

Ohio Department of Job & Family Services (ODJFS) Bureau of Child Care Policy & Operational Support

Provider Technical Assistance Letter 5 -2014 Overview of House Bill 483 Publicly Funded Child Care Request for Payment After Denial During Eligibility Determination and Publicly Funded Child Care Services Eligibility After the Loss of a Qualifying Activity September 12, 2014

Background

Amended Substitute House Bill (HB) 483 of the 130th General Assembly was signed into law on June 16, 2014, making the new law effective September 14, 2014. HB 483 allows payment to child care providers who submitted a completed publicly funded child care (PFCC) application to receive payment for child care services provided during the eligibility determination process when applicants are denied benefits. As a result, child care providers may be eligible to receive a payment for all child care services provided by them, from the date of initial PFCC application submission through five calendar days past the date of the county agency's denial of PFCC benefits.

H.B. 483 also allows a caretaker to continue to receive (PFCC) services for up to 13 weeks after the loss of a qualifying activity. A caretaker's eligibility for PFCC may continue for up to 13 weeks after the loss of a qualifying activity, when the qualifying activity has ended on or after September 14, 2014. The continuation period cannot go beyond the end of the current eligibility period. The reason for the loss of the qualifying activity includes, but is not limited to: 1.) a caretaker being laid-off, 2.) a caretaker being fired, 3.) a caretaker quitting their employment, 4.) a caretaker sanctioned from Ohio Works First (OWF) or Food Assistance (FA) activity, 5.) a caretaker stops attending school or institute of higher education or 6.) a caretaker is on extended medical or maternity leave.

A caretaker is limited to receiving a one-time payment in a rolling 12 month period for both eligibility determination processes as well as continued eligibility for 13 weeks after the loss of an activity.

Actions- PFCC Child Care Request for Payment During Eligibility Determination

The provider will not be eligible to receive payments for care provided during the application determination if:

- The child care provider(s) chosen by the applicant does not have a valid Provider Agreement with Ohio Department of Job and Family Services (ODJFS).
- The PFCC application was denied because it was incomplete, which includes all needed activity/income verifications and/ or the applicant's chosen child care provider information within the required timeframe.
- The PFCC application is denied because the child(ren) is(are) not age eligible.

- It was determined that the denied PFCC applicant was previously denied PFCC benefits within the last twelve months, and a child care provider received payments for the applicant's child(ren) during that eligibility determination process.
 - a. To determine if another childcare provider has already received payments for the eligibility determination process, the provider can call our Business Unit Help Desk at 1-877-302-2347, Option 1.

Provider requests for payment will be denied if any of the following reasons apply:

- The child care provider did not submit the JFS 01211, "Request for Payment of Publicly Funded Child Care Services Provided for a Denial of Application" to the county agency within seven weeks from the date the PFCC application was denied.
- The child care provider did not include the attendance documentation required by the licensing regulations along with their completed JFS 01211.

How will child care providers know that the caretaker has been denied?

Upon the denial of a PFCC application, the county agency will:

- Review the PFCC application to determine if the applicant's chosen provider(s) is potentially eligible for a payment during the eligibility determination period.
- Send the applicant's chosen provider(s) a letter indicating if the provider is potentially eligible for payment of child care services rendered during the eligibility determination period.

How will child care providers make the request for payment following the denial?

Providers shall use the JFS 01211 to submit attendance records for child care provided during the eligibility determination period for the denied application to the county agency. The completed JFS 01211, along with the provider's licensing regulation required attendance records, must be submitted to the county agency for review.

How long will providers have to complete the JFS 01211?

The completed JFS 01211, along with the provider's licensing regulation required attendance records, must be submitted to the county agency within seven weeks of the application denial notice issuance date in order to be considered for payment.

What is the payment request review process once the county agency receives a JFS 01211 and attendance documentation from a provider?

Within thirty calendar days of receiving a completed request, the county agency shall review the details of the payment request in order to determine if it meets the payment guidelines.

- If the county agency determines the provider is not eligible for payment, or the payment request details include one of the reasons for denial, the county agency shall indicate that the request has been denied on page 2 of the JFS 01211, and return a copy of the form to the provider.
- If the county agency determines the provider is eligible for payment, and the payment request details do not include any of the reasons for denial, the county agency shall calculate the payment amount for the child care services provided each service week from the date of the application submission through five

calendar days after the application denial date and submit the request and documentation to ODJFS for payment processing.

How will providers receive payment if the payment request has been approved by the county agency?

Once the payment request has been approved and submitted to ODJFS, the payment will be created in the Centralized Payments system. Once the payment has been issued, the provider can view the payment on the Provider Portal Payment Report.

Actions- PFCC Services Eligibility After the Loss of a Qualifying Activity

If the caretaker does not report the loss of the qualifying activity within 10 days as required, the 13 weeks are still calculated beginning with the day the qualifying activity ended. Any PFCC payments exceeding the 13 weeks of care following the loss would need to be recovered as an improper payment.

When is a copayment recalculated?

The copayment shall be recalculated for any reason listed in paragraph (B) of 5101:2-16-39 of the Ohio Administrative Code and as part of the annual redetermination, reinstatement of eligibility, or continuation of eligibility due to the loss of a qualifying activity. Any change to the copayment made at the time of the redetermination, extension of eligibility due to loss of qualifying activity, or reinstatement shall be effective from the first day of the new corresponding eligibility period. Copayments may increase at the time of redetermination, reinstatement approval, and the addition of an activity after a continuation for loss of activity pursuant to rule 5101:2-16-30 of the Ohio Administrative Code.

How will the rolling 12 months be calculated?

Caretakers may only receive one continuation in a 12 month period. The rolling 12 months begins on the day the qualifying activity ends.

Will a caretaker's child enrolled in a Federally Funded Head Start program be eligible for the 13 week continuation?

A caretaker's child (under school age) enrolled in a Federally Funded Head Start Partnership program would have PFCC eligibility extended through the end of the Head Start program year as long as all requirements of rule 5101: 2-16-30(M) of the Ohio Administrative Code are maintained. If the eligibility end date for the 13 -week continuation crosses over into a new Head Start program year, the child would be eligible for PFCC benefits through the end of the new program year.

Are there hearing rights once the 13 week continuation period has expired?

Yes, a "Right to State Hearing" notice will be mailed to the caretaker, primary contact and provider when the qualifying activity is lost, and again 15 days prior to the 13 week continuation period end date so as to not allow eligibility/authorizations to exceed 91 days.