



North Carolina Department of Health and Human Services

DIVISION OF CHILD DEVELOPMENT

Phone: 919.662.4499 Fax: 919.661.4845 Courier Number: 56-20-17



Physical Address:
319 Chapanoke Road
Raleigh, NC 27603

Mailing Address:
2201 Mail Service Center
Raleigh, NC 27699-2201

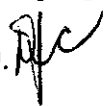
Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

Deborah J. Cassidy, Director

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.

GHEID005M TEST SUBSIDIZED CHILD CARE REIMBURSEMENT 11/01/10
04370003 USER CONTACT INFORMATION 09:48:07
STATUS ACTIVE
RACFID TS89DC3 STAFFID 04370003 WORKER NUMBER NCID
NAME SCC TRAINING ID 03
TITLE
WORK PHONE _____ EMAIL ADDRESS (BELOW) EMAIL ALERT _

PURID 43 HARNETT
DEPARTMENT _____
DIVISION OR AGENCY NAME _____
DIV. PHONE _____ TOLLFREE _____
FAX _____ COURIER _____
LOCATION ADDRESS _____ NC
MAIL ADDRESS _____

NETWORK PRINTER ID _____
CONTACT LAST UPDATE _____
SCC/SSRS AUTHORIZATIONS:
INQUIRY Y DATA ENTRY Y PURCHASER CLOSE OUT Y
LAST UPDATE 2010-05-17

F KEYS: 1=Help 3=Exit 4=Main Menu ENTER to Update or Confirm
014- You must add your phone number and email address (or None).

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 m LANGUAGE
FAMILY CASE 566646      ELIGIBILITY BEGIN 2010-01-01          END 2010-12-31
JOINT CASE IND n        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
MONTHLY PARENT FEE          FEE BEGINS          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
RATE GROUP r10          CLIENT STATUS 0
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.
AB r: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.

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GHB7301M TEST      SUBSIDIZED CHILD CARE REIMBURSEMENT      11/08/10
03270001           CHILD DEMOGRAPHIC DETAIL              12:21:32
LAST NAME JONES    FIRST NAME KELLY      MI J    VIEW FAMILY DATA
DCS ID 20064568889 EIS ID              EIS CASE      TL VOUCHER  N
DOB 2009-06-06     RACE W              ETHNICITY     GENDER M LANGUAGE
FAMILY CASE 555555 ELIGIBILITY BEGIN 2010-01-01  END 2010-12-31
JOINT CASE IND N    NO. RESPONSIBLE ADULTS 2 MONTHLY INCOME 2300
COUNTY 32 DURHAM  INCOME UNIT SIZE 3 LIVES WITH RELATIVE/TYPE Y
-----
CHILD PAYMENT DETAIL
FACILITY J3270582 'A' PRECIOUS ANGEL DAYCARE
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
SERVICE DAYS 20 PARTIAL PARENT FEE AMOUNT
PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N STARS Y SS QUALITY BONUS (Y/N) Y
SPECIAL FEES FUND SOURCE 25
RATE GROUP R10 CLIENT STATUS 0
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
GHB452- Family record successfully updated.
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AB :00.4 13/23
  
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- 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.

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GHB730IM TEST      SUBSIDIZED CHILD CARE REIMBURSEMENT      11/08/10
03270001           CHILD DEMOGRAPHIC DETAIL      12:32:42
LAST NAME JONES    FIRST NAME KELLY      MI J  VIEW FAMILY DATA
DCS ID 20064568889 EIS ID              EIS CASE      TL VOUCHER 1 12
DOB 2009-06-06    RACE W             ETHNICITY     GENDER M LANGUAGE
FAMILY CASE 555555 ELIGIBILITY BEGIN 2010-01-01 END 2010-12-31
JOINT CASE IND N   NO. RESPONSIBLE ADULTS 2 MONTHLY INCOME 2300
COUNTY 32 DURHAM INCOME UNIT SIZE 3 LIVES WITH RELATIVE/TYPE Y
-----
CHILD PAYMENT DETAIL
FACILITY J3270582 A PRECIOUS ANGEL DAYCARE
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 FUND SOURCE 25 SCC
RATE GROUP R10 FIRST SHIFT BELOW 1 CLIENT STATUS 0 NEW ENROLLMENT CHILD
CATEGORY CD 009 WITH REGARD TO INCOME MORE @ FOUR (Y/N) 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
GHB139- Child Invoice Detail is displayed.
4B :00.1 05/11
  
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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.

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GHB730IM TEST      SUBSIDIZED CHILD CARE REIMBURSEMENT      11/08/10
03270001           CHILD DEMOGRAPHIC DETAIL      12:33:28
LAST NAME JONES    FIRST NAME KELLY      MI J  VIEW FAMILY DATA
DCS ID 20064568889 EIS ID              EIS CASE      TL VOUCHER 1 12
DOB 2009-06-06    RACE W             ETHNICITY     GENDER M LANGUAGE
FAMILY CASE 555555 ELIGIBILITY BEGIN 2010-01-01 END 2010-12-31
JOINT CASE IND N   NO. RESPONSIBLE ADULTS 2 MONTHLY INCOME 2300
COUNTY 32 DURHAM INCOME UNIT SIZE 3 LIVES WITH RELATIVE/TYPE Y
-----
CHILD PAYMENT DETAIL
FACILITY J3270582 A PRECIOUS ANGEL DAYCARE
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 FUND SOURCE 25 SCC
RATE GROUP R10 FIRST SHIFT BELOW 1 CLIENT STATUS 0 NEW ENROLLMENT CHILD
CATEGORY CD 009 WITH REGARD TO INCOME MORE @ FOUR (Y/N) 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.
4B :00.1 04/10
  
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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 12 / 12 (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