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RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
Code of Rhode Island Rules

CENTER FOR CHILDREN AND FAMILIES

Individual and Family Support Services

SECTION 0850
STARTING RIGHT
CHILD CARE ASSISTANCE PROGRAM
(EFFECTIVE JUNE 17, 2001)
R.I.G.L. 42-12-23

PART I. General Provisions: Preamble -- Starting Right Child Care Assistance Program (CCAP) — 0850.01. The Rhode Island Family Independence Act of 1997 recognized the importance of access to affordable child care for families making the transition from welfare to economic self-sufficiency. Since then, Rhode Island has become one of the few states in the nation to establish that all families trying to balance the responsibilities of work and family are entitled to affordable, quality child care services. The Starting Right Initiative, adopted in 1998, reaffirmed and extended this commitment to include expanding access to developmentally appropriate, early childhood education and support services programs for young children at-risk and their families. The Rhode Island Department of Human Services (DHS) administers the child care programs and initiatives established to serve these purposes under the auspices of Starting Right.

A. Scope and Purpose of the Starting Right Child Care Assistance – 0850.01.02. R.I.G.L. 42-12-23 designates the Department of Human Services as the agency responsible for State programs subsidizing child care services provided to Family Independence Program (FIP) recipients and low-income working families. The Child Care Assistance Program (CCAP) was established by DHS as part of a broader effort to redesign the State's existing child care subsidy programs (i.e., FIP, low-income child care (LICC), and special purpose programs) to further the goals of Starting Right. Accordingly, the purpose of the Child Care Assistance Program is

- to:
- (1) Create an integrated system of child care assistance programs that ensures the seamless delivery of services to eligible children from birth through the teen years;
 - (2) Assist families in obtaining child care assistance by standardizing CCAP eligibility requirements, streamlining enrollment and payment procedures, and expanding the range of child care providers approved to participate in the program;
 - (3) Ensure that all children participating in the CCAP receive age appropriate and safe child care;
 - (4) Facilitate the development of a network of child care facilities and providers capable of delivering early education and enhanced child care services to young children from low-income families; and
 - (5) Respond to the diverse needs of children and families by supporting the development of a diverse array of high quality and affordable program models and services.

C. Definitions – 0850.01.03. For the purposes of this administrative rule, the following definitions apply unless otherwise noted.

“Adolescent Self-Sufficiency Collaborative or ASSC” means the State program that provides assistance to teen-age parents engaged in approved education and training programs. ASSC recipients are categorically eligible for the CCAP, unless they fail to meet the general eligibility requirements set forth in 0850.02.02 or to establish a need for services as specified in Section 0850.02.04.

“Approved child care provider” means an individual or program that: (1) has met the requirements established by the Department of Human Services to participate in the CCAP; and (2) entered into a signed and valid agreement with the department specifying the terms and conditions for enrolling eligible children and receiving payment for CCAP allowable child care expenses.

“Central Provider Directory” means the list maintained by the department containing all the child care providers in the State that have met the requirements to be approved to participate in the CCAP and receive payment for authorized child care expenses.

“Child Care Assistance Program or CCAP ” means the program administered by the Rhode Island Department of Human Services that provides financial assistance for authorized child care services rendered to eligible children by approved child care providers. The CCAP consolidates DHS’s child care subsidy programs for FIP recipients, low-income working families (formerly known as the Low-Income Child Care Program), teens participating in the ASSC , and special approval cases.

“Department” or “DHS” means the Rhode Island Department of Human Services.

“Eligible Child” means a child that meets the requirements to receive authorized child care services from a CCAP approved child care provider.

“Family Independence Program or FIP” means the State program, authorized by R.I.G.L. 40-5.1 et. seq., that provides cash assistance and support to families who meet certain requirements. Children from families participating in FIP are categorically eligible for fully-subsidized CCAP services if they meet the requirements established in Sections 0850.02.02.- 0850.02.04.

“Office of Child Care” means the unit within DHS responsible for administering the CCAP, approving child care providers participating in the program, and maintaining the CCAP Central Provider Directory.

PART II. Eligibility and Authorization of Services -- 0850.02. Families with incomes at or below 225 percent of the federal poverty level (FPL) who meet the requirements for the Starting Right Child Care Assistance Program are eligible to receive full or partial payment for child care expenses when delivered by a CCAP approved child care provider. There are two avenues for

qualifying for payment of child care expenses through the CCAP: categorical eligibility and income eligibility. Individuals participating in the Family Independence Program (FIP) and Adolescent Self-Sufficiency Collaborative (ASSC) participants, who meet all the general requirements established in this rule, are categorically eligible to receive payment assistance for authorized child care services. Working families, not participating in these programs, who have income at or below 225 percent of the FPL are income eligible to participate in the CCAP if the family meets the requirements set forth in Section 0850.02.05. Families with income within this limit, who do not meet the need for services requirement established in 0850.02.02, may qualify for child care assistance on a special approval, short-term basis in accordance with Section 0850.02.06.

A. Definitions – 0850.02.01. For the purposes of this section, the following definitions apply:

Allowable child care expense means the total cost of CCAP authorized child care services paid by DHS to an approved provider, after deducting the amount the family is required to pay the provider as its share of the cost (or co-payment) for approved services.

Applicant child(ren) means the child(ren) in the household for whom the family is requesting CCAP authorized child care services.

Authorized child care services means the child care a CCAP eligible child is approved to use in a given time period based on the department's assessment of the family's need for services. CCAP authorized child care is categorized as full-time (FT), half-time (HT), quarter-time (QT), before school (BS), after school (AS), and summer/school vacations (S/SV).

Categorically Eligible means that eligibility for the CCAP has been conferred, by either State law or DHS policy, based on receipt of, or participation in, a particular public benefit/program. Both FIP cash assistance and ASSC program participants receiving FIP cash assistance are

categorically eligible for the CCAP, if they have met all other general requirements and established a need for services.

Central Provider Directory means the list maintained by the department containing all the child care providers in the State that have met the requirements to be approved to participate in the CCAP and receive payment for authorized child care expenses.

Child Care Assistance Unit or CCAU means the operational unit within the Rhode Island Department of Human Services that determines eligibility, the need for services, and the periods of authorized child care services for income eligible working families and ASSC participants who do not receive FIP cash assistance.

Excluded income means certain money, goods or services that are not considered countable for the purposes of determining whether a family meets the requirements for CCAP income eligibility. Excluded income includes, but is not limited to, the following:

- C The value of U.S. Department of Agriculture donated foods;
- C Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- C Any grant or loan for an undergraduate student for educational purposes made or insured under any programs administered by the U.S. Commissioner of Education;
- C Payments distributed per capita to, or held in trust for, members of any Indian tribe under Public law 92-254, Public Law 93-134 or Public Law 94-540;
- C Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended;
- C Payments for supportive services or reimbursement of out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other

program under Title II and Title III of the Domestic Volunteer Service Act of 1973;

- C The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Fund Act, as amended, (Public Law 92-433 and Public Law 93-150);
- C Payments of Experimental Housing Allowance Program made under Annual Contributions Contracts entered into prior to January 1, 1975, under Section 23 of the U.S. Housing Act of 1937, as amended;
- C Receipts distributed to members of certain Indian tribes which are referred to in Section 5 of Public Law 94-114 that became effective October 17, 1975;
- C Tax exempt portions of payments made pursuant to the Alaska Native Claims Settlement Act, Public Law 93-203;
- C Foster care payments made by the Rhode Island Department for Children, Youth and Families;
- C The value of food stamp benefits;
- C The value of government rent or housing subsidies;
- C Income from college work study programs;
- C The earned income of a dependent child who is a full-time student; if the child is a part time student, earnings will be disregarded as long as the child is not a full time employee;
- C For six (6) months per calendar year, a dependent child's earned income derived from a Workforce Investment Act (WIA) program;
- C A transportation allowance paid under the auspices of a work or training program, such as Job Search, or a WIA program;
- C In accordance with PL 100-485, the refund of taxes under the earned income tax credit (EITC), or the advance payment of the EITC;
- C Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs;
- C Monies received under the federal Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income Related Work Expenses (IRWE) program; and

- C The income of the parents with whom teen parent(s) reside, provided the teen parent(s) are active with the Adolescent Self-Sufficiency Collaborative.

FIP Unit means the operational arm of the Rhode Island Department of Human Services responsible for determining whether categorically eligible FIP recipients, including those who are also ASSC participants, meet the CCAP general and need for services requirements. The FIP Unit also determines CCAP eligibility for families making the transition off FIP cash assistance.

Income means any money, goods or services, available to the applicant that are used when calculating whether a family is eligible for the CCAP. For the purposes of the CCAP, countable Income includes, but is not limited to, the following:

- C Monetary compensation for services, including wages, salary, commissions or fees;
- C Net income from non-farm self-employment;
- C Net income from farm self-employment;
- C Social Security;
- C Dividends or interest on savings or bonds or income from estates or trusts;
- C Net rental income;
- C Public assistance or FIP cash assistance payments;
- C Unemployment compensation, including Temporary Disability insurance (TDI) and workers' compensation;
- C Government civilian employee or military retirement;
- C Cash payouts for waiving employer sponsored health insurance;
- C Private pensions or annuities;
- C Adoption subsidies;
- C Alimony or child support payments;
- C Regular contributions from persons not living in the household; and
- C Net royalties.

Income Eligible means that CCAP eligibility is determined on the basis of income, within the limits prescribed in State law, as well as certain general requirements and the need for services.

Infant/Toddler means a child at least one (1) week old and not over three (3) years old.

Non-applicant child means any child living in the household up to age eighteen (18) that the family has not included in the request for CCAP authorized child care services.

One parent home means a family in which there is only one parent living in the household with financial responsibility for the eligible child(ren).

Parent means any person in the household who is legally and financially responsible for the routine care of the eligible child(ren) including, but not limited to, providing income, resources or other forms of support. The term parent is used broadly in this rule to refer to biological, adoptive, or step-parents, as well as legal guardians or caretaker relatives.

