

# **Subsidized Child Care Assistance Program Policy Manual**

## **Chapter 5. Establishing Need, Level, and A Plan of Care**

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## Chapter 5. Establishing Need, Level, and A Plan of Care

### I. CHAPTER OVERVIEW

This chapter covers the Plan of Care and will highlight the reasons that families may receive child care assistance. This includes the requirements related to each reason for care, steps to follow when evaluating each family's circumstance, and how to determine the level of care. The chapter will cover how workers verify and document information in the case narrative. Additionally, some families may need an alternate plan of care which is also covered in this chapter.

### II. MANDATORY CHILD CARE ASSISTANCE

Child care is a critical supportive service for many children and families. The provision of subsidized child care funding plays an important role in helping families maintain economic self-sufficiency and ensuring that children receive high quality child care. Therefore, a reasonable approach should be taken in establishing a plan of care. The child care worker and the recipient should work together to develop a plan that best meets the needs of the family. Child care workers must:

- i. Consider factors such as hours care is needed
- ii. Allow travel time
- iii. Indicate hours/days that care is authorized
- iv. Provide information on choosing child care that can accommodate family's needs.

If funds and resources are available, Department of Social Services (DSS) and Local Purchasing Agencies (LPAs) **must** provide child care assistance for children whose parents, foster parents, or other responsible adults who are responsible for the care of the child. Child care can be provided for one of the following reasons:

- i. To support employment, seeking employment and job training for employment;
- ii. To support education;
- iii. To support developmental needs of children whose emotional, cognitive, social, or physical development is delayed or at risk of delay;

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- iv. To support Child Protective Services (CPS) in order for the child to remain in their own home;
- v. To support Child Welfare Services (CWS) to prevent or remedy problems that may result in the neglect or abuse of children, prevent foster care placement, support family reunification, and to provide support in times of crisis.

**NOTE:** Foster Care and Special needs are **not** one of the five (5) need categories listed above, and therefore is not a reason for child care assistance. A child may be evaluated for developmental needs if the family does not meet any other need category.

Refer to Chapter 6: Serving Children with Special Needs

### III. AUTHORIZING CARE ACCORDING TO THE NEED FOR CARE

When the family identifies the specific reason that child care assistance is needed, the child care worker must determine if the family qualifies. In situations where an applicant/recipient or family meets both the education and employment categories, the need category is assigned based on the activity in which the individual spends most of the number of hours.

If a recipient is working and attending school, and one need type has more priority than the other, select the need type with more hours.

Example 1:

Recipient attends school 20 hours a week and works 16 hours a week, the need type would be education.

If a recipient has the two need types of education and employment that have the same priority, select employment as the need type.

Example 2:

A recipient attends school 20 hours a week and works 20 hours a week, the need type would be employment.

For an individual to be determined eligible to receive subsidized child care assistance to support employment it must be established that they are eligible based on income.

There are occasions when an applicant/recipient is eligible for child care but,

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there is no need for child care because the other parent is available to provide care, or another adult who resides in the household is willing and able to provide child care for the child. When there are two (2) parents/responsible adults in a household, both parents/responsible adults must meet the need criteria. However, the DSS/LPA may not deny child care assistance outside the home if an adult other than the parent resides in the household but is unwilling or unable to care for the child.

**NOTE:** The non-income unit adult household member cannot be approved as a non-licensed home provider.

### A. Need Eligibility

The need for child care assistance must be verified in order to provide care to support employment of the parents, foster parents, or other responsible adults. When both recipients/responsible adults are in the same household, child care to support employment may be provided only if both recipients/responsible adults are working; or if one (1) recipient/responsible adult is employed, the recipient/responsible adult remaining in the home must be incapable of providing care for the child(ren) because of a physical or mental disability, advanced age or extreme youth, a history of child maltreatment, or must otherwise be incapable of providing appropriate care to the child/children. The basis on which this determination is made must be clearly documented in the case narrative.

The SCCA Program can pay for child care assistance for recipients that the DSS/LPA determines are unable to work or to participate in training leading to employment, and who are also incapable of providing care for the child. The Local Purchasing Agency must **verify** and document the reasons for this determination in the recipient's record, include such as but not limited to:

- illness,
- disability,
- complications related to pregnancy,
- hospitalization,
- substance abuse treatment, or
- that the recipient is elderly.

### B. Child Care to Support Employment, Seeking Employment, and Job Training for Employment

#### 1. Guidelines for Full-Time Employment

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Full-time employment is considered an average of thirty hours or more per week. When determining the hours of child care needed, several factors must be considered, including the actual hours at the job, travel time, mealtime, etc. The hours that child care is needed may not always coincide with the work hours of the recipient. For example, a recipient who works a third shift needs to sleep during the day. Therefore, child care may be approved during the day to help support the family. A recipient who works a third shift may receive two plans of care, if needed. The goal is to use a reasonable approach that supports the family's efforts to be self-sufficient.

### 2. Guidelines for Part-Time Employment

Part-time employment is considered any number of hours less than full-time. Part-time child care is often difficult to arrange. If part-time care cannot be found, the LPA has the following options:

Full-Time pay for Part-Time care should only be utilized when Part-Time care is either not available or the available care would not meet the needs of the child. The authorized POC should be followed, and the recipient should seek a program that accommodates the authorized POC.

