

North Carolina Department of Health and Human Services

DIVISION OF CHILD DEVELOPMENT

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SUBSIDIZED CHILD CARE SERVICES ADMINISTRATIVE LETTER No. 02-10

TO:

Directors of County Depts of Social Services

Directors of Local Purchasing Agencies

FROM:

Deborah J. Cassidy, Ph.D

ISSUED:

November 10, 2010

SUBJECT:

Revisions to Subsidized Child Care Reimbursement System

EFFECTIVE DATE: November 2010 Payment Month

The purpose of this memo is to provide information about changes related to the Subsidized Child Care Reimbursement System that are being implemented for State Fiscal Year (SFY) 2010-2011. Please retain this memo with your electronic and/or paper copy manual until a change notice is issued with updates to the Subsidized Child Care Reimbursement Manual.

I. Subsidized Child Care Staff Security - User Profile Page

The Subsidized Child Care Reimbursement system will soon be capturing a user profile for all users actively using the SCCR system. When this function is implemented, each user will see the new screen appear at their initial login, after this new function has been implemented. (See page 2 of this letter.) The user's name, RACFID and SCC - assigned Staff ID will appear, along with their approved authorization levels (Inquiry, Data Entry, etc.).

Users must enter their phone number and email address at a minimum; however, everyone is encouraged to complete the form in its entirety.

It's expected that the User Contact Information screen will re-appear once every 90 days, and will require users to press <Enter> to confirm that their contact information is still correct. Storing the email information for our SCCRS users electronically will facilitate the development of email alerts, which will be forthcoming in the near future. The screen will also include a field for "Network Printer ID" - reserved for state staff using a direct-networked printer.

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. F KErS: 1=Help 3=E/1t 4=Na	in Menu ENTER to Update on C	ontomy
414- You must add your phone no	umber and email address (gr.N	90424

This User Contact Information screen will be available by accessing the following options from the SCCRS Main Menu.

- 9 Administrative Menu
- 14 Interactive Services
- 5 Contact information

II. Time Limited Voucher

During the November 2010 payment month, the SCCRS payment detail screen will be updated to give users the ability to designate a payment as part of a "time-limited (TL) voucher".

When a child's payment is recorded for the first month (where the child's payment client status is 0 or 1), and after all currently-existing required fields are entered, the new field will display.

The process is described below.

- a) Users access the child demographic/payment detail screen and enter all child and payment data items as is the current process and press <Enter>.
- b) When the "View Family Data" is checked "Y" (see example below) the second data entry screen that will appear is the family case screen. This is the area where the worker records the responsible adult information.

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GHB7301M TEST
                     SUBSIDIZED CHILD CARE REIMBURSEMENT
                                                                    11/08/10
03270001
                           CHILD DEMOGRAPHIC DETAIL
                                                                    12:13:43
LAST NAME jones
                           FIRST NAME kelly
                                                MI K VIEW FAMILY DATA y
DCS ID 20095689444 EIS ID
                                        EIS CASE
DOB 2009-01-01
                     RACE W
                                      ETHNICITY
                                                     GENDER IN LANGUAGE
FAMILY CASE 566646
                      ELIGIBILITY BEGIN 2010-01-01
                                                     END 2010-12-31
 JOINT CASE IND IN NO. RESPONSIBLE ADULTS 2 MONTHLY INCOME 2300
COUNTY 32 DURHAM
                        INCOME UNIT SIZE 3 LIVES WITH RELATIVE/TYPE y
                            CHILD PAYMENT DETAIL
FACILITY J6870132 ABUNDANT LIFE CHRISTIAN ACADEMY
SERVICE MONTH 2010 02 FEBRUARY PROVIDER 681138 ABUNDANT LIFE CHURCH MONTHLY PAYMENT RATE 325.00 MONTH PAYMENT REQUESTED 02 FEBRUARY
                          FEE BEGINS
MONTHLY PARENT FEE
                                                SERVICE AMOUNT
SERVICE DAYS
                    20
                         PARTIAL
                                            PARENT FEE AMOUNT
                                            PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N STARS N
                                               SS QUALITY BONUS (Y/N) N
SPECIAL FEES
                                     FUND SOURCE 25
CLIENT STATUS 0
RATE GROUP r10
CATEGORY CD 009
                                                        MORE @ FOUR (Y/N) n
NEED CODE
             811
                                     W/E RATE (Y/N) N CORR CD
NEW CLIENT CD
                                     ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB154- Enter all required data and press ENTER to perform add function.
           i :00.1
                                                                       21/55
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[All screen shots from SCCRS – TEST contain "scrambled" information that does not identify actual case participants or information.]

c) After the Family / Case information is saved, the above child demographic/payment detail screen reappears. Pressing <Enter> again, as directed, triggers a system review of all other data fields, checking for accuracy.

d) If the information entered passes all data entry edits, and when the Client Status field has been entered as "0" or "1", the new "Time-Limited Voucher" fields will appear in the top right corner of the screen.

