampshire. To review this survey visit our website at:

www.dhhs.state.nh.us/DHHS/CDB

Appendices

Children are the world's most valuable resource and its best hope for the future.
~ John F. Kennedy

Appendix A
Creating A Child Care Contract

A contract between you and a family can prevent misunderstandings about payment expectations or other issues such as food, child guidance practices and hours or days that care will be provided.

The Contract may include:

- The hours and days that child care will be provided.
- The breakdown of the total fee that will be charged to the family for child care, including:
    - the cost share;
    - additional copayment;
    - charges for holidays or sick days; and
    - when payment is due.
- What is included in that fee, for example food, diapers and/or transportation.
- Parent/guardian contact numbers, including:
    - a list of emergency contacts, with phone numbers, in the event the parent/guardian is unavailable; and
    - a list of child's allergies, medical conditions and medications.
- List your child behavior guidance methods.
- Communication methods regarding child's day.
- The policy concerning sick children.
- List of days child care is closed.
- Your policy for withdrawal.

Appendix B
Sample Attendance Sheet

The attendance sheets below are samples you may use for your program. You may also create your own, however, the following information should be on your sheet: child's name, date attended, arrival and departure time and space for a parent signature.

CHILDREN'S ATTENDANCE SHEET — WEEK BEGIN AND END DATE: ___/___/___ TO ___/___/___

CHILD CARE PROGRAM: _____

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		
NAME OF CHILD	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	PARENT/GUARDIAN SIGNATURE
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

A PARENT OR GUARDIAN'S SIGNATURE IS REQUIRED IN ORDER FOR PAYMENT TO BE MADE.
CHILD ATTENDANCE RECORDS, MUST AT ALL TIMES, REFLECT THE ACTUAL ARRIVAL AND DEPARTURE TIME.

☐ I CERTIFY THAT THE INFORMATION ON THIS ATTENDANCE SHEET IS TRUE AND ACCURATE.

CHILD CARE PROVIDER'S SIGNATURE _____

CHILDREN'S ATTENDANCE SHEET — WEEK BEGIN AND END DATE: ___/___/___ TO ___/___/___

CHILD CARE PROGRAM: _____

CLASSROOM/GROUP NAME:

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		
NAME OF CHILD	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	PARENT/GUARDIAN SIGNATURE
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															

A PARENT OR GUARDIAN'S SIGNATURE IS REQUIRED IN ORDER FOR PAYMENT TO BE MADE.
CHILD ATTENDANCE RECORDS, MUST AT ALL TIMES, REFLECT THE ACTUAL ARRIVAL AND DEPARTURE TIME.

☐ I CERTIFY THAT THE INFORMATION ON THIS ATTENDANCE SHEET IS TRUE AND ACCURATE.

Appendix C
Confidentiality Requirements

Child Care, Residential Care, and Child Placing Agencies

NH - RSA 170-E:19 "All records regarding children and all facts learned about children and their relatives shall be kept confidential by the child care agency and by the Department."

New Hampshire law states that a child care provider who receives reimbursement from the Department must keep certain information regarding the child and family confidential. You have an obligation to protect this information that you may receive from the Department. Such information includes, but is not limited to, the following:

- Names
- Social Security Numbers
- Recipient ID Numbers (RID #)
- Addresses
- Phone Numbers
- RA (remittance advice statement)

You must not use the RA as means of verification of wages with any third party such as a landlord, the housing authority or a finance company, because this violates confidentiality.

If you have questions about confidentiality or disclosure of any information you obtain from the Department, please contact the local District Office to discuss your concerns and questions.

Confidentiality...it's the law.

Appendix D
Child Abuse And Neglect Reporting Requirements

In the State of New Hampshire, everyone is classified as a mandated reporter. This means that if you suspect that a child under the age of 18 has experienced child abuse or neglect, you are required by law to make a report. You are not required to be "sure" or have "proof " of abuse or neglect.

Reports of abuse and neglect can be anonymous. If you give your name, DCYF will not reveal it unless you agree or a court orders DCYF to do so. If the family being investigated asks for DCYF records, staff must remove the name of the person who made the report. However, if the case ever goes to court, a judge may request identifying information.

When you contact DCYF you will be asked for some information. You may not have all the answers. Just tell what you know about:

- The name, address, gender, and estimated age of the child and any other children in the home;
- The names, addresses, and telephone numbers of the adults who are responsible for the child;
- The full nature and extent of the child's injuries, maltreatment, or neglect;
- Any information about previous injuries, abuse, maltreatment or neglect;
- How great a risk you believe this may be to the child;
- How you learned of this situation;
- Any action that has been taken to treat or assist the child; and
- Any other information that could be helpful in determining the cause of the injuries.

A written report may be requested by DCYF within 48 hours.

Child Abuse Report Line

1-800-894-5533 or (603) 271-6556

(Monday-Friday 8:00 AM - 4:30 PM. On weekends, holidays or after hours, call your local police to report situations of imminent danger to a child.)

Appendix E
The Importance of Child Care Resource & Referral Agencies (CCR&R)

There are 10 state-sponsored Child Care Resource and Referral Agencies (CCR&R) in New Hampshire that provide services to families and child care providers. Some services provided to child care providers include:

Training

Technical Assistance

Accreditation Assistance

Credentialing Assistance

On-site visits

Recruitment and Training of New Providers

Quarterly Newsletters

Community Resources

Lending Library

CCR&R agencies provide free training locally each month to help providers meet their educational and training needs. CPR and First Aid are also offered, but may cost a fee.

Your Child Care Resource and Referral coordinator can assist you with all this and more. Please visit their website at www.nhccrr.org.

Appendix F

Important Phone Numbers And Websites

New Hampshire Department of Health and Human Services and Other Agencies

Child Care Licensing Unit.....1-800-852-3345 ext. 4624

Child Abuse and Neglect (reporting).....1-800-894-5533

Child Development Bureau Provider Relations.....1-800-852-3345 ext. 4242

Child Care Payments Automated Voice Response.....1-888-294-4353

Child Support Client Services.....1-800-852-3345 ext. 4427

Child Support Payments Automated Voice Response.....1-800-371-8844

Division of Family Services Client Services.....1-800-852-3345 ext. 4238

NH Healthy Kids.....1-877-464-2447

Office of the Ombudsman.....1-800-852-3345 ext. 6941

Office of Special Investigations (improper payments and fraud referrals – including enrollment fraud).....1-800-852-3345 ext. 4441

Poison Control Information Center.....1-800-562-8236

Preventive and Protective Child Care .....1-800-852-3345 ext 4714

USDA Food program for Child Care Providers.....271-3883

Women, Infants and Children Supplemental Nutrition Program (WIC).....1-800-852-3345- ext. 4546

Important Telephone Numbers

LOCAL POLICE DEPARTMENT.....

LOCAL FIRE DEPARTMENT.....

The phone number for my
local Child Care
Resource and Referral Agency.....

(Enter your local CCR&R phone number here.)

Important Websites

Child Development Bureau: http://www.dhhs.state.nh.us/DHHS/CDB/default.htm
Child Care Licensing Unit: http://www.dhhs.nh.gov/DHHS/BCCL/default.htm
Child Care Resource and Referral Network: http://www.nhccrr.org

There are only two lasting bequests we can hope to give our children. One is roots; the other, wings. ~ Hodding Carter