If the recipient chooses to stay at a facility that does not offer Part-Time care, then it is between the recipient and provider regarding responsibility for payment differences.

**Note:** The level of care during the certification period cannot be lowered if the client does not increase the number of employment hours.

### 3. Guidelines for Self-Employment

The work schedule and income of individuals who are self-employed often varies. LPAs are allowed the flexibility to determine if child care is needed, and whether they can be authorized for full-time or part-time care.

#### i. Guidelines for Gainful employment

Newly self-employed individuals receive 12 months to allow time to establish gainful employment. When families are self-

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employed, gainful employment is defined as making at least minimum wage. Refer to Chapter 7 for additional guidance regarding gainful employment.

### 4. Guidelines for Work First

Recipients engaged in employment as an approved activity through the Work First Program, Food Stamp Employment and Training Program or other approved employment programs can receive child care assistance as part of an approved employment/training plan such as Work First.

The goal of Work First is to move participants into full-time employment. Work First active participants are required to participate in work or a combination of work and work-related activities. Successful implementation of the program will depend, to a large extent, on each county's efforts to deliver suitable child care for those participants who have preschool and school-age children. LPAs should assign high priority to providing child care to active Work First participants. The child care worker must have a written referral (Copy of the Mutual Responsibility Agreement (MRA II) from the Work First Employment Services worker that justifies that child care is a necessary part of the family's employment/training plan. Child care assistance is also provided for activities leading to employment such as substance abuse, or mental health treatment, or other activities that support job readiness. These activities must be included in the MRA II.

Changes in the participant's status that impact the provision of child care assistance must be communicated by one of the following:

- i. a copy of an updated and signed MRA II
- ii. a Work First transmittal form or agency referral form;
- iii. or a verbal or electronic communication from the Work First worker.

The child care worker must include the written communication in the family's child care case record. Job search limitations does not apply to Work First Employment Services participants who have a current

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signed [Mutual Responsibility Agreement \(MRA\)](#)).

## C. Child Care to Support Education

1. Assistance is provided when an individual is engaged in education, or skills training leading to employment or job search. Education includes:
  - i. Continuation of elementary or high school within the local school system
  - ii. Basic education or a high school education or its equivalent (e.g., GED, ABE certificate programs) in community colleges or technical institutes
  - iii. Work First Employment Services training-related activities
  - iv. Skills training
2. Child care assistance is provided
  - i. When an applicant is enrolled to obtain an associate degree, care can be authorized to support education.
  - ii. When an applicant holds an associate degree and is enrolled to obtain a bachelor's degree, care can be authorized to support education.
3. Child care assistance is not provided when the recipient is participating in graduate or postgraduate studies. For example, If an applicant already holds a bachelor's degree and enrolls to obtain any other type of degree i.e., masters, bachelors, or associates.

SCCA payments for post-secondary education are limited to a maximum of 20 months of enrollment. There is no extension of the time clock through the end of the semester. However, if a recipient's 20-month time clock expires prior to the certification end date, services shall continue through the end of the certification period.

The 20-month time clock can be stopped for breaks. If the recipient does not

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report that care is not needed during breaks i.e., summer, the 20-month time clock continues to count.

Child care workers should encourage recipients to review their educational plan and set goals to complete educational and skills training programs in the allotted time frame. Recipients must be prepared to make alternate arrangements to accommodate child care expenses for the remaining time needed to complete their program.

The education counts for each individual, if both recipients are enrolled in an education or training programs each recipient will have a 20-month time clock.

NC FAST tracks the number of months that a parent/responsible adult (client) receives Subsidized Child Care Assistance with a Need Type of Education/Training while participating in post-secondary education or skills training.

Recorded months are counted towards the total 20 months allowed. Once the time limit expires, the case must be evaluated to determine if the client meets other eligibility requirements.

When a parent/responsible adult's time limit total reaches 18 months, NC FAST sends a task instructing the case owner to review the client's case to determine whether another Need Type is applicable. The case owner issues an Action Notice or Termination Notice to the parent/responsible adult requesting information to determine if another Need Type is applicable.

### **Need Type in Foster Care**

When a child is placed in foster care and the identified need for child care is post-secondary education, the 20-month limit is to follow the foster parent and not the child.

- i. Foster care is not Need Type in Plan of Care evidence.
- ii. Foster parents must have a need for child care (such as employment or education) that has been verified by the Foster Care worker.

Because a foster parent is not included on the application for foster care, the system cannot track the 20-month time limit when the Education Need Type is selected.



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If the Need Type is Education in a Foster Care case, select Developmental Needs as the Need Type and keep track of the 20-month time clock outside of NC FAST.

Some foster parents may have multiple foster children who are not siblings and therefore have separate child care cases. In this type of situation, the foster parent would still receive 20-months of care regardless of the number of foster children in the home. If a child is removed from the foster parent's home while the foster parent is attending school, the 20-month period will stop and begin again when the foster parent accepts another foster child and wishes to continue their education.

