

A Comprehensive Overview for

Child Care Subsidy Payment System

**Child Care Services Division
Alabama Department of Human Resources**

OBJECTIVE

Provide an overview of upcoming payment system changes within the Child Care Subsidy Program beginning July 1, 2022.

ENROLLMENT-BASED PAY

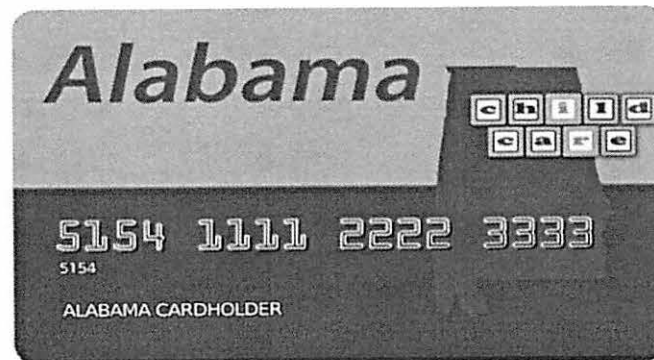
- ▶ Payment made to the childcare provider is based on the number of Child Care Subsidy Program children enrolled with the facility.
- ▶ Payment is based on the authorized unit of care; either full-time or part-time.
- ▶ The authorized unit of care is established when the parent/guardian makes application for participation in the Child Care Subsidy Program.

ENROLLMENT-BASED PAY

- ▶ Providers will continue to receive payments weekly
- ▶ Families are still required to use the Time and Attendance cards to track attendance.

ENROLLMENT-BASED PAY

- ▶ Childcare providers are not allowed to keep the TAS cards or swipe children on the POS device.



QUESTIONS



LICENSE CAPACITY

For a provider that has both day and night time capacities, the Child Care Management Agency will not enroll children in excess of the total daytime and nighttime licensing capacity.

- ▶ Example: A provider with a daytime capacity of 30 and a nighttime capacity of 15 may have a maximum enrollment of 45.

LICENSE CAPACITY

For a provider that only operates during the day, the Child Care Management Agency will not enroll more than 30% over their daytime licensing capacity.

- ▶ Example: a provider licensed with a daytime capacity of 12 may have a maximum enrollment of 16.

($12 \times .30 = 3.6$ round up to 4)

LICENSE CAPACITY

- ▶ Providers who exceed enrollment based on the new provisions must reduce their enrollments to meet the requirements no later than June 24, 2022.
- ▶ Providers who have not met the requirements will be terminated on July 1, 2022.

LICENSE CAPACITY

- ▶ Providers must complete a new provider registration form with the Child Care Management Agency in order to restart participation in the Child Care Subsidy Program.
- ▶ Parents must contact their Eligibility Caseworker to have their children enrolled in the program. The CMA will only accept parents on a first-come/first-serve basis and will only enroll children to maximum allowed capacity.

LICENSE NUMBER

This is to certify that

is hereby granted this license to conduct and maintain

as a Day Care Center,

located at

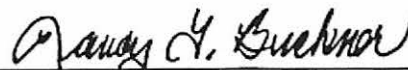
ir County, State of Alabama.

Hours of Operation	Number of Children	Age Range of Children
06:30AM to 07:00PM	35	1 Days through 13 Years

This LICENSE shall be in force for a period of two (2) years from
May 20, 2020 through May 20, 2022

Subject, however, to be revoked on the failure of the above-named Child Care Facility to comply with the provisions of Title 38, Chapter 7, *Code of Alabama 1975*, or the standards and regulations prescribed by the Department of Human Resources of the State of Alabama in accordance with the provisions of said law.

IN WITNESS WHEREOF, I have hereunto set my hand this 11th day of May, 2022.



Nancy T. Buckner, Commissioner
Alabama Department of Human Resources

LICENSE NUMBER

This is to certify that

is hereby granted this license to conduct and maintain

as a **Day/Night Center**,

located at

in

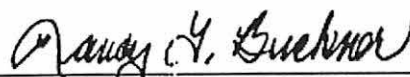
County, State of Alabama.