GHB7301M TEST SUBSIDIZED	CHILD CARE REIMBURSEMENT 11/08/10 DEMOGRAPHIC DETAIL 12:21:32
03270001 CHILE	DEMOGRAPHIC DETAIL 12:21:32
LAST NAME JONES FIRST	NAME KELLY MI J VIEW FAMILY DATA EIS CASE TL VOUCHER VIEW ETHNICITY GENDER H LANGUAGE
DCS ID 20064568889 EIS ID	EIS CASE TL VOUCHER \\
DOB 2009-06-06 RACE W	ETHNICITY GENDER H LANGUAGE
FAMILY CASE 555555 ELIGIBILI	TY BEGIN 2010-01-01 END 2010-12-31
JOINT CASE IND N NO. RESP	ONSIBLE ADULTS 2 MONTHLY INCOME 2300 UNIT SIZE 3 LIVES WITH RELATIVE/TYPE Y
COUNTY 32 DURHAM INCOME	UNIT SIZE 3 LIVES WITH RELATIVE/TYPE Y
CHI	LD PAYMENT DETAIL
FACILITY J3270582 'A' PRECIOUS A	VINDAM PLANCE LANDO BENERA ESCRIBERA DE CARROL DE CONTRACTOR EN ALCONOMIA DE COMPANIO DE CONTRACTOR DE CARROL DE CONTRACTOR DE C
CEDVICE MONTH ON ON A CALCIOUS A	DV DDOVING 301857 MARCADET LIDCOMRS
MONTHLY DAVMENT DATE 305 AA	RY PROVIDER 321857 MARGARET LIPCOMBS MONTH PAYMENT REQUESTED 02 FEBRUARY EGINS SERVICE AMOUNT AL PARENT FEE AMOUNT PAYMENT AMOUNT
MONTHLI FATPLAT RATE 525.00	FCTNS SERVICE AMOUNT
CEDVICE DAVE	AI PARENT EFE AMOUNT
	PAYHENT AHOUNT
THE CHEST OF THE STATE OF THE S	STARS Y SS QUALITY BONUS (Y/N) Y
SPECIAL FEES	FUND SOURCE 25
RATE GROUP R10	CLIENT STATUS 0
EXTERNAL PART ARA	PARTY AND TOUR PROPERTY OF THE PARTY OF THE
NEED CODE 211	W/E RATE (Y/N) N CORR CD
NEED CODE 811 NEW CLIENT CD	ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main	Menu Tivima Tivi
GHB452- Family record successful	ly updated
	1.2/32
4B (c. 100.4	

- e) The TL Voucher (TLV) field will accept entry only in the field on the right. A number of months, from 1 to 12, that identifies the maximum time period the voucher is valid must be entered. The value in the left position is a "counter" that will automatically display when the first payment is created.
- f) No entry is required if the TLV designation does not apply. Simply continue with <Enter> and the screen will send the "Press F10 to Confirm" message.
- g) If the payment is the first of a series of payments, part of a "time-limited voucher", the user will enter a value that identifies the maximum number of months for which the voucher is valid, as shown on the next page.

JOINT CASE IND N	SUBSIDIZED CHILD CARE CHILD DEMOGRAPH FIRST NAME KEL EIS ID E RACE W ET ELIGIBILITY BEGIN NO. RESPONSIBLE AD INCOME UNIT SIZE	ULTS 2 MONTHLY I	NCOME 2300
COUNTY 32 DURHAN		3 LIVES WITH RELAT	IVE/TYPE Y
SERVICE MONTH 20 MONTHLY PAYMENT RATE MONTHLY PARENT FEE SERVICE DAYS \$1.00 FOOD SUPPLEMEN SPECIAL FEES RATE GROUP R10 FIR CATEGORY CD 009 WIT NEED CODE 811 EMP NEW CLIENT CD F KEYS: 1=Help 3=E GHB139- Child Invoic	CHILD PAYMENT PRECIOUS ANGEL DAYCA 10 02 FEBRUARY PROV 325.00 MONT FEE BEGINS 20 PARTIAL T (Y/N) N STARS Y FUND ST SHIFT BELOW 1 CLIE H REGARD TO INCOME LOYED W/E xit 4=Nain Menu e Detail is displayed.	H PAYMENT REQUESTED SERVICE AMOUN PARENT FEE AMOUN PAYMENT AMOUN SS QUALITY BON SOURCE 25 SCC NT STATUS 0 NEW E MORE RATE (Y/N) N CORR CD	OZ FEBRUARY IT 325.00 IT IT 325.00 IUS (Y/N) Y INROLLMENT CHILD I

h) When the TLV maximum months field is entered, the next <Enter> will trigger the display of a monthly "counter" that identifies this payment as the first of 12.