Pre-school Age Child means a child from age three (3) up to age seven (7), or until enrolled in the first grade, in a public or private elementary school program.

School Age Child means a child up to the age of sixteen (16), enrolled in the first, or a higher grade, in a public or private school program. Certain children with special needs may be categorized as school age up to the age of nineteen (19) and qualify for CCAP child care services.

Short-term Special Approval or SSACC means CCAP child care authorized for an otherwise ineligible child as a result of a documented serious health condition or related circumstance in the family that creates an immediate need for temporary CCAP authorized child care services.

Two-parent home means a family in which the two parents live in the same household as, and share financial responsibility for, the eligible child/children.

Youth means a child from the age of thirteen (13) up to age sixteen (16).

B. General Eligibility Requirements - 0850.02.02 – For a child to be eligible to participate in the Child Care Assistance Program, the family applying for CCAP services shall provide the documentation required by DHS indicating that the following requirements have been met:

(1) *Income*. Countable income of the applicant child(ren) and the financially responsible parent(s) living in the household shall not exceed 225 percent of the FPL.

(2) *Age*. The child to receive CCAP services shall be over one (1) week old and below the age of sixteen (16) years unless the following circumstances apply:

a. The child is sixteen (16) up to nineteen (19) years old and has a documented physical or mental disability which makes the child incapable of self-care; or

b. The child is under age sixteen (16) and would be considered a dependent child for the purposes of FIP except for the receipt of Supplemental Security Income, or foster care services under Title IV-E. This subrule applies only in those instances in which child care is necessary for a parent to accept or retain employment or to participate in a FIP approved education or training program.

(3) *Residency and Citizenship*. The child is a resident of Rhode Island (Section 0106, DHS general provisions) and a citizen of the United States or legally documented non-citizen (Section 0104, DHS General Provisions). If categorically eligible, the child shall meet the citizenship requirements established in the FIP Policy Manual Section 0806. The citizenship status of the parent(s) shall not be a bar to participation in the program.

(4) *Need for Services*. The parent(s) shall be employed or engaged in an education or employment related activity that necessitates child care services, in accordance with the applicable requirements specified for categorical eligibility in subsection 0850.02.04 or income eligibility in subsection 0850.02.05.

(5) *Relationship*. The child shall be living in the home of at least one parent who is:

a. a relative of acceptable degree under the FIP rules of relationship as defined in Section 0806.15 (FIP Policy Manual);

b. in an ASSC approved adult-supervised living arrangement and program related activity as indicated in Section 0814.05.20 et.seq. (FIP Policy Manual); or

c. employed or participating in the ASSC and not receiving FIP cash assistance in accordance with Section 0850.02.05.

C. Application Process for Determining Eligibility - 0850.02.03 – The application for CCAP consists of the required application or request for CCAP services form, the documentation necessary to verify eligibility and establish the need for services, and/or the most current information available on the applicant from other DHS program sources. Families seeking eligibility for the Child Care Assistance Program shall apply to DHS in accordance with the following:

(1) *Application Requirements.* The parent shall make application for the CCAP by submitting a signed FIP request for services or CCAP application form, along with the documentation required to verify eligibility and the need for services. Both the type of form and the documentation that must be submitted vary, depending on whether the family qualifies to apply for the CCAP on the basis of categorical or income eligibility. Specific information about the appropriate forms and sources of verification required are contained in the CCAP application packet and made available, upon request, by contacting any DHS office.

(2) *Point of Application.* FIP recipients, including those who are ASSC participants, and families making the transition off cash assistance shall make CCAP application to a FIP Unit representative. All other ASSC participants and working families shall make application to a Child Care Assistance Unit (CCAU) representative.

(3) *Initial Eligibility Date.* The date a signed application or request for services form is date stamped as received by DHS shall be the initial eligibility date for the CCAP. A form that is not signed by the applicant shall not be deemed received by DHS. Unsigned forms shall be returned to the applicant.

a. The eligibility period for CCAP authorized services shall begin on first day of the week (Sunday) that includes the initial eligibility date and shall continue for a period not to exceed eighteen (18) months, subject to periodic redeterminations, in accordance with:

i. the particular requirements of the program that is the basis for conferring categorical eligibility -- e.g., FIP or the ASSC as specified in section 0850.02.04 of this rule; or

ii. an assessment of the need for services when the determination is based on income eligibility, as indicated in section 0850.02.05.

b. Any child care services utilized prior to the first day of the eligibility period shall be deemed unauthorized and shall not be considered allowable child care expenses for the purposes of making CCAP payments.

(4) *Application Period.* The application period begins on the initial eligibility date and shall extend for thirty (30) days. An application is considered incomplete until such time as DHS has all the information and documentation required to make an eligibility determination. Once an application is complete, every effort will be made to determine eligibility in the most expeditious manner possible on or before the final day of the application period.

(5) *Application Review.* Department representatives shall first review applications for completeness. If a determination of eligibility cannot be made in conjunction with this initial review, a letter shall be sent to the family applying for the CCAP that contains the following:

- a. A statement acknowledging receipt of the appropriate application form and indicating the initial eligibility date -- that is, the date the signed form was date-stamped as received by DHS;
- b. A list of any missing information or documentation required to make a determination of eligibility, a deadline for submitting any information requested, and the address of the DHS unit where the outstanding application materials should be sent. This list shall specify:
 - i. Any missing documents necessary to verify that the family meets the requirements for categorical or income eligibility; and
 - ii. Any information not provided in full or available through another DHS program source that is required to assess the need for services. For FIP recipients, the list shall specify if any components of an employment plan have not been completed or approved prior to the submission of the application for child care assistance.
- c. The unique CCAP certification number assigned to the family. This is the number that shall be used by approved child care providers when enrolling eligible children for CCAP authorized child care services;
- d. The names of the children in the family for whom child care assistance is being requested; and

e. A statement indicating that the applicant may request services from an approved child care provider pending final determination of eligibility by DHS. The statement shall include a disclaimer indicating that:

i. DHS shall only make payment for allowable child care expenses when rendered by a CCAP approved provider;

ii. An approved child care provider is not required to enroll a child during the period when an application is pending; and

iii. DHS shall not guarantee payment for any child care expenses incurred while an application is pending. A family requesting to enroll a child for services prior to the final determination of eligibility shall disclose to the approved child care provider that their application for child care assistance is pending and that no payment shall be made by DHS for any child care expenses if the application is denied.

(6) *Determining the Basis for Eligibility.* Upon determining that the general requirements for the CCAP have been met, the department representative shall assess whether child care assistance shall be authorized on the basis of the criteria for categorical or income eligibility, as specified in sections 0850.02.04 and 0850.02.05 of this rule, respectively.

(7) *Application Restrictions.* Applicants shall provide complete and accurate information and all documentation required for verification listed on the CCAP application or request for services form.

a. *Non-cooperation.* Failure to provide the documentation required to verify any eligibility requirement, including the source of income or need for services, is acceptable grounds for a delay in the processing of an application. If such failure continues beyond the thirty (30) day application period, the application shall be deemed incomplete and denied on the basis of non-cooperation. Failure to provide accurate and truthful information when making application shall also be deemed non-cooperation and shall result in the denial of eligibility.

b. *Limits.* CCAP eligibility determinations shall be based on the application, including any required forms and documentation submitted by the applicant and the most current information available from other DHS program sources. The application is valid until the determination of eligibility is made by DHS within the prescribed application period of thirty (30) days.

i. If CCAP eligibility is denied, the application is considered invalid.

ii. If CCAP eligibility is approved, the application is presumed valid from the initial eligibility date to the end date of the eligibility period unless a redetermination is warranted as a result of a change in the family's status or circumstances that might in any way affect CCAP eligibility in accordance with the requirements and criteria included in Sections 0850.02.02 - 0850.02.06.

c. *Duty to Report.* Families are required to report any changes in the information or documentation included in, or submitted in conjunction with, the CCAP application related to the general requirements (0850.02.02) or criteria for categorical (0850.02.04) or income eligibility (0850.02.05) within ten (10) days from the date the change occurs. Failure to make such reports shall be grounds for termination of CCAP eligibility. The responsibility of the family of an eligible child to report any such changes to DHS, within specific time-limits, is established in greater detail in Part II, Section I, of this rule.

(8) *Periodic Redetermination.* The eligibility of CCAP recipients shall be redetermined on a periodic basis. At the time of redetermination, the family shall submit a new application and supporting documentation. Families shall be notified in writing of the date their eligibility shall be redetermined no later than the first day of the last month of the family's current eligibility period. The frequency of redetermination varies in accordance with the basis for eligibility. Categorically eligible families shall be subject to redetermination in accordance with FIP/ASSC program requirements. Income eligible families are subject to redetermination every six (6) months, or more frequently, depending on the period of CCAP authorized services.

(9) *Notice of Approval, Notice of Denial, Right to Appeal and Hearing.* Applicants for the CCAP shall receive adequate notice of DHS eligibility determinations and the right to appeal. DHS shall also provide timely and adequate notice of any adverse decisions terminating or reducing benefits. As indicated in Section 0850.02.08, DHS also sends a letter confirming enrollment of an eligible child by an approved child care provider. Notices and correspondence sent by DHS related to CCAP eligibility and enrollment are specified in full in Section 0850.02.09.