Hours of Operation	Number of Children	Age Range of Children
06:00AM to 07:00PM	30	3 Weeks through 14 Years
07:00PM to 11:00PM	16	3 Weeks through 14 Years

This LICENSE shall be in force for a period of two (2) years from
October 24, 2021 through October 24, 2023

Subject, however, to be revoked on the failure of the above-named Child Care Facility to comply with the provisions of **Title 38, Chapter 7, Code of Alabama 1975**, or the standards and regulations prescribed by the **Department of Human Resources of the State of Alabama** in accordance with the provisions of said law.

IN WITNESS WHEREOF, I have hereunto set my hand this **10th day of May, 2022**.



Nancy T. Buckner, Commissioner

Provider Authorizations

Provider Information	
Provider ID:	
Name:	
Address 1:	
Address 2:	
City:	
State:	AL
Region:	Montgomery
Zip:	36104
County:	Montgomery

Authorization Report						
Case ID	Child #	Child Name	Auth ID	Last Activity	Trans Type	Tran #
	01			11/19/2021 16:29:03	OUT	335129748001
	02			11/19/2021 16:29:03	OUT	335129748002
	01				---	
	02				---	
	03				---	
	04				---	
	02			12/01/2021 17:01:53	OUT	336242153001
	01			11/30/2021 07:05:18	IN	335908832001
	03			11/23/2021 14:48:23	OUT	335471313001
	04			11/23/2021 14:48:23	OUT	335471313002
	05			11/23/2021 14:48:23	OUT	335471313003
	07			11/23/2021 14:48:23	OUT	335471313004
	01				---	
	02				---	
	01			11/23/2021 16:08:13	OUT	335495419001
	02			11/23/2021 16:08:13	OUT	335495419002
	01			11/24/2021 17:12:00	P/OUT	335918011001
	02			11/24/2021 17:12:00	P/OUT	335918011002
	03			11/24/2021 17:12:00	P/OUT	335918011003
	01			12/01/2021 16:34:46	OUT	336222704001

Results 1 - 20 of 43.

[DETAILS](#)
[TRANSACTION](#)
[CLOSURE DATES](#)

QUESTIONS



PROVIDER CLOSURES

- ▶ The provider may be reimbursed for up to, but not more than, three (3) scheduled closure weeks during the fiscal year (October 1st – September 30th).
- ▶ Scheduled closure weeks must be taken in whole week increments.

PROVIDER CLOSURES

- ▶ The provider is required to enter the scheduled closure weeks on the Provider Web Portal.

(www.alacctas.com)

- ▶ Closure weeks must be entered no later than 11:59pm the day before the first day of closure. If the provider is closed and no closure dates are in the Provider Web Portal, those dates will not be paid.

PROVIDER CLOSURES

- ▶ Providers may close for days less than a week as well as emergency closure days. These closures are not required to be entered in the Provider Web Portal as they will not affect the weekly payment.
- ▶ Providers must submit to the CMA the Provider Daily Closure Form within 24 hours of the closure for days less than one week, including emergency closures.

PROVIDER CLOSURES

PROVIDER DAILY CLOSURE FORM

YOUR NAME _____	
FACILITY NAME (If different from your name) _____	
SSN FEIN NUMBER _____	COUNTY _____
TELEPHONE NUMBER _____	FAX _____
EMAIL _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____

Use this form to list your DAILY closure days (i.e. Holidays). Also complete this form to report any EMERGENCY CLOSURES within a 12-month period. List the date and check if it is a daily closure or emergency closure. Any change in closure days must be reported to the CMA in writing, in advance of the change.