CHILD PAYMENT DETAIL	HB7301M TEST S 3270001 AST NAME JONES CS ID 20064568889 OB 2009-06-06 AMILY CASE 555555 JOINT CASE IND N OUNTY 32 DURHAM	CHILD DEMOGRAPH FIRST NAME KEL EIS ID E RACE W ET ELIGIBILITY BEGIN	HIC DETAIL LLY MI J EIS CASE THNICITY GE 2010-01-01 DULTS 2 MON	TL VOUCH NDER M LANG END 2010-I THLY INCOME	Y DATA ER 1 N 12 UAGE 2-31 2300
SERVICE MONTH 2010 02 FEBRUARY PROVIDER 321857 MARGARET LIPCOMBS MONTHLY PAYMENT RATE 325.00 MONTH PAYMENT REQUESTED 02 FEBRUARY MONTHLY PARENT FEE FEE BEGINS SERVICE AMOUNT 325.00 SERVICE DAYS 20 PARTIAL PARENT FEE AMOUNT PAYMENT AMOUNT 325.00 \$1.00 FOOD SUPPLEMENT (Y/N) N STARS Y SS QUALITY BONUS (Y/N) Y SPECIAL FEES RATE GROUP R10 FIRST SHIFT BELOW 1 CLIENT STATUS 0 NEW ENROLLMENT CHIL CATEGORY CD 009 WITH REGARD TO INCOME MORE @ FOUR (Y/N) NEED CODE 811 EMPLOYED W/E RATE (Y/N) N CORR CD NEW CLIENT CD ENHANCEMENT CD F KEYS: 1=Help 3=Exit 4=Main Menu GHB180- Press F10 to confirm update or addition, F3 to cancel.	ACILITY J3270582 'A' ERVICE MONTH 2010 ONTHLY PAYMENT RATE ONTHLY PARENT FEE ERVICE DAYS 1.00 FOOD SUPPLEMENT PECIAL FEES ATE GROUP R10 FIRS ATEGORY CD 009 WITH EED CODE 811 EMPL	CHILD PAYMENT PRECIOUS ANGEL DAYCA 0 02 FEBRUARY PROV 325.00 MONT FEE BEGINS 20 PARTIAL (Y/N) N STARS Y FUNI T SHIFT BELOW 1 CLI REGARD TO INCOME OYED W/E ENH.	T DETAIL ARE VIDER 321857 MA TH PAYMENT REQU SERVICE PARENT FEE PAYMENT SS QUALI D SOURCE 25 ENT STATUS 0 RATE (Y/N) N C	RGARET LIPCO ESTED 02 FEB AMOUNT AMOUNT TY BONUS (Y/ SCC NEW ENROLLM MORE @ FOU	MBS RUARY 325.00 325.00 N) Y

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i) Each month after the month-end close out is performed, and payments "roll over" into the next current month, the TLV monthly counter will automatically increase - changing (for instance) from 1/12 to 2/12 - then, in the month following, to 3/12 - and so on.

When the month arrives where the payment is recognized as <u>12 / 12</u> (or current month counter = maximum allowed months), the facility will be placed on the county's "Needs Attention" list as a reminder that the payment must be terminated. If the child is placed on a new TL Voucher, or if the child qualifies for a regular child care voucher, a new payment must be keyed.

Please share this information with all staff in your agency that use the Subsidized Child Care Reimbursement System to query for information or make payments to providers. A copy of this memorandum must be maintained in your SCCRS Manual. Questions regarding the system changes should be directed to one of the following Information Management Specialists in the Division.

Carol Carnley, Administrative Officer Information Management Services Unit Carol.Carnley@dhhs.nc.gov (919)890-7008

Tye Ricks, Administrative Officer Information Management Services Unit Tyronda.Ricks@dhhs.nc.gov (919-890-7090)

DJC/CC

cc: Carol Carnley
Tye Ricks
Child Care Coordinators
Reimbursement Personnel
Subsidy Services Consultants