D. CCAP Criteria For Categorical Eligibility – 0850.02.04 – Families who are beneficiaries of certain DHS programs are categorically eligible for the CCAP, providing they meet specific criteria as set forth below:

(1) *FIP Cash Assistance*. Recipients of FIP benefits, who fulfill the general requirements stated in section 0850.02.02, shall meet the following criteria to be eligible for the CCAP:

a. FIP: Need for Services. FIP families shall only be approved for CCAP payment of expenses if there is an acceptable need for child care services. The following shall constitute an acceptable need for services for FIP eligible families:

i. The parent(s) or caretaker relative has an approved employment plan and needs child care in order to participate in an approved component activity of the employment plan. Such component activities include those specified in section 0812.15 of the FIP Policy Manual, as well as any combination of education and work-related activities contained in an employment plan approved by a FIP Unit supervisor.

ii. In a two- parent home, one parent shall be engaged in an approved activity or employed for a minimum of thirty-five (35) hours per week, and the second parent shall be engaged in an approved activity or employed for a minimum of twenty (20) hours per week; in a one-parent home, the parent shall be engaged in an approved activity for a minimum of twenty (20) hours per week. Time spent working as a volunteer, or in any similar capacity in which no wages are earned, paid, or expected shall not count toward the minimum number of hours required for CCAP eligibility unless expressly approved as component of an employment plan.

b. FIP: Limitations. CCAP child care services shall not be authorized for an otherwise eligible FIP family under the following circumstances:

i. In a one-parent home, the parent has failed to complete or comply with a FIP employment plan;

ii. One of the parents in a two-parent home does not have an approved employment plan and, as such, is available to provide appropriate care of the child in the home;

iii. A parent of the eligible child is a CCAP approved child care provider and is requesting payment for care provided to the child while employed in that capacity. This limitation shall not apply if the parent is an employee of the CCAP approved provider;

iv. A parent is providing the child care, irrespective of whether the parent lives in the same household as the eligible child(ren);

v. A person living in the same household of the eligible child(ren) is providing the child care.

c. FIP: Exceptions. CCAP services may be authorized if one of the parents in a two-parent home does not have an approved employment plan when the family provides written verification to a department representative from a qualified licensed health care practitioner, program or facility indicating that the parent without an approved employment plan cannot provide appropriate care of the child due to a neuro-physiological, psychological or emotional disorder, physical impairment, or serious health condition. Requests for an exception shall be made on forms approved by the department, and submitted along with the required medical documentation for review and approval by a FIP Unit supervisor.

(2) *ASSC Participants*. Adolescent parents participating in the ASSC, who are: under twenty (20) years of age; not yet in possession of a high school diploma or equivalency, and who fulfill the general requirements stated in section 0850.02.02, shall meet the following criteria to be eligible for the CCAP:

a. ASSC: Need for Services. The parent is participating in an approved education activity, as specified in section 0814.05.20 et.seq., and needs child care services while working or obtaining the level of education, training or skill required to seek and gain employment.

b. ASSC: Limitations. CCAP child care services shall not be authorized for an otherwise eligible ASSC family when a parent is providing the child care, irrespective of whether the parent lives in the same household as the eligible child(ren).

(3) *Allowable Child Care Expense -- Categorically Eligible Child*. Upon determining that a family meets the criteria for categorical eligibility, FIP Unit or CCAU representatives shall assess the scope of CCAP services to be authorized in accordance with Section 0850.02.07. The family's allowable child care expense shall be the amount paid by DHS for services authorized to meet a family's need for services. DHS shall not make payment for any child care expenses incurred during periods of unauthorized child care.

E. CCAP Criteria for Income Eligibility – 0850.02.05. ASSC participants not receiving FIP cash assistance and working families who meet the general requirements in section 0850.02.02 and the following criteria may be CCAP income eligible for the payment of services:

(1) *Financial Determination.* The countable income of the legally responsible parent(s) and any applicant child(ren) shall be at or below 225 percent of the federal poverty level, adjusted for family size. When making determinations of financial eligibility, the following factors shall be considered by department representatives based on all available information:

- a. The eligibility of the child/children to participate in the Child Care Assistance Program in accordance with the requirements specified in 0850.02.02;
- b. The countable income of any applicant children in the family;
- c. The countable income of any parents living in the same household where the child resides; and
- d. The total amount of countable income of (b) and (c) of this subsection compared to the income eligibility standards of the CCAP set forth in 0850.02.02(1).

(2) *Family cost-sharing requirement.* Eligible families with countable income above 108 percent of the FPL shall pay a share of the expense for the child care services authorized in section 0850.02.07. The family shall be assessed their share of the cost for authorized services (formerly referred to as a co-payment) on a per eligible child enrolled basis in accordance with the CCAP Cost-Sharing Payment Rate Table located in Part V of this rule.

a. The amount the family is assessed per eligible child is pro-rated for each additional child enrolled up to the family cost-sharing cap of four (4) children. The amount the family is required to pay the provider per child is as follows:

- i. First child enrolled, 100 percent of family's cost-sharing payment rate;
- ii. Second child enrolled, 75 percent of family's cost-sharing payment rate;
- iii. Third child enrolled, 50 percent of family's cost sharing payment rate; and
- iv. Fourth child enrolled, 25 percent of family's cost sharing payment rate.

b. A family's share of the cost for child care services approved for CCAP payment shall be recalculated any time that the family submits a new application and supporting documentation, or reports a change to DHS that may affect eligibility prior to the end of the family's eligibility

period. DHS shall recalculate the family's share of the cost for CCAP authorized services anytime there are changes in the payment rates for approved providers made in accordance with applicable State laws.

c. The Notice of Approval for child care assistance shall indicate whether a family is required to pay a share of the cost for authorized child services based on countable income. The family shall be informed of the amount of the family's share of the cost for CCAP services in the Confirmation of Enrollment letter, as indicated in Section 0850.02.08.

(3) *Need for Services.* Income eligible families are required to have an acceptable need for child care services based on employment commitments or ASSC participation requirements.

a. Documentation of the following shall constitute an acceptable need for services for income eligible families, except for ASSC participants as may otherwise be specified in the applicable requirements, upon verification by the CCAU:

i. In a two-parent home, each parent shall be employed a minimum of an average of twenty (20) hours per week during the month. In addition, the parents shall each earn per hour an average of the greater of either the state or federal minimum wage.

ii. In a one-parent home, the parent living in the household shall be employed a minimum of an average of twenty (20) hours per week during the month, and earn per hour an average of the greater of either the state or federal minimum wage.

b. Short-term, employer authorized, absences from work for family/medical leave, vacations, or annual or personal leave are considered to be within the parameters of employment and will not adversely affect the scope or ability to utilize CCAP authorized care, as long as the parent retains "employee" status during such absences and the following conditions are met:

i. The parent's absence from work does not exceed twenty-one (21) consecutive days in an authorization period. Absences that extend beyond these time limits must be reported in accordance with Section 0850.02.09(3) and may result in a change in the scope level of CCAP authorized services.

ii. There is an expectation on the part of both the parent and the employer that the parent will return to work once the authorized absence or period of leave is over.

iii. Time spent working as a volunteer, or in any similar capacity in which no wages are earned, paid, or expected shall not count toward the minimum number of work hours required for CCAP income eligibility.

iv. Employed parents determined to have disabilities may be exempt from meeting the minimum number of hours of work required to establish a need for services set forth in this subsection. An exemption shall not be granted until an assessment by an appropriate entity or provider of the parent's condition is complete, a final determination of disability is made, and the documentation verifying the parent's disability is submitted to DHS. Final decisions on whether an exemption is warranted shall be made by CCAU supervisor. Notice of the decision shall be provided to the parent requesting the exemption in accordance with the requirements of Section I of this rule.

(4) *Limits: Income Eligible Child.* The need for child care services shall be related to the periods of time in which no parent is available to provide care for the child as a result of employment commitments, except as provided for in subsections (3) and (5) of this subrule and Section 0850.02.07(3)c. In addition, CCAP child care services shall not be authorized for an otherwise income eligible child under the following circumstances:

a. A parent of the eligible child is a CCAP approved child care provider and is requesting payment for care provided to the child while employed in that capacity. This limitation shall not apply if the parent is an employee of the CCAP approved provider;

b. A parent is providing the child care, irrespective of whether the parent lives in the same household as the eligible child(ren); or

c. A person living in the same household of the eligible child(ren) is providing the child care.

(5) *Exceptions.* In certain circumstance, families unable to meet the need for services requirements may qualify for an exception that allows authorization of CCAP services. The exceptions are as follows:

a. An eligibility grace period may be granted in cases when a parent of a child receiving CCAP authorized services is temporarily unemployed as a result of job loss or the transition between jobs and is unable to meet the minimum number of work hours required to maintain a need for CCAP services. The eligibility grace period shall not exceed twenty-one (21) consecutive days

in an authorization period from the date the period of temporary unemployment begins. The grace period shall not be extended or renewed. A parent who does not report a change in employment in accordance with the requirements established in 0850.02.09(3) shall not be granted a CCAP eligibility grace period unless good cause for the failure to report is shown. The department reserves the discretion to require a temporarily unemployed parent to submit any documentation deemed necessary to verify that continuation of CCAP eligibility during the grace period is warranted. New applicants do not qualify to request a CCAP eligibility grace period.

b. CCAP payment for child care expenses shall not be authorized for an otherwise income eligible family if one of the parents in a two-parent home does not meet the employment requirement. Exceptions may be granted if the family provides written verification to a department representative from a qualified licensed health care practitioner, program or facility indicating that the parent cannot provide appropriate care of the child due to a neuro-physiological, psychological or emotional disorder, physical impairment, or serious health condition. Requests for an exception shall be made on forms approved by DHS, and submitted along with the required medical documentation for review and approval by a CCAU representative.

(6) *Allowable Child Care Expense -- Income Eligible Child.* A CCAP Unit representative shall assess the scope of CCAP services to be authorized for an income eligible family in accordance with section 0850.02.07. The family's allowable child care expense shall be the amount paid by DHS for services authorized to meet a family's need for services, excluding the family's share of the cost. DHS shall not make payment for any child care expenses incurred during periods of unauthorized child care.

F. Criteria for CCAP for Short-term Special Approval Child Care Assistance (SSACC) –

0850.02.06. In a limited range of circumstances, families who are unable to meet CCAP categorical or income eligibility criteria related to employment plan or work requirements may be approved for Short-term Special Approval (SSACC) child care assistance. SSACC may be approved for instances when there is documented evidence indicating that either the parent or the child has a neuro-physiological, psychological or emotional disorder, physical impairment, or

serious health condition that constitutes a temporary “special” need for services based on the inability of the parent to provide the appropriate level or kind of child care.

