



**CHILD CARE SCHOLARSHIP PROGRAM – EMPLOYMENT RELATED
 MAXIMUM WEEKLY STANDARD RATES**

(Effective Date: July 12, 2021)

Licensed Child Care Center		
Level of Service	Child Age in Months	Weekly Rate
Full Time	1 – 17	\$275.00
Full Time	18 – 35	\$255.00
Full Time	36 – 78	\$216.77
Full Time	79 - 155	\$200.00
Half Time	1 – 17	\$212.90
Half Time	18 – 35	\$197.42
Half Time	36 – 78	\$167.82
Half Time	79 - 155	\$154.84
Part Time	1 – 17	\$106.45
Part Time	18 – 35	\$98.71
Part Time	36 – 78	\$83.91
Part Time	79 - 155	\$77.42

Licensed Family Home		
Level of Service	Child Age in Months	Weekly Rate
Full Time	1 – 17	\$194.00
Full Time	18 – 35	\$192.50
Full Time	36 – 78	\$189.00
Full Time	79 - 155	\$176.25
Half Time	1 – 17	\$150.19
Half Time	18 – 35	\$149.03
Half Time	36 – 78	\$146.32
Half Time	79 - 155	\$136.45
Part Time	1 – 17	\$75.10
Part Time	18 – 35	\$74.52
Part Time	36 – 78	\$73.16
Part Time	79 - 155	\$68.23

License-Exempt Center		
Level of Service	Child Age in Months	Weekly Rate
Full Time	72 – 78	\$100.00
Full Time	79 - 155	\$100.00
Half Time	72 – 78	\$77.42
Half Time	79 - 155	\$77.42
Part Time	72 – 78	\$38.71
Part Time	79 - 155	\$38.71

License-Exempt Family Home		
Level of Service	Child Age in Months	Weekly Rate
Full Time	1 – 17	\$135.80
Full Time	18 – 35	\$134.75
Full Time	36 – 78	\$132.30
Full Time	79 - 155	\$123.38
Half Time	1 – 17	\$105.14
Half Time	18 – 35	\$104.32
Half Time	36 – 78	\$102.43
Half Time	79 - 155	\$95.52
Part Time	1 – 17	\$52.57
Part Time	18 – 35	\$52.16
Part Time	36 – 78	\$51.21
Part Time	79 - 155	\$47.76

- Payments CANNOT be made to a License-Exempt Center for children under age 72 months.
- The Weekly Standard Rate is not the actual paid amount.
- When an eligible child turns 13 years of age during the 12-month eligibility period, the child remains eligible for Child Care Scholarship until the next redetermination, at which time the NH Child Care Scholarship eligibility ends for the child.

- Families are required to contribute to the cost of care by paying a cost share per child, per week.
- The reimbursement paid to providers is calculated by comparing the provider's rate to the NH Weekly Standard Rate and subtracting the child's cost share from the lesser of the two amounts. The Department of Health and Human Services (DHHS) pays this amount.
- If the provider charges more than the NH Weekly Standard Rate, it is up to the provider to collect the amount of money referred to as the co-payment per child.
- The family's authorized level of service is determined by the number of hours per week in which the parent is participating in an approved activity or considered in an approved activity by an employer or training/educational institution, which has been verified by DHHS.

LEVEL OF SERVICE	
Full Time Level of Service	31 or more hours per week
Half Time Level of Service	Greater than 15 but less than or equal to 30 hours per week
Part Time Level of Service	1 to 15 hours per week

- Regardless of what the parent/guardian is authorized for, DHHS will only pay for the time that the child is in care and up to each child's monthly absentee allotment: 21 hours for full time, 13 hours for half time, and 0 hours for part time (as DHHS will pay the rate if a child attends 1 hour that week. (Examples: If the parent is authorized for a full time level of service but the child only attended 22 hours that week, DHHS will pay the full service level when 9 or more hours are still remaining in the child's monthly absentee allotment. If the child did not have sufficient monthly absentee hours at that time, DHHS will only reimburse the provider at the half time level of service for that week and the parent will be responsible for the difference between the authorized service level and the actual service level for that week plus the co-payment, if the provider chooses to charge one.)
- School-age children will automatically change from half time to full time during school vacations.

CHILDREN WITH SIGNIFICANT SPECIAL NEEDS		
Providers caring for children with significant special need(s) may be reimbursed an additional amount per week.		
Full time = \$100.00 per week	Half time = \$75.00 per week	Part time = \$50.00 per week
*Contact the local District Office to obtain the Form 2690 "Verification for a Child Experiencing Significant Special Needs"		

How to determine the DHHS Child Care Scholarship Payment

The NH Child Care Scholarship provider reimbursement amount is the amount that the Department pays to the provider towards the cost of services for families receiving NH Child Care Scholarship. To calculate this rate for each child:

1. Using the NH Child Care Weekly Standard Rate (WSR) chart, determine the child's weekly rate based on the type of provider, the child's age, and the authorized level of service for the number of hours billed that week.
2. Compare the child's Weekly Standard Rate with the provider's weekly charge and identify the lesser amount.
3. Subtract the child's cost share (found on AE0024 letter) from this lesser amount.

Note: The Weekly Standard Rate (WSR) is NOT the amount that will be paid to the provider. Providers may bill parents/guardians the cost share amount. Providers may choose whether or not to charge the co-payment amount.

Example 1:

The WSR for a Licensed Center for a child 1-17 months, authorized for full-time: \$275.00 per week

This provider charges private pay families: \$300.00 per week

The child's cost share for Scholarship: \$20.00 per week

Compare the WSR (\$275.00) with the provider's charge (\$300.00) and identify \$275.00 as the lesser amount. Subtract the cost share of \$20.00 from the WSR of \$275.00 (\$275.00 - \$20.00 = \$255.00)

The Provider Reimbursement Amount from DHHS is \$255.00 per week. The provider may charge the parent the cost share amount of \$20.00

The provider may choose whether or not to charge the co-payment amount of \$25.00.

Example 2:

The WSR for a License-Exempt Center for a child over 79 months, authorized for half-time: \$77.42 per week

This provider charges private pay families: \$30.00 per week

The child's cost share for Scholarship: \$20.00 per week

Compare the WSR (\$77.42) with the provider's charge (\$30.00) and identify \$30.00 as the lesser amount

Subtract the cost share of \$20.00 from the provider's charge of \$30.00 (\$30.00 - \$20.00 = \$10.00)

The Provider Reimbursement Amount from DHHS is \$10.00 per week. The provider may charge the parent the cost share amount of \$20.00

The provider co-payment is \$0.00

Example 3:

The WSR for a License-Exempt family for a child age 42 months, authorized for half-time: \$102.43 per week

This provider charges private pay families: \$120.00 per week

The child's cost share for Scholarship: \$105.00 per week

Compare the WSR (\$102.43) with the provider's charge (\$120.00) and identify \$102.43 as the lesser amount

Subtract the cost share of \$105.00 from the WSR of \$102.43, which results in a negative amount. No DHHS payment will be made because the cost share is greater than the lesser amount.

The Provider Reimbursement Amount from DHHS is \$0.00 per week. The provider may charge the parent the cost share amount of \$105.00

The provider may choose whether or not to charge the co-payment amount of \$15.00