****The Child Care Management Agency can pay for up to 3 full weeks' vacation within a fiscal year. Provider must enter VACATION dates into the Alabama Time and Attendance System Provider Web Portal****

- | | | |
|-----------|--|--|
| 1. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 2. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 3. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 4. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 5. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 6. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 7. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 8. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 9. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 10. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 11. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 12. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |
| 13. _____ | <input type="checkbox"/> DAILY CLOSURE | <input type="checkbox"/> EMERGENCY CLOSURE |

I certify if I change these daily closure days, I will notify the CMA in writing, in advance of the change. I further certify that notice of my scheduled closure days will be provided to the parents of all children enrolled in this facility.

Signature of Provider or Owner

Date

QUESTIONS



TAS ADJUSTMENT REQUEST FORM

Alabama Department of Human Resources
CHILD CARE SERVICES DIVISION
Child Care TAS Adjustment Request Form

Facility Legal License Name	Provider 10-Digit ID 5000 _____		
Facility Name	County		
Name of Facility Owner/Operator	Phone		
Facility Mailing Address	City, State, Zip		
	Email		
By my signature affixed below, I hereby affirm that I have not received any payment for the children listed below or I received incorrect payment for the children listed below and I assert that I am due payment.			
SECTION 1: REASON FOR REQUEST			
(1) Registration Fee (2) POS device was not received (3) POS device was not working (4) Parent card not received (5) Parent card reported lost (6) Late referral			
At least one of the above reason codes must be selected for each child. Requests received missing this information will be returned as incomplete.			
SECTION 2: CHILD INFORMATION			
Name of Child	Child Authorization ID	Reason Code	Settlement Date(s)
1.			
2.			
3.			
4.			
5.			
Facility Owner/Operator Signature _____		Date _____	
SECTION 3: DECISION (to be completed by DHR) Do Not Write Below This Section			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied	
<input type="checkbox"/> Approved with modifications		<input type="checkbox"/> Child paid correctly <input type="checkbox"/> Family/child not eligible <input type="checkbox"/> Received after deadline (30 days after the direct deposit date for the care week) <input type="checkbox"/> Adjustment paid on _____ Settlement date(s) _____ Other _____ Settlement date(s) _____	
DHR Representative _____		Date _____	
DHR Representative Comments:			

DHR official Form TAS-1. This form must be complete and accurate. Failure to respond truthfully to any of the requested information may result in revocation or refusal to renew license pursuant to Code of Alabama 1975, Section 35-7-8 and termination from participation in the Child Care Subsidy Program.

Alabama Department of Human Resources
CHILD CARE SERVICES DIVISION
Office of Child Care Subsidy

Child Care TAS Adjustment Request

Instructions for Filing a Request with the Child Care TAS Adjustment Review Committee

Requests must be filed on the approved Child Care TAS Adjustment Request Form. Requests filed on other forms or requests not meeting the following criteria will not be accepted and will be returned to the childcare provider. FAX, email, or hand delivered requests will not be accepted and will be returned to the childcare provider.

- All entries made by a provider on the request form should be printed in ink or typewritten.
- You must file the original request form with the Child Care Services Division. Copies of any supporting documentation (see #8) must be included with the request form.
- The facility legal/license name, facility name, name of facility owner/operator, facility mailing address, provider 10-digit ID, county, and phone number must be included in the space provided. If an adjustment is authorized, reimbursement cannot be issued without this information. Requests without provider 10-digit ID cannot be processed and will be returned to the childcare facility. The provider 10-Digit ID begins with the number five (5) and is found on the Provider Notice of Registration.
- REASON FOR REQUEST:** The Reason for Request [Section 1] code(s) should be documented in Section 2 so that the TAS Adjustment Review Committee can understand the basis of the request. Reason for Request Codes 2, 3, 4, & 5 should be reported to the CMA or Conduent prior to the submission of the request. The TAS Adjustment Review Committee will verify if the incident was reported timely prior to the approval of the request.
- CHILD INFORMATION:** The Child Information [Section 2] must be completed to include the child's name as it appears on the Provider Web Portal, the Authorization ID (which is the number beginning with a four (4) located next to the child's name), the settlement date (which is located on the Provider Payment Report) and reason code.
- REGISTRATION PAYMENTS:** Settlement date is not required when requesting payment for registration fees. For registration fee payments, complete a separate form from adjustment requests. Multiple children/families can be added to one form.
- SIGNATURES:** The request must be signed, in ink, by an authorized representative (facility owner/operator) of the childcare program. Request forms not containing original signatures, in ink, will be returned. Requests with photocopied or electronically generated signatures will not be accepted. Fax, email, or hand delivered requests will not be accepted.
- SUPPORTING DOCUMENTATION:** The childcare facility is responsible for including copies of all documents needed to support his/her request. Acceptable supporting documentation includes, but is not limited to, the sign-in/sign-out sheets with the parent's full signature for the child for whom reimbursement is requested.
- SUBMITTING REQUESTS:** Mail completed request(s) and all supporting documentation to:

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE SERVICES DIVISION
50 N. RIPLEY STREET, P. O. BOX 304000 MONTGOMERY,
AL 36130-4000
TELEPHONE (334) 242-1425

The burden of proof rests with the childcare provider. Submittal of supporting documentation is the responsibility of the child care provider and not the Child Care TAS Adjustment Review Committee, the Alabama Department of Human Resources, the Child Care Services Division or the Child Care Management Agency.

[July 2022]

TAS ADJUSTMENT REQUEST FORM

Alabama Department of Human Resources
CHILD CARE SERVICES DIVISION
Child Care TAS Adjustment Request Form

Facility Legal/License Name	Provider 10-Digit ID 5000 _____		
Facility Name	County		
Name of Facility Owner/Operator	Phone		
Facility Mailing Address	City, State, Zip		
	Email		
By my signature affixed below, I hereby affirm that I have not received any payment for the children listed below or I received incorrect payment for the children listed below and I assert that I am due payment.			
SECTION 1: REASON FOR REQUEST			
<input type="checkbox"/> (1) Registration Fee <input type="checkbox"/> (2) POS device was not received <input type="checkbox"/> (3) POS device was not working <input type="checkbox"/> (4) Parent card not received <input type="checkbox"/> (5) Parent card reported lost <input type="checkbox"/> (6) Late referral			
At least one of the above reason codes must be selected for each child. Requests received missing this information will be returned as incomplete.			
SECTION 2: CHILD INFORMATION			
Name of Child	Child Authorization ID	Reason Code	Settlement Date(s)
1.			
2.			
3.			
4.			
5.			
Facility Owner/Operator Signature _____		Date _____	
SECTION 3: DECISION (to be completed by DHR) Do Not Write Below This Section			
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with modifications _____ _____		<input type="checkbox"/> Denied <input type="checkbox"/> Child paid correctly ___ Family/child not eligible <input type="checkbox"/> Received after deadline: 30 days after the direct deposit date for the care week(s) <input type="checkbox"/> Adjustment paid on _____ Settlement date(s) Other: _____ _____	
DHR Representative _____		Date _____	
DHR Representative Comments:			

DHR official Form TAS-1. This form must be complete and accurate. Failure to respond truthfully to any of the requested information may result in revocation or refusal to renew license pursuant to Code of Alabama 1075, Section 38-7-8 and termination from participation in the Child Care Subsidy Program.

Providers will need to submit all adjustments (previous policy) no later than September 1, 2022.

Registration Fee requests may be submitted via mail or email to childcare.subsidy@dhr.alabama.gov beginning August 1, 2022

ADDITIONAL INFORMATION

- ▶ Providers do not have to re-register until their annual renewal.
- ▶ The complete Provider Participation Requirement and Certification packet must be returned to the CMA no later than:

June 30, 2022

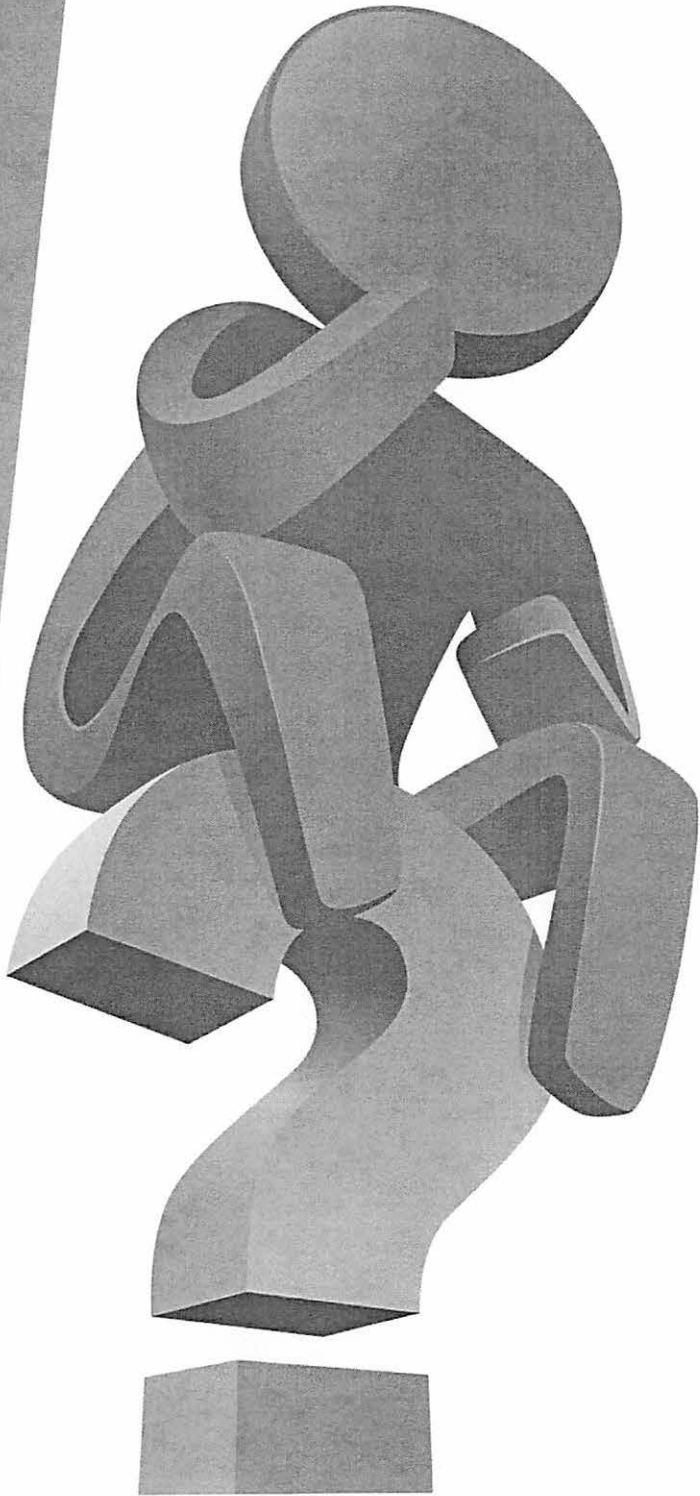
ADDITIONAL INFORMATION

- ▶ Subsidy providers will be subject to unannounced audits to ensure program compliance.
- ▶ Providers must maintain business records on-site for a period of three (3) years:
 - ▶ sign-in/sign-out sheets, published rates, attendance policies, receipts for fees paid by parents, etc.

ADDITIONAL INFORMATION

- ▶ Parents/guardians must continue to swipe attendance including absences to determine if the slot is filled.
- ▶ Failure to swipe attendance may result in the enrollment being terminated.
- ▶ Providers should report children that have not attended the facility in the previous 2 weeks to avoid repayment.

QUESTIONS



Child Care Subsidy Program

Pamela Trimble-Smith, Program Manager

Child Care Services Division

Alabama Department of Human Resources

Phone: (334) 242-1425

FAX: (334) 353-1491

Email: childcare.subsidy@dhr.alabama.gov