Refer to the SCCA- Foster Care and Education Time Limits Job Aids

### **D. Child Care to Support Developmental Needs**

Assistance is provided to an eligible child who does not meet any other eligibility criteria category and whose social, emotional, physical, or cognitive development is delayed or is at risk of delay. Developmental delays may include a problem that can generally be corrected or prevented with proper treatment and early intervention.

While the child must qualify based on his or her developmental needs, the family must be income eligible in order for the child to receive services. Child care to support the developmental needs of the child is not provided if the recipient needs care for another reason.

The type of developmental delay or risk of delay must be documented in the case narrative. The narrative must state evidence that the child's development is delayed in some way, that the child's behavior indicates a developmental problem, or that the child's circumstances create a substantial risk of atypical development. This information can be provided by the recipient, Health department, doctor, developmental evaluation center, child care director, teacher, social worker, doctor, or other medical professional. The child care worker may use available information from their own observations, from department records, or from other agencies and individuals to determine need eligibility. Documentation may come from the local health department, physician, developmental evaluation center, child care facility, etc. However, medical, or psychological reports to determine this eligibility are not necessary and DSS/LPAs may not routinely

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require such reports from applicants/recipients. Documentation must be provided at redetermination also.

Child care may be provided to support normal development for a child who lives in a situation which inhibits his or her ability to develop normally, such as a child living with elderly or disabled adults who are not physically or mentally able to care for the child. While this category may be used for severely disabled children or children with special needs, it is intended to be used for those children who, with early intervention and a good child care experience, might be prevented from having more serious or ongoing problems later in life.

### **1. School-Age Children**

While it is appropriate to provide full-time child care assistance for developmentally delayed school-age children during school breaks, their developmental needs will generally be met by the school system during the regular school year.

The need for full-time child care must be documented. Some preschool age children with developmental delays will receive adequate benefit from part-time care. Full-time child care may be authorized when the child needs full-time care or when it is the only care available to meet the child's needs. The case narrative should contain a brief statement as to why full-time care is authorized. It is the responsibility of the recipient to choose an approved child care arrangement that meets the needs of the child.

Special attention should be given to choosing a program that best meets the developmental needs of the child. Some children with more severe problems may need to be placed in certified developmental day centers that serve children with special needs, while others may better benefit by being mainstreamed into regular child care centers with typically developing children.

A local child care resource and referral agency may be helpful to recipients in locating an appropriate program. In some situations, referral to a local school system, Head Start or Early Head Start agency that offers services for children with special needs at no cost to the family may be appropriate.

The child care worker must have a written referral from the foster care worker to support the need for care based on developmental needs of the

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foster child, indicating placement of the child in a licensed foster home or in the home of a relative and the developmental needs of the child. The worker must document the case narrative including:

- i. Foster Care written referrals.
- ii. Information from the recipient, Health department, doctor, developmental evaluation center, social worker, child care facility, other medical professionals, etc.
- iii. Explanation of how the child will benefit from child care assistance.
- iv. At recertification must document on going continued need.

### **E. Child Care to Support Child Protective Services (CPS)**

Assistance is provided to children receiving child protective services is without regard to the family's income and parental fees are not assessed. The recipient will be given 12-months of eligibility. The child must be receiving child protective services and need care to remain in their home. A CPS Referral is required. Applications and vouchers for children in Child Protective Services (CPS) will be signed by the parent.

The DSS/LPA case record for families receiving child care to support child protective services must include:

- i. Application for child care assistance
- ii. CPS referral form
- iii. Child Care Voucher
- iv. Case narrative
- v. Recipient Rights and Responsibilities

When a CPS application is being processed, the child care worker must collect and verify the income of the family and enter the information in NC FAST up front in case the CPS service closes. The information is already in the system and the worker can assess the parental fee at that time. The parental fee is then waived until the need for CPS ends. Once the CPS need ends, the parental fee can be assessed to the family. If the income information is not collected from the family at the time of eligibility

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determination, services should still be authorized. A parental fee cannot be assessed to the family until the next redetermination at the end of the 12-month certification period.

The written referral from the child protective services worker justifies that child care is a necessary part of the “Safety Assessment” safety response or “Family Services Agreement” for the child to remain in his/her home.

The referral must include the date of the CPS report, the date child care should begin, a statement regarding why child care is needed and the hours that child care should be provided. In addition, the referral must be dated and signed by the CPS worker. DSS/LPA’s may develop their own referral form; however, refer Chapter 4 Attachment 2 Sample Referral Form.

Only the need for child care as related to the provision of child protective services, not the details of the CPS case, is shared with the child care worker. Documentation related to the CPS report, assessment, and case decision is kept in the child protective services record. If in-home protective services are terminated prior to the end of the 12-month eligibility period, or the report is not substantiated or there is not a finding of services needed, child care assistance can continue until end of certification period.

Child care assistance may be authorized for full-time or part-time care depending on the family’s circumstances. The child may need to be away from the parent only part-time. The CPS worker must provide a written referral for the child care case record documenting the need for child care and the hours that child care should be provided.