For an income eligible family to be considered for SSACC, the special need for services is the result of a change in the parent’s health status that temporarily prevents the parent from both meeting the work requirements in Section 0850.02.05 (3) and providing routine child care for more than twenty-one (21) days in a given authorization period. SSACC shall only be granted to income eligible CCAP recipients and for the purpose of continuing authorized care when there is the expectation that the parent will resume working once the period of convalescence or rehabilitation is complete.

(1) *Child-based SSACC*. To receive authorization in the case of a child, the general eligibility requirements identified in section 0850.02.02 shall be met, except as related to the need for services (0850.02.02(4)). For the purposes of Child-based SSACC, the special need for services shall be established by providing documented evidence from a qualified licensed health care practitioner, program, facility or responsible government authority that the child has a behavioral or mental disorder, physical disability, serious health condition, learning disability, or hearing, speech or visual impairment that is not currently being treated or accommodated either because access to an appropriate program that meets the child’s special needs has been denied/delayed or is unavailable. Payment of child care expenses shall be provided under such circumstances while permanent placement in the appropriate program for the child is being arranged or located.

(2) *Parent-based SSACC*. To receive SSACC in instances involving the parent, the family shall provide documented evidence from a qualified licensed health care practitioner, program, facility or responsible government authority indicating:

a. The disorder or impairment of the parent poses a serious barrier to appropriate child care/rearing.

i. FIP eligible families. Payment of expenses may be made while the parent is participating in an appropriate remediation or rehabilitation protocol, such as substance abuse treatment, parenting skills training, therapy or counseling, that will lead to the alleviation of the need for services and progress toward greater self-sufficiency. In such cases, DHS may require the applicant to provide documentation of a family assessment, conducted by a qualified provider,

when evaluating the need for SSACC services. Determinations of whether requests for SSACC made under the requirements of this subsection shall be made, on a case-by-case basis by the appropriate FIP Unit or CCAU supervisor.

ii. Income eligible families. Full or partial payment of child care expenses shall be made only for those periods of time when there is also documentation that the parent is required to obtain treatment as a condition of maintaining or resuming employment. However, in no instance shall DHS authorization of SSACC for an income or categorically eligible child include, or otherwise be based upon, an assessment of whether the parent can successfully complete the remediation/rehabilitation protocol.

b. The health condition of the parent both prohibits employment and routine child care activities necessary to maintain the health and safety of the child. A parent hospitalized as a result of an acute illness or condition, or bedridden while recovering from an illness or condition for a limited period may receive partial or full payment of child care expenses until able to resume employment, subject to the general restrictions of this subsection. Determinations of whether requests for SSACC made under the requirements of this subsection shall be also be made by the appropriate FIP Unit or CCAU supervisor.

(3) *Limits.* The scope of SSACC shall be limited as follows:

a. SSACC shall not be authorized for more than full-time, as defined in section 0850.02.07;

b. SSACC authorized services shall be approved, upon initial request, for up to three (3) months, and may only be approved for an additional three (3) months period, if the family provides documentation to DHS indicating that:

i. The parent's condition will improve during the additional time to the extent necessary for the parent to return to work once the extension is over ; or

ii. The child's permanent placement in a long-term treatment or special needs program cannot be arranged without additional time.

c. In no case shall child-based SSACC serve as an adjunct to or a substitute for services, administered by other government agencies or their designees, that provide long-term treatment or otherwise address the special needs of a child. Similarly, authorization of parent-based SSACC is not based on an assessment of whether the successful remediation/rehabilitation can

be achieved and shall not be portrayed as such for any purpose. Accordingly, authorization of SSACC under the requirements set forth in this section shall not be construed to or in any way mitigate, or otherwise address, the underlying cause -- e.g., impairment, serious health condition, etc. -- creating the need for services.

(4) *Notices, Rights, and Responsibilities.* Families applying for SSACC are accorded the same right to timely and adequate notice, to appeal DHS decisions and to be informed of application and enrollment status applicable to all other CCAP applicants/recipients set forth in Section I. Except as the special need for services requirements for the SSACC established in this section apply, the responsibilities of DHS, approved providers, and the families of an eligible child related to application, enrollment and payment of allowable child care expenses shall also be the same as those specified for the CCAP.

G. Authorization of Child Care Services – 0850.02.07. Upon determining that a family is either categorically or income eligible for the CCAP, the FIP or CCAU representative shall make an assessment of the scope of authorized child care required to meet a family's need for services.

(1) *Assessment of Need for Services.* The authorization for CCAP child care services is based on an assessment of the following factors related to the need for services:

a. The number of hours each day per week that the parent of an eligible child is employed or engaged in a FIP or ASSC approved activity that requires child care services. One (1) hour per day of child care may be added to the daily total to cover travel time from child care to place of employment/approved activity and return. Additional travel time may be allowed if there is a documented need, related directly to meeting work or employment plan commitments.

b. In cases where the parent is requesting CCAP services under either subsection 0850.02.04(1) or, 0850.02.05(5), or the SSACC, the allowable child care expense is based on total number of hours each day per week that no responsible adult is available to provide routine child care for the child. Documentation provided by the parent that verifies the work schedule or approved activities establishing the need for services shall be used in assessing the total amount of child care services authorized.

(2) *Scope of CCAP Authorized Child Care.* Upon completing the assessment of a family's need for services, the FIP or CCAU representative determines the scope of CCAP child care services appropriate for each eligible child in the family. CCAP child care services are then authorized as follows:

- a. Full-time (FT) child care, for twenty (20) or more hours per week;
- b. Half-time (HT) child care, from ten (10) up to twenty (20) hours per week;
- c. Quarter time (QT) child care, for less than ten (10) hours per week;
- d. Before school (BS) child care, for school age children whose parents work between the hours of 5 a.m. and 7 p.m., Monday through Friday;
- e. After school (AS) child care, for school age children whose parents work between the hours of 5 a.m. and 7 p.m., Monday through Friday; and
- f. Summer/School Vacation (S/SV) child care, for school age children whose parents work between the hours of 5 a.m. and 7 p.m., during summer and scheduled school vacations.

(3) *Limits and Exceptions.* Authorized child care shall be utilized within the following parameters:

- a. The department authorizes CCAP child care for a specific period of time that begins on the initial eligibility or "start" date, and continues until the next scheduled redetermination or "end" date, as specified in 0850.02.03, unless it has been predetermined by the FIP or CCAU representative that the family's need for services can be met by authorizing CCAP child care for a shorter period of time.
- b. CCAP authorized child care corresponds to, and is generally expected to be utilized during, the hours when a family has a need for services related to traveling to and from, and engaging in, employment or an approved FIP/ASSC employment plan activity.
- c. An eligible child may receive CCAP authorized services from multiple providers if necessary for a family to meet a need for services, but only in instances in which the hours of authorized child care rendered by each provider do not overlap. In no case, shall DHS pay more than one provider for the same hours of child care services authorized for a particular eligible child.
- d. CCAP school age child care may receive an increase in authorized services to the level of CCAP full-time child care without prior approval by DHS. However, the change shall be

temporary and for a limited number of days, not to exceed two (2) weeks, when school is out of session.

e. Payment for CCAP authorized services shall only be made when rendered by child care providers approved by DHS, who meet the requirements established in Part III, Section B of this rule.

f. Eligible school age children age thirteen (13) and over shall only be authorized for after school and summer/school vacation child care services rendered by a DHS approved licensed or certified provider, or a CCAP approved summer camp, as defined in 0850.03.01. Before school care shall not be authorized for eligible school age children age thirteen (13) and over unless a child has special needs, as defined in 0850.02.02(2). Non-certified approved providers are prohibited from enrolling eligible school age children age thirteen (13) or over unless the child has special needs.

g. An eligible child shall not be absent for more than two (2) full weeks of authorized child care in a given twelve (12) month period, unless granted a good cause exemption by DHS as a result of a serious health condition or unusual family circumstance. Parents shall make requests for good cause exemptions, in writing, to the unit of DHS that determined eligibility for the CCAP. DHS field unit supervisory personnel shall determine whether the request for an exemption is justified, in consultation with the Office of Child Care. Timely notice, including a statement of appeal rights, shall be sent to the family by DHS explaining the basis for granting or denying the request for an exemption to the two week limit on absences from authorized CCAP child care.

i. Once the two (2) week limit has been reached, no payment shall be made for periods of authorized child care in which the eligible child is not in attendance unless a good cause exemption has been granted.

ii. The department reserves the right to consider repeated extended absences of an eligible child when making redeterminations of CCAP eligibility.

(5) *Duty to Report.* The parent of the eligible child(ren) has a duty to report to DHS any changes in the need for services that may have an impact on the scope of CCAP authorized services within ten (10) days from the date the change takes effect. Reporting requirements are specified at length in section 0850.02.09.

H. Enrollment for CCAP Child Care Services – 0850.02.08. Through the enrollment process, the family of an eligible child and the CCAP approved child care provider of choice make the arrangements necessary for the delivery of CCAP authorized services, in accordance with the requirements established by the department for payment of allowable child care expenses. The child care provider transmits the pertinent information about these arrangements to DHS using an automated enrollment system. All CCAP approved providers shall have access to the automated enrollment system and shall agree, as a condition of receiving payment for CCAP authorized child care services, to enroll eligible children via a secure, internet web site or telephone entry system. Enrollment responsibilities for CCAP authorized services are delineated as follows:

(1) *DHS Responsibilities.* DHS is responsible for providing the families of eligible children with the following documentation necessary to complete and confirm enrollment:

a. *CCAP Certification Number.* DHS shall issue each family applying for child care assistance a CCAP certification number, to serve as a unique identifier for the purpose of enrolling an eligible child for authorized services and making payment to a CCAP approved provider. Both the letter acknowledging that an application for the CCAP is pending, and a certificate (Certificate of CCAP Approval) appended to the notice approving CCAP eligibility shall prominently display a family's CCAP certification number. In order to enroll an eligible child for authorized services, the family is required to present the approved provider of choice with the certification number to verify either that application for CCAP services has been made or eligibility for services has been approved. The approved provider uses the certification number to enroll the family for authorized services via DHS's secure CCAP web site or telephone entry system.

b. *CPD.* The CPD contains the names of all child care providers that have applied for and met the minimum requirements to be approved to participate in the CCAP. A family choosing to use a non-certified provider, or a DCYF licensed or certified provider that is not listed in the CPD, shall be provided with information explaining DHS approval requirements as specified in Part III of this rule. Types of providers are defined in section 0850.03.01.

c. Confirmation of Enrollment. Once the enrollment process has been completed, a letter shall be sent from the department to both the family and provider that confirms enrollment of the child(ren) and indicates the family's share of the cost for authorized services, if any. DHS also sends a letter confirming enrollment when there is a change in approved providers. In addition, a written notice discontinuing services is sent by DHS to the previous provider, and copied to the family, in such cases as well.

d. Authorization for Payment. DHS shall initiate the process for authorizing payment to provider for allowable child care expenses upon receipt of the notification that an eligible child has been enrolled in accordance with subsection (3), as specified below.