When the protective services Family Services Agreement includes removal of the child from his/her home, the child can no longer receive care under this need category. If the child is to continue receiving child care assistance, it must be under one of the other need criteria.

If care was being provided under any other need category prior to the opening of a CPS case, a new application must be completed to reflect CPS as the reason child care is needed. A new period of eligibility will begin, and child care should be provided if CPS is provided, with redetermination to occur at the end of 12 months. The provision of care under CPS and the exemption from paying a fee for the care may offer some relief from financial stress for the family.

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If the child does not remain in his own home and child care is needed, the child must meet one of the other need type categories. Communication between the CPS and child care worker is critical so that changes can be made in the child care case if the family no longer receives CPS.

If the need for CPS changes prior to the end of the eligibility period, the worker must update case and care can continue.

If the CPS case closes during the 12-month eligibility period and the recipient has another need for child care besides CPS, the child care case should be updated, and care should continue through the end of the recipient's certification period. Income cannot be added to the case to increase the parent fee until the next redetermination at the end of the 12-month certification period.

If the recipient does not have another need for child care when the CPS case closes, the recipient wishes to continue services, services should continue through the end of the certification period. If the recipient declines services, the case shall be terminated with a 10-day 'notice.

Refer to Chapter 4: Application, Eligibility Determination and Documentation

### **F. Child Care to Support Child Welfare Services (CWS)**

When a CWS application is being processed, the child care worker should obtain the income information of the family up front in case the CWS case closes and in order to establish a parental fee. The parental fee is then waived until the need for CWS ends. Once the CWS need ends, the parental fee can be assessed to the family. If the income information is not collected from the family at the time of eligibility determination, a parental fee cannot be assessed to the family until the next redetermination at the end of the 12-month certification period. If the income information cannot be obtained, the application and subsequent services should continue without the income information.

Child care assistance under this need category may be provided to support the implementation of a permanent placement plan for a child in the case of a family adopting a child. However, once the Decree of Adoption is entered

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making the adoption final, the adoptive parents become financially responsible for the child and the family is no longer eligible for child care under this need category.

The need for child care assistance must be provided to support the well-being of a child in the following situations:

- i. To prevent foster care placement. Child care may be provided as an alternative to placing a child in foster care. The child must be placed outside of the home. For example, in kinship care.
- ii. To reunify families or achieve other permanent placements. Child care may be provided when family unification or reunification activities are underway on behalf of a child and child care is necessary to facilitate implementation of a permanent placement plan for a child.
- iii. To aid families in crisis. Child care may be provided to assist families in crisis situations to prevent the unnecessary separation of children from their families or to help prevent child maltreatment, exploitation, or delinquency. CWS is to prevent or remedy problems that may result in the neglect or abuse of children, to prevent foster care placement, to support family reunification, and to provide support in times of crisis. Examples of using CWS as a need:

- i. When a recipient is too sick to care for their child and child care is needed to provide for the needs of the child and to maintain family stability until the recipient has recovered.
- ii. Families of domestic violence can be served under CWS without documentation unless the DSS/LPA suspects the family is not being up front about their situation.

Cases with a need to support a crisis are allowed to continue as "crisis" until the family is no longer in the crisis. There is no time limit even though it is not meant to be long term. A case should not necessarily close if the family is no longer in a crisis, and the worker should determine another need. The need can be changed during a certification period or at the next eligibility determination; however, the family should receive the full 12-months of eligibility. These situations should be handled on a case-by-case basis

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because every situation is different.

The worker must enter in NC FAST that the NEED be entered as Crisis. A description of the circumstances that justify eligibility must be documented in the case narrative. Child care to support Child Welfare Services is not time limited, however, it is not intended for long-term use.

For additional information refer to Chapter 16 Payment Policies and the SCCA Evidence Reference Guide Job Aid

### **IV. FOSTER CARE**

When child care assistance is needed for a foster child, the child care worker must have a written referral from the foster care worker to support the need for care, indicating whether placement of the child is in a licensed foster home or in the home of a relative. Foster parents must have a need for child care such as employment or education that has been verified by the foster care worker. When the need for care supports employment whether there are one or two foster parents in the licensed foster home, employment information, including name of employer and days and hours of employment, must be verified for each foster parent.

When a foster child is receiving child care due to his or her foster parents' need of employment or education and that child transitions to a new foster family, the new foster family's need for care should be assessed. If the new foster family has a need for care, the child care will continue with no interruption.

- i. If the new foster family has a need for care, the child care will continue with no interruption.
- ii. If the new foster family does not have a need, the child care worker should confirm with the new foster family as to whether they would like to receive child care through the end of the current certification period. If the foster family confirms they want to continue care, the worker must allow services to continue through the current certification period. The worker should adjust the need for care accordingly based on the new foster family's request. At redetermination, the foster family is required to have a need for care to receive continued eligibility.
- iii. If the new foster family declines child care, the case should be

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terminated with a 10- day notice.

### V. JOINT CUSTODY

When the plan of care involves joint custody, each applicant/recipient must apply separately in the county where they reside. There are two separate applications with the corresponding parental fee even if the child is with the same child care provider. The joint custody application is largely similar to a traditional application with the exception of changes to the plan of care evidence.