(2) *Responsibilities of the Family.* To initiate the process of enrolling an eligible child for CCAP authorized child care services, the family of the child shall contact a CCAP approved provider and present the Certificate of Approval for CCAP services or, the letter from DHS indicating that an application is pending, along with CCAP certification number.

a. Enrollment, Application Pending. As indicated in section 0850.02.03(5) e., some approved child care providers may be willing to enroll a child prior to the determination of eligibility, using the CCAP certification number. The number is first issued to the family in the Notice of Approval, or as appropriate, the DHS application "pending" letter, acknowledging that the application has been received and is pending further review.

i. If the application for CCAP child care services is subsequently denied by the department, no payment shall be made for any child care services rendered.

ii. If the application for CCAP services is subsequently approved, payment for any CCAP authorized services rendered while the application is pending shall be made by DHS to the approved provider. Upon receipt of payment from DHS, the approved provider shall refund the family for any allowable child care expenses paid by the family during the period in which the application was pending. The approved provider shall not apply any refund due the family to cost-sharing obligations the family may incur for CCAP authorized services that may be rendered at a later date, unless expressly requested, in writing, by the eligible child's family.

iii. DHS reserves the right to deny payment for services to providers who fail to enroll eligible children within the first two (2) weeks that an eligible or potentially eligible child begins care with that provider.

b. Enrollment Procedures -- CCAP Approved Providers. The family of the child shall present the CCAP certification number to an approved provider when making arrangements for authorized child care services. The family shall also provide any information required for CCAP web or telephone enrollment requested by the provider.

c. Enrollment with Multiple CCAP Approved Providers. DHS shall not make payment to more than one approved provider for any one hour or set period (e.g., before school care) of CCAP authorized child care services. A family choosing to enroll a child for authorized services with multiple providers shall advise each provider accordingly when making arrangements for child care. The automated enrollment system is programmed to prevent enrollment of, and payment for, an eligible child for overlapping hours.

d. Changing Providers. The family of an eligible child may choose to change approved child care providers at any time while authorized for CCAP child care services. However, DHS is permitted to make payment to only one approved provider for a particular hour or set period of CCAP authorized child care once the week begins. Accordingly, families are best served when changes in providers are arranged to take effect at the start of the week (Sunday). To the extent time and circumstances allow, notification of the change should be made by the parent to any providers involved. In general, however, to change approved child care providers a family is required to present the CCAP certification number to the new provider of choice and make the arrangements necessary for authorized child care services. Enrollment information sent to DHS by the new approved provider through the automated enrollment system shall automatically disenroll the eligible child from, and thereafter prohibit payment for, child care services rendered by the child's previous care provider. Families may change approved providers at anytime during the CCAP eligibility period.

e. Enrollment Limitations. A family may choose to enroll an eligible child for services in excess of the CCAP period authorized. No CCAP payment shall be made for any unauthorized hours as they are not considered an allowable child care expense.

(3) *Responsibilities of CCAP Approved Providers.* It shall be the responsibility of the CCAP approved provider selected by the family of an eligible child to officially enroll a child for authorized services. Only child care providers who have been approved and entered into a signed and valid DHS-Approved Provider Agreement, have access to the DHS automated enrollment system. Both DHS approval and access to the automated enrollment system are necessary preconditions for provider participation in the CCAP. (See Part III of this rule for requirements for approval.)

a. *Provider Enrollment Procedures.* The approved child care provider collects the information necessary to officially enroll a child for the CCAP services in the process of making arrangement for child care with the child's parent(s). Such information includes: the CCAP certification number; the child's full name and date of birth; and, the start and, if known, end dates for the authorized services requested. The enrollment process varies somewhat depending on whether the application for the CCAP is under review and eligibility is pending or eligibility has been approved as follows:

i. *Eligibility pending.* The approved provider shall use the CCAP certification number issued by DHS in the letter acknowledging receipt of the application, as specified in section 0850.02.03(5), when enrolling a child whose eligibility for authorized services is pending. The enrollment process is not completed unless and until CCAP eligibility has been approved. Any provider that has not been approved by DHS shall not initiate enrollment of a child for the purposes of seeking CCAP payment, irrespective of whether a final determination of eligibility has been made. In any case, the provider shall not seek payment from DHS for any child care services rendered while the child's eligibility for the services requested by the family is pending.

ii. *Eligibility approved.* An approved provider enrolls child using DHS's automated enrollment system. The enrollment process is complete when DHS receives notification from the provider via DHS's internet web site, telephone dial-in system, and/or upon receipt of the parent/provider agreement by fax or mail. DHS sends a letter confirming enrollment to the family and provider. The letter shall serve as notification to the approved provider that DHS has accepted the eligible child's enrollment. The approved provider may begin to bill DHS for allowable child care expenses.

b. Changing Providers. Upon receiving notification from the family of an eligible child that alternative child care arrangements have been made with another approved provider, the eligible child shall be disenrolled, as appropriate, and the relevant information sent to DHS via the automated enrollment system, or by any other means acceptable to the Office of Child Care.

c. Enrollment Limitations. CCAP approved child care providers shall monitor enrollment patterns to ensure that the number of children receiving services at any one time remains within the provider's authorized maximum capacity -- that is, the total number of children in a provider's care -- both CCAP eligible and non-eligible children.

i. The Rhode Island Department of Children, Youth and Families (DCYF) establishes the maximum capacity for all state regulated child care centers, and family child care homes in the applicable standards for licensure and certification. CCAP approved providers subject to DCYF regulations shall not be permitted to enroll an eligible child through the DHS automated enrollment system when at full capacity.

ii. Approved non-certified providers, though not directly regulated by DCYF, are prohibited by the State from caring for more than three (3) unrelated children or up to six (6) children related to the provider at any one time without obtaining DCYF certification as a group family home. Any children of the non-certified provider are excluded from the count until enrollment reaches the limit of three (3) unrelated children. DHS shall not make payment for an eligible child once the maximum number of unrelated children allowed for a non-certified provider has been reached.

iii. Approved child care providers can not retroactively enroll an eligible child. Approved providers must enroll both eligible and pending children before or during the first week that care is delivered.

I. Information Requirements: Notices, Rights and Duties – 0850.02.09. To ensure that the CCAP is administered in the fairest and most effective and efficient manner possible, the following requirements have been established:

(1) *Notices.* Applicants for the Child Care Assistance Program shall receive timely and adequate notice from DHS of eligibility determinations. The department shall also provide timely and adequate notice of any adverse decisions that terminate or reduce benefits.

a. Notice of Approval. Upon determining that an applicant meets the general requirements for the CCAP in section 0850.02.02 and the criteria for either categorical (0850.02.04) or income (0850.02.05) eligibility, Notice of Approval shall be sent by DHS informing the family of the eligibility start and end dates and the scope of services authorized. The notice shall also indicate whether an income eligible family is required to pay a share of the cost for CCAP authorized services, as well as the cost-sharing ceiling -- i.e., the maximum amount a family is required to pay for CCAP authorized services -- in accordance with the table included in Part IV of this rule. In addition, the Notice of Approval shall state that any eligible children in the family shall only be enrolled for CCAP authorized child care services by a CCAP approved provider, who has a signed and valid DHS-CCAP Approved Provider Agreement and is listed, accordingly, in the Central Provider Directory (CPD). Notices of approval are also sent when there are additional children in the family approved for the CCAP. An approval notice may include, as an attachment or separate enclosure, any information about the CCAP that DHS deems necessary and appropriate to assist families in making arrangements to enroll an eligible child for authorized services.

b. Notice of Adverse Actions. DHS shall send timely and adequate notice of any decisions that adversely affect a family's CCAP eligibility or the scope of authorized services. Notices in this category include those indicating denial or discontinuation of eligibility; change in CCAP authorized services; and of CCAP case closure. The Notice of Denial shall be sent by DHS to a family when a department representative determines that an applicant is ineligible for the CCAP. DHS shall send a notice of eligibility discontinuation when a decision made by the department results in the termination of CCAP eligibility for a particular child or the family as a whole. A notice of change in authorized services shall be sent to a family in situations in which a DHS decision results in change in the scope of authorized services or the cost sharing obligation that reduces the level of CCAP benefits or otherwise adversely affects the family. To the extent feasible, DHS shall delay the effective date for increases in a family's cost-sharing obligation for a period of ten (10) days from the date of the notice of change in authorized services. Not all changes in the scope of CCAP authorized services are considered adverse actions, however. Notice is also sent, for example, when change in family income results in a decrease in the

family's cost-sharing obligation. All notices of adverse actions shall explain the reasons and basis for the department's decision.

c. Notice of Eligibility Redetermination. Eligibility for the CCAP shall be redetermined by DHS on: a periodic basis in accordance with the applicable program requirements if the recipient is categorically eligible; or at no more than six (6) month intervals if the recipient is income eligible. DHS shall provide families with notice, in writing, of the date of the redetermination and by no later than the first day of the last month of the current eligibility period. The Notice of Redetermination shall indicate that the family must make re-application for CCAP eligibility by submitting the appropriate signed form and any documentation required for the purposes of verifying eligibility or the need for services, as indicated in section 0850.02.03(1)-(3). Once the eligibility redetermination process has been completed, DHS sends either a Notice of Approval or Denial or a Notice of Adverse Action as specified in this subsection.

(2) *Rights.* In conjunction with notices informing applicants/recipients of initial eligibility determinations, adverse actions, and redeterminations, DHS shall inform the family of the right to appeal and request a hearing. The Notice of Approval shall include information pertaining to the right to appeal the eligibility date, the amount or type of authorized services, the family's cost-sharing obligations, and any other matters related to the scope of CCAP benefits approved. Notice of Adverse Actions shall include information pertaining to the right to appeal DHS's decision (e.g., denial, discontinuation, change in authorized services), the scope of its impact, and the basis on which the decision was made. Appeals shall be sent to the office or unit of the department that made the determination of eligibility or decision resulting in an adverse action.

(3) *Duties.* Both DHS and the family of the eligible child have a duty to provide certain kinds of information, as follows:

a. *DHS: Confirmation of enrollment.* It is the duty of DHS to provide the family of an eligible child with written Confirmation of Enrollment for CCAP authorized services. Accordingly, upon receiving notification of enrollment from an approved provider, DHS shall send a parent written confirmation of an eligible child's enrollment for authorized services by the provider. The Confirmation of Enrollment shall specify the approved provider who enrolled the eligible child and, as such, who shall receive payment, if any is required, from DHS for CCAP

authorized child care services. Any cost-sharing obligations for an income eligible family shall also be specified in the Confirmation of Enrollment.

b. Family of the Eligible Child: Reporting requirements. It is the duty of the family of the eligible child to report to DHS any changes in: address, household composition, income, employers, employment commitments and any related approved activities, citizenship, health status (if SSACC eligible), and any other matters related to the general requirements and criteria for CCAP categorical or income eligibility, the authorization of services, and the payment of allowable child care expenses set forth in this rule. To the extent circumstances allow, changes should be reported, in writing, to the unit of the department responsible for determining CCAP eligibility; telephone contact to any unit of DHS is sufficient to initiate the reporting process in only those instances in which eligibility is unlikely to be affected by the change – e.g., change in address. Failure to report such changes to DHS within ten (10) days from the date the change takes effect shall be construed as non-cooperation and result in the denial or discontinuation of services. In addition, FIP cash recipients shall report absences of a dependent child, expected to exceed thirty (30) days, within five (5) days of the date the parent becomes aware of the child's anticipated absence.

PART III. The CCAP Central Provider Directory (CPD) – 0850.03. The Department of Human Services shall only make payment for CCAP authorized child care services when rendered by approved child care providers. An exception may be granted for summer day camp providers, but only in instances in which certain health and safety requirements are met. To obtain approval, child care providers shall meet the minimum requirements set forth in this section, including entering into a signed and notarized agreement with DHS. Providers that have obtained approved status are listed in the CCAP Central Provider Directory (CPD). The Office of Child Care established the CPD to serve as the single point of entry for all providers seeking approval to participate in the CCAP, receive payment for authorized child care, and gain access to DHS subsidized health insurance coverage and other programs administered by DHS. Once officially entered into the CPD, the approved child care provider is granted access to, and trained

to use, DHS's automated enrollment system. The Office of Child Care is responsible for maintaining the CPD.

A. Definitions - 0850.03.01. For the purposes of this section, the terms below have the following meaning:

Approved Non-certified Child Care Provider means any individual rendering child care in the home of the child or the provider, who has been successfully screened by the department in accordance with the requirements of section 0850.03.04 and determined to be eligible to participate in the CCAP, listed in the CPD, and receive payment for authorized child care expenses. Non-certified providers are not required under applicable State laws (R.I.G.L.42-72.1 et.seq.) to obtain licensure or a certificate of registration from the Rhode Island Department of Children, Youth and Families.

Approved Nursery School means a program for preschool age children approved by the Rhode Island Department of Education.

Center-based Child Care Program means a facility operated on a regular basis which receives children, not of common parentage, and provides non-residential care in a location separate from the children's parents during the day.

Child Care Facility means any facility that provides child care, including a center-based program or family child care home, that is licensed or certified by the Rhode Island Department of Children, Youth and Families (DCYF). The term includes facilities that have programs such as: nursery school, preschool, pre-kindergarten, child play school, before or after school care, or child development center and applies to the total child care operation, including the physical setting, administration, staff, equipment, program, and care of children.

Department of Children, Youth and Families or DCYF means the Rhode Island State agency with statutory responsibility for regulating child care providers. DCYF licenses child care centers and group family child care homes and certifies family child care homes.

Family Child Care Home means a child care program located in any home other than the child's home in which child care services are offered at the same time to four (4) or more children unrelated to the child care provider. Family child care home shall not mean a private residence used for an informal cooperative arrangement among neighbors or relatives, or the occasional care of children with or without compensation. R.I.G.L.42-72.1-4 requires family child care home providers to obtain a certificate of registration from DCYF.

Group Family Child Care Home means a child care program located in any home other than the child's that provides care during all or part of the day to at least nine (9) and no more than twelve (12) children at the same time. R.I.G.L.42-72.1 requires group family child care home providers to obtain licensure from DCYF.

Successfully Screened Provider means that there is no disqualifying information or evidence of criminal activity in the background clearances and criminal record checks of the individual seeking CCAP approved non-certified provider status and any of the adults living in the provider's household. Child care providers seeking CCAP approved status who have a valid DCYF license or certificate to operate, in good-standing are presumed to be successfully screened in accordance with the R.I.G.L. 40-13.2-1 et.seq.

Summer Camp means a DHS approved program serving eligible children, that meet certain age limits, during periods when school is out-of-session. Summer camps must meet applicable State laws and regulations pertaining to child health and safety, though employees are not subject to the DCYF screening process.

B. CPD Approved Providers -- 0805.03.02. The CCAP Central Provider Directory was established by DHS to standardize the process for approving child care providers to participate in the CCAP and provide a central source of timely and accurate information about, and for, CCAP approved providers. The process for gaining entry to the CPD, and attaining CCAP approved status, varies depending on type of child care provider.

(1) *Categories of CPD Approved Providers.* In general, access to the CPD shall be limited to the following categories of child care providers:

a. DCYF Licensed and Certified Child Care Providers. Child care providers regulated by, and operating in accordance with, the standards established by the Rhode Island Department of Children Youth and Families (DCYF) appropriate to the child care setting. Providers in this category include licensed center-based child care programs and group family child care homes and certified family child care homes;

b. Non-certified Child Care Providers. Individuals who are not required by law to obtain DCYF licensure or certification, but are legally authorized to participate in the CCAP. Providers in this category have been successfully screened by DHS as specified in section 0850.03.03 of this rule; and

c. Unclassified Approved Providers. This category is reserved for child care providers that are required to meet the child care health and safety standards and/or program requirements established by the State agencies other than DCYF or DHS. Providers in this category include nursery schools with programs approved by the Rhode Island Department of Education (DOE) and summer camps registered by the appropriate state authority and in compliance with applicable state safety and health standards.

(2) *Scope of CCAP Approval.* For the purposes of the CCAP, “approved” means that the child care provider has met the requirements to enroll eligible children through the DHS automated enrollment system, receive payment for allowable child care expenses, and participate in certain DHS programs. Although these requirements reflect the minimum standards for safe and healthful child care, CCAP approved status is not, and shall in no way be construed as, related to the quality of services rendered by the child care provider.

C. CPD Application for Approval Process – 0850.03.03. Child care providers who fall into the categories identified above may apply for entry into the CPD. In the event that the family of an eligible child selects a child care provider that is not listed as approved in into the CPD, the family or provider should contact a department field representative, or the Office of Child Care, to request the appropriate CPD application forms and related information about obtaining CCAP approved provider status. The process for gaining access to the CPD includes both general and category specific application requirements, as outlined below.

(1) *General Access Requirements.* All child care providers seeking access to the CPD and CCAP approved status shall meet the following general requirements:

a. Applications shall be made on forms approved by the department. The application may vary in length and type, depending on the category of provider. Completed and signed applications, along with any required documentation, shall be submitted for review to the Office of Child Care.

b. Providers shall agree to the terms and conditions set by DHS for: enrolling eligible children; complying with maximum capacity limits; transmitting documentation of authorized services rendered; the rate and method of payment of allowable child care expenses; ensuring the safety and well-being of children in their care; and filing timely reports to DHS about changes in enrollment, licensure or certification status, capacity or any other such matters as deemed necessary to maintain the CPD. The specific terms and conditions of the DHS-Approved Provider Agreement are located in section 0850.03.05;

c. Providers shall be successfully screened through a background clearance and criminal record check in accordance with the category specific requirements established in subrule (2) of this subsection;

d. Providers shall be U.S. citizens or submit documentation of a legal immigration status that includes the appropriate authorization to work in the child care, or a related, industry. DHS is prohibited from making payment to, and therefore will not approve, non-citizen providers who do not have proof of such authorization;

e. Meet any category specific requirements set forth in this subsection.