During the application process, workers are encouraged to do front end investigations to screen clients to determine whether the case will be a joint custody or split custody situation.

Changes in the plan of care evidence for joint custody are found in the care schedule and level of care. In a joint custody application, the Plan of Care Schedule and Level of Care sections of Plan of Care evidence should reflect the type of custody arrangement as well as the applicant's care schedule.

1. Determine the average number of hours per week for which care is needed. (Do this for both parents if possible.)

When both parents use the same provider, it may be necessary to adjust Level of Care to adjust payments. This situation might occur when parents split full time custody in half (ex. 50 hours each week over a month). To prevent payment issues, the case worker needs to indicate the level of care that each recipient will need for child care.

- i. For preschool age children in preschool, the service offered is 0-5 in NC FAST and a 50% rate can be paid for each parent/responsible adult.
- i i . For School-age children with school age service offering will be paid at the 75% rate for each parent/responsible adult.

The provider will receive a payment of 150% due to having active joint custody cases. If recipients work different shifts, they can receive the full 100% of care at the same facility.

Level of care cannot be reduced on an existing voucher in order to adjust payments unless it is voluntary if one joint custody parent already has a case



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and then the 2nd one applies. The Level of care can only be increased.

For additional information regarding Joint Custody refer to Chapter 7 Family Definition and Determining Eligibility and the Joint Custody Job Aid

## **VI. DETERMINING THE PLAN OF CARE**

The plan of care is based on the number of hours the recipient works each week. If the parent has a true work schedule, the days and hours care is authorized must be entered in NC FAST.

### **A. Workers should consider:**

1. Actual care hours that support employment or education based on the family's situation/response,
2. If the plan of care will be full or part-time, before and/or after school, blended or joint custody, or
3. If the plan of care, should be approved for two plans of care or alternate plan of care.

When determining the plan of care, workers should ask questions that will assist them with choosing child care that can accommodate the need. At initial application, it is encouraged that child care workers inquire if the family has a joint custody situation. Workers need to determine:

- i. If the family is income eligible
- ii. The established need, base hours (50%-200%) based on the range of hours and days care is needed. For example: A recipient who works third shift needs to sleep during the day. Child care may be approved during the day to help support the family.

Plan of Care evidence is in the Household section of the Evidence Dashboard. Some of the information collected during the Guided Interview transfers to Plan of Care evidence. Child Care workers can modify Plan of Care evidence.

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### **VII. DETERMINING THE LEVEL OF CARE**

The Subsidized Child Care Assistance Program will only pay for the level of care that is needed. Payment for subsidized child care assistance is typically based on enrollment but in some instances may be based on attendance.

The payment is made based strictly on enrollment when the child is enrolled according to the family's plan of care and is attending regularly.

- i. When the child is enrolled in the same child care arrangement and care averages 32 through 55 hours per week, the appropriate monthly 100% rate for full-time care is paid to the provider.
- ii. When the child is enrolled in the same child care arrangement and care averages 18 through 31 hours per week, the appropriate monthly 75% rate for three-fourths care is paid to the provider.
- iii. When the child is enrolled in the same child care arrangement and care averages one (1) through 17 hours a week, the appropriate monthly 50% rate for half-time care is paid to the provider.

### **VIII. SECOND PLAN OF CARE**

A Second Plan of Care will only be for situations where a child is attending a single provider for more than one authorized plan of care. The primary, higher-level plan of care must be entered in NC FAST. The parent fee will be assessed and collected from this primary plan of care. These worksheets are intended to capture the pay-by-attendance amount owed to the provider for the second, authorized plan of care for the child.

1. If there is more than one child on the case a voucher, attendance sheet and payment request must be completed for each child.
2. When authorizing a non-primary plan of care for a child the LPA, parent and provider must complete the DCD-0446.
3. Obtain signed attendance form (see last worksheet of this document) from the provider for the non-primary authorized plan of care.
4. LPA completes the Payment Calculation worksheet recording information in all shaded fields.
5. LPA signs and submits the signed Payment Calculation worksheet along with the Provider Attendance Worksheet to the CCDF Budget

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Officer at DCDEE. Mailing address: 2201 Mail Service Center  
Raleigh, NC 27699-2200.

6. The Payment Request Worksheet must be submitted to DCDEE by the 10th of the month following the service month that payment is requested.

The CCDF Budget Officer verifies the submitted documentation and submits payment request to the comptroller's office.

Note: The Provider MUST have a signed W9 form on file with DCDEE in order to receive payment. If the provider does not have a signed W9 on file with DCDEE payment cannot be processed. LPA should verify with DCDEE that the signed W9 is on file prior to submitting the initial payment request.

## **IX. SCHEDULE VARIES VS. SET SCHEDULE**

Schedule varies on the plan of care should only be used when a client has a true fluctuating schedule. This would mean that the schedule is subject to change daily and weekly without any knowledge of what they may work the next week. A parent that has different hours each day, but they remain the same for the life of the employment is not a schedule varied. This is a set schedule with different daily hours and should be recorded as the actual hours in the plan of care evidence. Any decision to use a varying schedule for a set schedule should result in thorough documentation of the hardship to the parent and the provider, for monitoring purposes.

Workers should only use schedule varies if the parent/responsible adult does not have a set schedule. If the parent has a true work schedule, the days and hours care is authorized must be entered.

For example, the parents do not have set workdays and hours. Select the range that includes the average hours of care needed per week. Schedule Varies and a schedule of daily start and stop times cannot both be entered. Documentation is key when workers authorize schedule varies. The worker must be able to explain why schedule varies was used.

Refer to the SCCA – Plan of Care Evidence Reference Guide

## **X. CALCULATING THE PLAN OF CARE**

When calculating the plan of care, workers need to review the need for care

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and determine the days, hours and travel time that are needed.

- i. When the child is enrolled in the same child care arrangement and care averages 1 to 17 hours a week, the appropriate monthly 50% rate for half- time care is paid to the facility.
- ii. When the child is enrolled in the same child care arrangement and care averages 18 to 31 hours per week, the appropriate monthly 75% rate for three-fourths care is paid to the facility.
- iii. When the child is enrolled in the same child care arrangement and care averages 32 to 55 hours per week, the appropriate monthly 100% rate for full-time care is paid to the facility.

There are times when a child has a need for care above 55 hours per week. If a child has a need for care above 55 hours per week and the child attends the same provider for all hours of care, the child will have one plan of care at 150%, 175% or 200 % instead of two plans of care. NC FAST will automatically create one plan of care and one voucher in these situations.

If a child has a need for care above 55 hours/week and the child does not attend the same provider for all hours of care, a plan of care and voucher will be needed for each provider.

### Level of Care Chart

Level of Care	Range of Hours
50%	1-17
75%	18-31
100%	32-55
150%	56-72
175%	73-86
200%	87-110

When calculating the plan of care hours, child care workers need to determine the average number of hours the parent works weekly/bi-weekly. To do this, the worker should add all of the hours worked and then divide by the corresponding multiplier, 4.3 or 2.15. This will help the child care worker provide the appropriate Level of Care hours to support the needs of the parent. This does not include travel time.

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For example: Parent works and is paid weekly. Check stub has hours of 40, 38, 32, 29. Average hours would be:  $40+38+32+29= 139 / 4.3$  (weekly multiplier) = 32.32 average hours worked, Level of Care would be 100%.

The parent will be working an average of 30 to 40 hours weekly, paid bi-weekly. Average hours would be  $30+40= 70/2.15$  (bi-weekly multiplier) = 32.56 average hours weekly. Level of Care would be 100%.

### **XI. ALTERNATE PLAN OF CARE**

An alternate plan of care is chosen when the primary provider is closed, and the recipient needs care during the period of time the primary provider is closed. An alternate plan of care cannot provide services for more than 30 calendar days. The alternate provider must be attached to the primary provider's plan of care in NC FAST.

When the primary child care provider is not able to provide care for less than 30 calendar days, the recipient can choose to have care provided by a provider at an alternate facility. The facility chosen as the alternate facility must be approved to receive subsidy payments and enrolled in the NC FAST Provider Portal. Alternate facilities or providers cannot provide services for more than 30 calendar days.

After the recipient has chosen an alternate facility, payment for the primary facility will be suspended in NC FAST. An action notice will be sent for the period of time that the alternate facility will be providing care. Which will be the same period of time as the suspension for the primary facility.

Alternate Plan of Care evidence is used, and the alternate facility must be attached to the primary facility's plan of care in NC FAST. During the period of time that the primary facility is closed, the primary facility would select "Provider Closure" or "Not Scheduled" in the NC FAST Provider Portal. The alternate facility will record attendance for the period of time that they provide child care for the child. Alternate facilities will only be paid by attendance.

Start dates for care and end dates for care will be printed on the Action Notice that is sent to the primary facility indicating the period of time that care will be needed. At the end of the closure of the primary facility, the child care worker will ensure that the primary facility is not available, the voucher for the alternate facility can be extended if less than 30 calendar

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days. If the primary facility's time of closure exceeds 30 calendar days, the 10-day notice policy would apply. The notice should be sent on the last day and the recipient must select a new facility. The recipient may or may not choose the alternate facility as their new primary facility. Once the recipient has selected a new facility, a new voucher will be issued in NC FAST.

## XII. VERIFICATIONS

Verification is required at application, annual redetermination and if there is a reported change. When verifying the need for care, the worker must verify:

1. Income: The family applying for subsidized child care assistance must meet income eligibility requirements in order to be approved for services unless the service is available without regard to income (to support care needed for CPS or CWS).
2. Need for child care: When the family identifies the specific reason that child care assistance is needed, the child care worker must verify the need for each reason employment, education, developmental need, CPS, and CWS.

**NOTE:** Verifying the county residency, citizenship of the child and the age of the child is not a requirement for subsidized child care assistance unless questionable. If the applicant is a recipient of Work First Family Assistance benefits, citizenship and residency were established at the time of application for Work First Family Assistance benefits.