(2) *Category Specific Access Requirements.* In addition to the general access requirements, child care providers shall meet the following category specific requirements in accordance with R.I.G.L 40-5.1-17(b):

a. DCYF Licensed and Certified Child Care Providers. To be eligible to be CCAP approved, a child care provider operating under the jurisdiction of DCYF shall provide documentation of a valid State of Rhode Island license or certificate to operate, deemed by DCYF to be in good-standing, and meet any additional requirements specified by DHS. Individuals operating, or employed by, child care centers and family homes regulated by DCYF are subject to screening -- including both a background clearance and criminal records checks -- as part of the process of obtaining and maintaining licensure or certification. Accordingly, a valid license or certificate in good standing is considered evidence of successful screening for the purposes of this section.

b. Non-certified Child Care Providers. To be eligible for CCAP approval, a non-certified provider shall:

i. Submit a completed application packet containing the following:

1. A W-9 Form, Payer's Request for Taxpayer Identification Number Certification, completed and signed by the provider;
2. Proof that the applicant is at least eighteen (18) years old, a United States citizen or a legal immigrant with the appropriate authorization to work in the child care, or a related, industry, and a resident of Rhode Island;
3. Information on the applicant, and all adult members of the applicant household, including social security numbers and dates of birth;
4. A self-declaration specifying how many children will be rendered services, including any related children. This number shall be used to establish the provider's capacity to serve eligible children; and
5. A signed Health and Safety Certification Form, in which the provider attests to being free of any physical, mental and/or emotional condition(s) with the potential to endanger children or impede the ability to care for children.

ii. Be successfully screened, along with all adult members of the provider's household, at the time approved status is initially requested, and at two year intervals thereafter. The screening

process entails a background clearance performed through DCYF's Rhode Island Children's Information System (RICHIST) Unit, and a criminal record check (also referred to as a background criminal investigation or BCI) conducted by the Rhode Island Attorney General's Office. To be successfully screened, the following criteria shall be met:

1. DCYF/RICHIST clearances. There shall be no disqualifying information, and no record of substantiated involvement in an investigation that may result in disqualification, as defined in the applicable DCYF policy (700.0105 and 900.0045), in the RICHIST background clearances of the provider and adults in the provider's household.

2. BCI Record Check. There shall be no evidence of criminal activity in the BCI record check of the provider and adults in the provider's household. For the purposes of this section, evidence of criminal activity is defined as a conviction or plea of *nolo contendere* in a pending criminal matter or the fact that the individual has outstanding or pending charges, related to any of the following:

Types of Criminal Activity

Offenses Against the Person:

- Murder
- Voluntary manslaughter
- Involuntary manslaughter
- Kidnaping
- Kidnaping with intent to extort
- First degree sexual assault
- Second degree sexual assault
- Third degree sexual assault
- Assault by spouse
- Assault with intent to commit specified felonies
- Felony assault
- Domestic assault
- First degree child abuse
- Second degree child abuse

Offenses Against the Family:

- Incest
- Child snatching
- Exploitation for commercial or immoral purposes

Public Indecency:

Transportation for indecent purposes:

Harboring

Prostitution

Pandering

Deriving support or maintenance from prostitution

Circulation of obscene publications and shows

Sale or exhibition to minors of indecent publications, pictures, or articles

Child nudity in publication

Drug offenses:

Any offense constituting a felony which is enumerated in R. I. General Law 21-28-81.01 et seq., the Uniform Controlled Substances Act.

D. Determination and Maintenance of CPD Provider Status – 0850.03.04. The Office of Child Care shall review a child care provider's application, complete the screening process, where appropriate, and make a determination of the CPD's provider status in no more than thirty (30) days from the date the appropriate signed application form and any required documentation are date-stamped as received by DHS.

(1) *CCAP Approved Status Granted.* Upon determining that a child care provider has met the general and category specific requirements, DHS shall enter the provider into the CPD once the signed DHS-Approved Provider Agreement has been received. The department shall notify the provider in writing accordingly.

(2) *Application Denied.* Applicants who do not meet the general and category specific requirements shall be denied CCAP approved status. The department shall send notice to the child care provider indicating the reasons for denial and providing the right to request a hearing and appeal the decision.

(3) *Application Pending.* DHS shall not make payment for child care services rendered during the period while the application for approved status is pending.

(4) *Approved Status Discontinued.* The department shall remove a child care provider from the CPD and discontinue approved status upon obtaining evidence that the provider has failed to comply with the terms and conditions set forth in the DHS-Individual Provider Agreement. DHS also retains the discretion to discontinue CCAP approved status for any provider who engages in unlawful acts or places the safety and health of child at risk at anytime. An approved provider

shall report to DHS any criminal conviction or civil penalties imposed for such acts or risks on: the provider, an employee of the provider engaged directly in the provision of child care; or, if non-certified, an adult member of the provider's household. Failure to make such reports within ten (10) days from the date the conviction/penalty is imposed shall be grounds for discontinuation of approved status. Notice of Discontinuation of CCAP approved status shall be sent to the provider and include the reasons for the discontinuation and the right to appeal DHS's decision. DHS shall also notify the families of any eligible children affected by discontinuation of the provider's approved status.

(5) *Renewal.* All CCAP approved providers, and listed accordingly in the CPD. Non-Certified Providers are listed in the CPD for two (2) years and Licensed/Certified Providers for a period of five (5) years. After this period of time, a provider must be re-certified or re-licensed and present appropriate documentation to the CPD to remain active. Notice shall be sent to approved providers indicating the dates and requirements for renewal of CPD status at least thirty (30) days prior to the end date of their period of approval.

E. CCAP Health Care Assistance for CPD Providers – 0850.03.05. CPD approved providers are eligible to receive premium assistance for health insurance coverage, or coverage through a RItE Care plan in certain circumstances.

(1) *Eligibility Requirements.* CCAP health care assistance eligibility requirements vary by category of provider, as follows:

a. **CCAP Approved Center-based Child Care Programs.** For CPD licensed center to be eligible for health care premium assistance, an application for health care assistance shall be submitted to the Office of Child Care which includes documentation indicating that at least 40 percent of the center's average census for the last six (6) months consisted of CCAP eligible children. CPD centers that meet this criterion, shall be eligible to receive up to \$85 per month in premium assistance for any employee who allocates at least 75 percent of their time working at the center to the direct delivery of child care services. An employee covered by another health coverage plan (i.e., family coverage through a spouse) is ineligible for CCAP premium assistance. The provider who holds the license to operate the center shall contribute an amount to the cost for an

employee's health coverage that is equal to, or greater than, the amount contributed by DHS. Premium assistance payments shall be made to the approved provider in the method, and at intervals, deemed appropriate by the department. Eligibility for CCAP premium assistance shall be granted for a reviewed on at least a semi-annual basis. A center that provides employees with health insurance coverage may be eligible to participate in Rite Share, the State's premium assistance program. Centers interested in pursuing the Rite Share option should contact DHS's Center for Children and Family Health for further information.

b. CCAP Approved Family Home Providers. A CPD certified family provider who has been paid at least \$1800 within a six (6) month period for CCAP allowable child care expenses may be eligible for coverage under a Rite Care health plan. Rite Care coverage shall be available to the provider and all minor children, if they have no other medical coverage available to them.

(2) *Application Requirements.* An approved provider must submit an application for CCAP Health Care Assistance to DHS. DHS reviews applications quarterly based on evaluations of capacity and enrollment figures. New applicants for health care assistance, and any providers requesting redetermination, shall be sent a notice of approval or denial that contains the capacity/enrollment figures used to determine eligibility.

F. DHS-CCAP Approved Provider Agreement – 0850.03.06. All CPD approved child care providers shall sign an agreement with DHS that establishes the respective responsibilities and obligations of both the department and the provider and the grounds for discontinuation of approval as specified in this subsection. No payment shall be made for allowable child care expenses until the department receives an original copy of the DHS-CCAP Approved Provider Agreement, signed and dated by the child care provider.

(1) *Terms and Conditions for Payment.* The department shall state in the provider agreement the rate per eligible child enrolled that will be paid and the payment interval to be used. The department shall also indicate the method that approved providers shall request and receive payment for allowable child care expenses.

(2) *Discontinuation of Approved Status.* In certain circumstances, the department may determine that an approved provider is no longer qualified to provide authorized CCAP services

and, as a result, approved status should be discontinued. In such case, the department shall cease payment for any CCAP services rendered by the provider, access to the DHS automated enrollment system is denied, and any health care assistance is terminated. Accordingly, the provider agreement shall include:

a. Grounds for Discontinuation. The department reserves the right to discontinue approved status for providers for any of the following reasons:

i. Failing to meet the terms and conditions established in the DHS-CCAP Approved Provider Agreement;

ii. Engaging in fraudulent or other unlawful acts: in obtaining or seeking to obtain CCAP approved status; in providing or receiving payment for CCAP services; in utilizing the automated enrollment system; or while acting as an agent of, or participant, in any other state or federally-funded program;

iii. Failing to maintain DCYF licensure or certification or otherwise failing to comply with DCYF regulations or the standards and regulations established by another federal or State government entity applicable to the setting in which the child care is provided;

iv. Knowingly providing inaccurate information about the provider, adult members in the provider's household, the number of children in the provider's care and/or their relationship to the provider, or in any other way providing misleading information for the purposes of obtaining or maintaining access to the CPD and related services;

v. Failing to protect the confidentiality of information related to CCAP recipients; or

vi. Endangering the health or safety of any child in the provider's care; or

vii. Failing to report criminal convictions or the imposition of civil penalties in accordance with Section 0850.03.04(4).

b. Corrective Action Option. The department reserves the right to offer a CCAP approved provider subject to discontinuation the opportunity to take corrective action prior to the date CPD withdrawal is to take effect. In such cases, the Office of Child Care shall send a notice to the approved provider that shall clearly state the type of corrective action required, the date it is to be completed, and the method for evaluating whether the deficiency has been corrected. Corrective actions shall be permitted in only those cases in which the department determines that

the health, safety and welfare of eligible children and the fundamental purposes of the CCAP will not be jeopardized while the remedy is being implemented.

G. CPD Confidentiality - 0850.03.07. Both the CPD and web enrollment raise certain confidentiality issues that have been addressed by the department as follows:

(1) *Confidentiality Statement.* Approved providers and the families of eligible children shall be notified at the time of application that, as CPD providers and CCAP recipients, certain personal information may be accessed on the DHS web site by department personnel, approved providers and contracted agents of DHS. A confidentiality statement shall be signed by both providers and parents, prior to participating in the CCAP, indicating that they are aware of, and understand, the limits on confidentiality associated with the methods DHS employs to gather and disseminate information through the automated enrollment system and the purposes for such information will be accessed and used.

(2) *Technological Protections.* DHS shall utilize the most advanced technological methods available to ensure the confidentiality of information contained in the CPD and through web enrollment pertaining to CCAP recipients and approved providers.