### A. Acceptable sources of verification

1. Employment- Pay Stubs
2. Self-Employment-
  - a. Income tax return (schedule C). If the income is received annually or from self-employment, the base period is 12 months.
  - b. If the tax return is not available, verification must include:
    - i. business records, including but not limited to accounting records,
    - ii. ledger books and lease agreements that are

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- maintained by the applicant/recipient,
- iii. signed statement of a responsible financial institution, bank, or real estate agent,
- c. Verification for self-employment expenses must indicate:
  - i. the date the expenses was paid,
  - ii. to whom it was paid, and
  - iii. what the expense was for
- d. Income and expense forms
- e. School Verification this includes online classes and classes that are self-paced
  - i. Enrollment letter,
  - ii. Class schedule,

The child care worker must assess the case and have a conversation with the applicant to determine that the parent has developed career goals and a specific plan for completing their education within a reasonable time period. The worker can ask clarifying questions such as

- i. How long the applicant plans to take the course?
- ii. How many hours each day are they committed to the course?
- iii. Are there hours spent outside of the course schedule needed?
- iv. How many hours are needed for care?
- v. Is the applicant needing study time?

Based on the responses, the worker can better assess the needs of the family. When an applicant/recipient is enrolled in a self-paced study program, it will be difficult to approve the level of care without a current class schedule therefore, the applicant/recipient must provide supporting documentation to validate the level of care for a self-paced curriculum.

Documentation may include a letter of support stating that the applicant/recipient is required to log in 2-3 days a week or that they log in for x-amount of hours per day. A schedule is needed to determine the level of care necessary. Documentation must indicate the days and times of classes.

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If the applicant/recipient is unable to provide supporting documentation of their schedule to determine the level of care, as a last resort, the client's written statement will be acceptable. Documentation is essential. The worker must document the case explaining why the hours approved were determined.

**NOTE:** Verification is only required at initial application and redetermination.

- f. CPS/CWS- The child care worker must verify and enter income if the need is CPS/CWS. Examples of verification include:
  - i. written referral,
  - ii. safety assessment or
  - iii. custody order to support the need.

**NOTE:** The worker must not let the need to verify impede child safety. Therefore, workers should not deny services if unable to obtain income verification. Not all CWS cases will have a referral. In this instance, workers must have documentation to support the need.

- g. Developmental Need- verification of the developmental delay can be provided by:
  - i. the recipient,
  - ii. child care director,
  - iii. teacher,
  - iv. social worker,
  - v. the child care worker's own observations,
  - vi. doctor or other medical professional or
  - vii. recognized specialist.

It is the applicant/recipient's responsibility to obtain documentation. The worker must document the case narrative well.

For additional information regarding Verifications refer to Chapter 7 Family Definition and Determining Eligibility



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### **XIII. DOCUMENTATION**

Documentation is required at initial application, recertification, when there is a reported change, and when there is an evidence change. Documentation can be submitted during in person visits, by fax, scan or by mail. Workers must document in the record each time there has been contact through phone calls, interviews, items requested, received, or sent. Each entry should give the specifics including date, time, and purpose of contact and results.

#### **A. Documentation includes:**

1. New employment
2. Increase / Decrease in rate of pay
3. New position with same employer
4. Increase/ Decrease in work hours or income unit
5. A reported change in the case file
6. Developmental Delay/Screenings (children 0-5 years)
7. NVRA

#### **B. The following should be included in the case file if it applies to the case:**

1. Employment/Education- Where the recipient is employed or enrolled and satisfactory progress in an education/training program if this is the hours care is needed. Document pay stubs, collateral letters, income taxes, school schedule. For education, the worker needs to document the class schedule including the breakdown of class/study time and travel or any extenuating circumstances.
2. CPS/CWS-
  - i. CPS needs a Written Referral.
  - ii. CWS needs documentation to support the need.
3. Developmental Need- The type of developmental delay or risk of delay must be documented in the case narrative. The child care worker may use available information from their own observations, from department records, or from other agencies

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and individuals to determine need eligibility. Documentation must be provided at redetermination also.

4. Written statement- The recipient's written statement should be the last resort after all has been exhausted, the case worker must enter detailed documentation as to why the recipient's statement is being used and why previous methods were not used. Documentation must be detailed so that a County, State, or Federal reviewer is able to determine the reasonableness of the determination.

For additional information regarding Verifications, Documentation, & Referrals refer to: Chapter 7 Family Definition and Determining Eligibility & Attachment 3 Verification of Child Support Chapter 4 Attachment 1 Sample Narrative & Chapter 4 Attachment 2 Sample Foster Care Referral

## XII. SCENARIOS

### 1. Alternate Plan of Care-

Q: The primary provider (provider A) reported that he or she has been exposed to COVID and will need to quarantine for 14 days. The children who are enrolled and are attending provider A's facility are still in need of child care, although their provider is closing for 14 days. Can the family use an alternate plan of care?

A: Each family representing the enrolled children has the option to choose a different facility for up to 30 days, while the primary provider is closed.

### 2. Calculating the Plan of Care

Q: A recipient applies for child care assistance. During the application process, the conversation between the worker and the applicant confirms that the recipient is employed full time, working 37 hours per week and is a student enrolled in evening classes for 12 hours per week. Which status will the worker base child care on?

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A: The worker will base child care on full time employment because care is needed for the hours that the recipient is employed. The worker should have a conversation with the applicant to ensure the need.

### 3. Determining the Level of Care

Q: A recipient applies for child care assistance for a three-year-old child. The recipient states that he or she works a 3rd shift at the hospital. The recipient provides paycheck stubs for the past month that indicate full time employment, paid on a biweekly pay period. What is the plan and level of care for this recipient?

A: The level of care is determined by the average hours the recipient works each week. Based on the recipient working 3rd shift care can be offered to this recipient for 1st shift so that the recipient may rest as well as for 3rd shift, while the recipient works. In this situation, there will be two plans of care. The reason for authorizing the 1<sup>st</sup> shift must be documented.

When a family asks for a specific plan of care such as 11-6 M-F, those hours are expected to be entered into NC FAST as 11-6 on M-Fri. Schedule varies is used for varying schedules such as when a person has a child at a facility with 1st and 2nd shift and the hours the person could have to work include 8am-11pm M-F but they only work 24 hours (75%) within the hours they have to be available. That is a varying schedule.

Or a person who has to be available everyday M-F from 11-6 but only works 3 days a week (75%). If you entered 8am -11pm M-F it would be 75 hours which would put it above 100%.

The level of care is determined by the number of hours the recipient works each week.

### 4. Determining the Level of Care

Q: A parent works 80 hours a week for two weeks and 40 hours a week for the other two weeks. That amounts to 240 hours for the month. What would be the plan of care?

A; In this scenario, the family is eligible for 150% plan of care because the parent works 80 hours for 2 weeks, and 40 hours the next

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2 weeks. The worker averages using the corresponding multiplier for weekly pay periods  $240 / 4.3 = 55.81$  hours. Refer to Level of Care Chart.

The plan of care is based on the most hours needed for care whether it is for school or work.

5. Q: Mary works 3rd shift at Walmart. She currently has an active CPS case with Halo County, due to her leaving the children home alone. What would be the plan of care?

A: Since she has an active CPS case the plan of care is based upon the CPS referral and the hours of care recommended on the referral from the CPS worker.

### 6. Documentation

Q: The applicant called to report a change during the certification period; their income has increased. Will the worker adjust the parental fee based on the new information documented?

A: No, the worker will not act on the increase. However, the worker must obtain verification (refer to verifications) and document the change in the narrative and at redetermination the adjustment will be made. If the increase is above 85% SMI, the applicant will receive a termination notice. If there is a decrease the change will be documented and reflected at the time the change is reported. The worker will not change the parental fee during the time the change was reported, the worker will add the documentation of the reported change to the case notes to be reviewed at redetermination. Parental fee cannot increase during 12-month certification period due to change in income.

Refer to Chapter 11: Responding to Eligibility Changes and Redetermination

### 7. Joint Custody

Q: A recipient applies for child care assistance. During the application process, it is discovered that the child spends two weeks out of each month with mom and two weeks out of each month with dad. How will the worker proceed?

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A: When parents share custody of a child and both parents need child care assistance, each parent applies for the period of time the child resides in his/her home and pays the corresponding parental fee. There are two separate applications and parental fees even if the child is with the same child care provider.

### 8. Verification

Q: Recipient applies for SCCA during application, they present wage stub documentation proving they work 37 hours weekly, getting paid \$10 per hour. Based on the applicant working 37 hours weekly, getting paid \$10 per hour with a total family size of 2 people, is this family size eligible for child care assistance? Will this applicant be eligible for full-time care?

A: Yes, the family is eligible for SCCA and yes, the family is eligible for full time care because the number of hours worked weekly is in excess of 30 hours per week.

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For additional information on policy discussed in this chapter please refer to:

### **SCCA Manual**

#### **Chapter 4: Application, Eligibility Determination and Documentation**

- Attachment 1 Sample Narrative
- Attachment 2 Sample Foster Care Referral
- Attachment 3 Verification of Child Support

#### **Chapter 6: Serving Children with Special Needs**

#### **Chapter 7: Family Definition and Determining Income Eligibility;**

#### **Chapter 16: Payment Policies**

### **SCCA Child Care Rules**

[10A NCAC 10 .0905](#) (a) and (f)

[10A NCAC 10 .0906](#) (a) and b)

[10A NCAC 10 .0907](#)

### **NC FAST Help Job Aids**

SCCA- 90-day transition

SCCA- Alternate plan of care evidence

SCCA- Application to Case

SCCA- Application to Case Checklist

SCCA- Applications for work first recipients

SCCA- Cancelled, reissued, rejected, and voided vouchers

SCCA- CPS, CWS, and Foster Care referrals

SCCA- Decision details and change of circumstance reference guide

SCCA- Education time limits

SCCA- Employment, self-employment, and income evidence

SCCA- Evidence Reference Guide

SCCA- Foster Care Transitions

SCCA- Joint Custody

SCCA- Manual adjustments

SCCA- Plan of care details on the provider portal

SCCA- Plan of care evidence