Part IV. CCAP Payment to Approved Providers – 0850.04. To ensure that payment for CCAP authorized child care expenses is made in the most timely and efficient manner possible, the department has established requirements related to attendance and the payment of allowable child care expenses.

A. CCAP Attendance – 0850.04.01. Payment shall only be made for CCAP authorized child care services during periods in which the approved provider is open or available to provide services. To determine the allowable child care expense, certain information related to attendance is required by DHS, as follows:

(1) *Attendance Reports.* An approved provider shall:

a. Submit accurate attendance reports to DHS for each eligible child in the manner, and for the time periods, prescribed by in the DHS-CCAP Approved Provider Agreement; and

b. Maintain signed, daily attendance records for each eligible child, on-site, for a minimum of three (3) years.

(2) *Allowed Absences*. When a child is enrolled with a licensed or certified provider, DHS shall make payment for up to two (2) weeks of CCAP authorized child care services during which an eligible child is absent. No payment shall be made for periods of CCAP authorized services when the eligible child is not in attendance once the two (2) week limit has been reached, without the approval of department.

(3) *Minimum Attendance*. For CCAP payment to be made, an eligible child enrolled with an approved licensed or certified provider shall receive some portion of one authorized period of child care during the week--e.g., part of scheduled day. Non-certified providers receive DHS payment only for services rendered. No payment is made to non-certified providers when an eligible child is not receiving care.

B. CCAP Payment – 0850.04.02. When making payment for allowable child care expenses, the following shall apply:

(1) *Method*. Payment of allowable child care expenses shall be made in accordance with terms and conditions established in the DHS-CCAP provider agreement.

(2) *Billing Periods*. An approved provider shall request payment for allowable child care expenses in the twelve (12) month period that begins on the date the authorized services were rendered. In no case shall DHS make payment for any child care services rendered more than one (1) year prior to the date the approved provider requests payment.

(3) *Restrictions and Limitations*. There shall be no more than one (1) CCAP approved provider eligible to receive payment from DHS for allowable child care expenses rendered at a specific site or location at any one time. In the case of non-certified child care providers, no more than one (1) person living in the household where CCAP child care services are provided shall be permitted to obtain or retain active “approved status” at any one time. Approved providers shall not be paid for child care services rendered to children who live in their households.

PART V: CCAP Tables and Resources - 0850.05

A. CCAP Eligibility Levels and Cost-Sharing Levels -- 0850.05.01.

(1) Eligibility Levels by Family Size and Gross Income

CCAP ELIGIBILITY AND COST-SHARING LEVELS BY GROSS INCOME ADJUSTED FOR FAMILY SIZE					
Level Client Must Pay	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6
0	Up to \$11,610	Up to \$14,630	Up to \$17,650	Up to \$20,670	Up to \$23,690
1	\$11,611 - \$12,539	\$14,631 - \$15,800	\$17,651 - \$19,062	\$20,671 - \$22,324	\$23,691 - \$25,585
2	\$12,540 - \$14,513	\$15,801 - \$18,288	\$19,063 - \$22,063	\$22,325 - \$25,838	\$25,586 - \$29,613
3	\$14,514 - \$16,835	\$18,289 - \$21,214	\$22,064 - \$25,593	\$25,839 - \$29,972	\$29,614 - \$34,351
4	\$16,836 - \$19,157	\$21,215 - \$24,140	\$25,594 - \$29,123	\$29,973 - \$34,106	\$34,352 - \$39,089
5	\$19,158 - \$21,479	\$24,141 - \$27,066	\$29,124 - \$32,653	\$34,107 - \$38,240	\$39,090 - \$43,827
6	\$21,480 - \$23,220	\$27,067 - \$29,260	\$32,654 - \$35,300	\$38,241 - \$41,340	\$43,828 - \$47,380
7	\$23,221 - \$26,123	\$29,261 - \$32,918	\$35,301 - \$39,713	\$41,341 - \$46,508	\$47,381 - \$53,303
8*	\$26,124 - \$29,025	\$32,919 - \$36,575	\$39,714 - \$44,125	\$46,509 - \$51,675	\$53,304 - \$59,225

*Effective July 1, 2001, if authorized, under RIGL 40-5.1-17

CCAP ELIGIBILITY AND COST-SHARING LEVELS BY GROSS INCOME ADJUSTED FOR FAMILY SIZE					
Level Client Must Pay	Family Size 8	Family Size 9	Family Size 10	Family Size 11	Family Size 12
0	Up to \$29,730	Up to \$32,750	Up to \$35,770	Up to \$38,790	Up to \$41,810
1	\$29,731 - \$32,108	\$32,751 - \$35,370	\$35,771 - \$38,632	\$38,791 - \$41,893	\$41,811 - \$45,155
2	\$32,109 - \$37,163	\$35,371 - \$40,938	\$38,633 - \$44,713	\$41,894 - \$48,488	\$45,156 - \$52,263
3	\$37,164 - \$43,109	\$40,939 - \$47,488	\$44,714 - \$51,867	\$48,489 - \$56,246	\$52,264 - \$60,625
4	\$43,110 - \$49,055	\$47,489 - \$54,038	\$51,868 - \$59,021	\$56,247 - \$64,004	\$60,626 - \$68,987
5	\$49,056 - \$55,001	\$54,039 - \$60,588	\$59,022 - \$66,175	\$64,005 - \$71,762	\$68,988 - \$77,349
6	\$55,002 - \$59,460	\$60,589 - \$65,500	\$66,176 - \$71,540	\$71,763 - \$77,580	\$77,350 - \$83,620
7	\$59,461 - \$66,893	\$65,501 - \$73,688	\$71,541 - \$80,483	\$77,581 - \$87,278	\$83,621 - \$94,073
8*	\$66,894 - \$74,325	\$73,689 - \$81,875	\$80,484 - \$89,425	\$87,279 - \$96,975	\$94,074 - \$104,525

*Effective July 1, 2001, if authorized, under RIGL 40-5.1-17

CCAP ELIGIBILITY AND COST-SHARING LEVELS BY GROSS INCOME ADJUSTED FOR FAMILY SIZE			
Level Client Must Pay	Family Size 13	Family Size 14	Family Size 15
0	Up to \$44,830	Up to \$47,850	Up to \$50,870
1	\$44,831 - \$48,416	\$47,851 - \$51,678	\$50,871 - \$54,940
2	\$48,417 - \$56,038	\$51,679 - \$59,813	\$54,941 - \$63,588
3	\$56,039 - \$65,004	\$59,814 - \$69,383	\$63,589 - \$73,762
4	\$65,005 - \$73,970	\$69,384 - \$78,953	\$73,763 - \$83,936
5	\$73,971 - \$82,936	\$78,954 - \$88,523	\$83,937 - \$94,110
6	\$82,937 - \$89,660	\$88,524 - \$95,700	\$94,111 - \$101,740
7	\$89,661 - \$100,868	\$95,701 - \$107,663	\$101,741 - \$114,458
8*	\$100,869 - \$112,075	\$107,664 - \$119,625	\$114,459 - \$127,175

*Effective July 1, 2001, if authorized, under RIGL 40-5.1-17

(2) *Cost-Sharing Payment Amount By Authorized Period of Time.* The table below represents the cost-sharing payments that parents are required to make for CCAP services authorized on a full and half-time basis. As cost sharing also applies to the other periods of CCAP authorized services specified in section 0850.02.07, the table below is representative only of the amount most families are required to pay providers. Cost sharing payment amounts for other periods of CCAP services may be higher or lower, depending on whether assessed alone (e.g., before school care only) or in the aggregate (e.g. before school care on some days in addition to full day care on others). When a family uses multiple providers, the cost sharing payment is made to the provider who renders the greatest number of the total hours of authorized CCAP child care services. In instances when multiple providers render equal periods of care, payment is made to the provider who cares for the youngest child in the family.

COST-SHARING PAYMENT AMOUNT BY SELECTED CCAP AUTHORIZED TIME PERIODS		
Income Level	Full Time Hrs. (20 Hrs. or more)	Half Time (Less than 20 Hrs.)
0	\$0.00	\$0.00
1	\$1.00	\$1.00
2	\$7.00	\$4.00
3	\$12.00	\$6.00
4	\$19.00	\$10.00
5	\$25.00	\$13.00
6	\$40.00	\$20.00
7	\$50.00	\$25.00

B. Provider Payment Rates – 0850.05.02

Certified and Legal Non-Certified Individual Child Care Provider Rate Schedule

	Provider Type	Infant/Toddler Care Age 1 week up to 3 yrs.			Preschool Care Age 3 yrs. up to 6 yrs.			School Age Care Age 6 yrs.Or 1 st grade, regardless of age, up to 13 yrs.			Youth Care Ages 13 yrs. up to 16 yrs.	
		Week	Half Week	Quarter Week	Week	Half Week	Quarter Week	School Out of Session**	Before School	After School	School Out of Session	After School
DCYF Regulated												
	Licensed Centers	\$172.50	\$86.25	\$43.25	\$140.00	\$70.00	\$35.00	\$125.00	\$40.00	\$67.00	\$125.00	\$67.00
	Certified Family	\$135.00	\$67.50	\$33.75	\$135.00	\$67.50	\$33.75	\$125.00	\$52.50	\$60.00	\$125.00	\$60.00
DHS Approved Legal Non-Certified												
	Care in Provider's Home--Relative*	\$81.00	\$40.50	\$20.25	\$54.00	\$27.00	\$13.50	\$53.00	\$18.00	\$26.50	This type of provider is not approved to provide care to this age group.	
	Care in Provider's Home--Non-Relative	\$81.00	\$40.50	\$20.25	\$54.00	\$27.00	\$13.50	\$53.00	\$18.00	\$26.50		
	Care in Child's Own Home	\$74.00	\$37.00	\$18.50	\$50.00	\$25.00	\$12.50	\$49.00	\$17.00	\$24.50		
Non-certified Centers	Summer Camps							\$43.00				

* Relationship has to be Verified by DHS staff

** School Age can also be a Weekly Rate for parents working during non-school times.

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