

EDUCATION & TRAINING  
*Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF FAMILY & CHILDREN SERVICES



Child Care and Parent  
Services

Basic Policy & MAXSTAR  
Training

For New Family Independence  
Workers

Participant Guide



July 24, 2009

# INTRODUCTION



# PARTICIPANT GUIDE

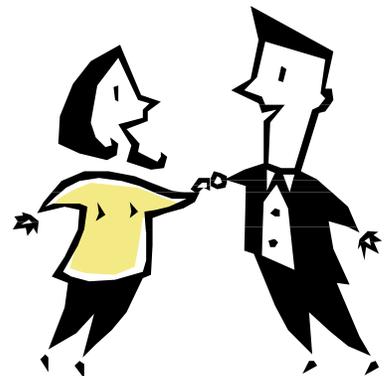
# Child Care New Worker Training 8 - Day Outline

## **CAPS/MAXSTAR BASIC POLICY**

- Day 1: Introduction  
Wait List Processing
- Day 2: Wait List Processing  
Application Processing
- Day 3: Application Processing
- Day 4: Application Processing  
Provider Enrollment and Management
- Day 5: Provider Enrollment and Management  
Certificates
- Day 6: Certificates  
Case Management
- Day 7: Case Management  
Reports  
Review for Exam
- Day 8: Exam  
Review Exam  
Course Evaluations

## Outline of Introduction

- I. Introductions
- II. Registration Forms
- III. Information About Facility
- IV. Determining Learning Styles
- V. Training Information
- VI. Standards, Expectations, and Attendance Policy
- VII. DHR Mission, Values and Goals
- VIII. Mandated Reporting of Child Abuse or Neglect (MR 3020)
- IX. Mandated Reporting of Adult Abuse or Neglect
- X. DFCS and Other Programs
- XI. Office of Family Independence Policy Manual
- XII. Confidentiality and HIPAA (MR 6002, 6003)



## **Objectives of Introduction**

By the end of this module, participants will:

- Be fully registered and will have completed all necessary paperwork for the administration of the class.
- Be familiar with the training facility.
- Be clear about what they will be taught in this class and how this training will be conducted.
- Understand the standards, expectations, and attendance policy for this course.
- Identify individual learning styles.
- Become familiar with the philosophy of the agency and where we are in terms of welfare reform.
- Discuss the DHR Mission, Values and Goals.
- Discuss the focus of DFCS and doing the Right Work the Right Way.
- Understand their responsibility as mandated reporters for Child Protective Services and Adult Protective Services.
- Be introduced to several initiatives that promote collaboration between the Office of Family Independence (OFI) and Social Services sections.
- Become familiar with seven concepts/areas of concern that may serve as red flag warnings of possible child abuse and/or neglect.
- Have a basic overview of the different programs offered by DFCS (TANF, Medicaid, and FS programs).
- Become familiar with various non-DFCS programs to assist customers.
- Become familiar with the common abbreviations used in the CAPS program.
- Be familiar with the need for absolute confidentiality in the work that they will do.

## Determining Your Learning Style

**INSTRUCTIONS:** For each of the numbered items below, rank alternatives A through D by assigning 4 to the phrase that is most like you, 3 to the one that next describes you, 2 to the next, and finally, 1 to the one that is least descriptive of you.

1. When solving a problem, I prefer to
  - a. take a step-by-step approach
  - b. take immediate action
  - c. consider the impact on others
  - d. make sure I have all the facts
  
2. As a learner, I prefer to
  - a. listen to a lecture
  - b. work in small groups
  - c. read articles and case studies
  - d. participate in role plays
  
3. When the trainer asks a question to which I know the answer, I
  - a. let others answer first
  - b. offer an immediate response
  - c. consider whether my answer will be received favorably
  - d. think carefully about my answer before responding
  
4. In a group discussion, I
  - a. encourage others to offer their opinions
  - b. question others' opinions
  - c. readily offer my opinion
  - d. listen to others before offering my opinion
  
5. I learn best from activities in which I
  - a. can interact with others
  - b. remain uninvolved
  - c. take a leadership role
  - d. can take my time

6. During a lecture, I listen for
  - a. practical how-to's
  - b. logical points
  - c. the main idea
  - d. stories and anecdotes
  
7. I am impressed by a trainer's
  - a. knowledge and expertise
  - b. personality and style
  - c. use of methods and activities
  - d. organization and control
  
8. I prefer information to be presented in the following way:
  - a. model such as a flow chart
  - b. bullet points
  - c. detailed explanation
  - d. accompanied by examples
  
9. I learn best when I
  - a. see relationships between ideas, events, and situations
  - b. interact with others
  - c. receive practical tips
  - d. observe a demonstration or video
  
10. Before attending a training program, I ask myself, "Will I...?"
  - a. get practical tips to help me in my job
  - b. receive lots of information
  - c. have to participate
  - d. learn something new
  
11. After attending a training session, I
  - a. tend to think about what I learned
  - b. am anxious to put my learning into action
  - c. reflect on the experience as a whole
  - d. tell others about my experience
  
12. The training method I dislike the most is
  - a. participating in small groups
  - b. listening to a lecture
  - c. reading and analyzing case studies
  - d. participating in role plays

# Scoring Sheet

**Instructions:** Record your responses on the appropriate spaces below, then total the columns.

1c___	1a___	1d___	1b___
2b___	2a___	2c___	2d___
3c___	3a___	3d___	3b___
4a___	4d___	4b___	4c___
5a___	5b___	5d___	5c___
6d___	6c___	6b___	6a___
7b___	7d___	7a___	7c___
8d___	8a___	8c___	8b___
9b___	9d___	9a___	9c___
10d___	10c___	10b___	10a___
11d___	11c___	11a___	11b___
12c___	12a___	12d___	12b___
Totals ___	___	___	___

## **Training Information**

- TRAINING SCHEDULE:** Training will begin at 9:00 a.m. and end at 4:00 p.m., with one hour for lunch, and will include both morning and afternoon breaks. In addition to class time, the trainers are also available one hour before and after class to answer questions and allow extra practice in the computer lab (if applicable). If multiple people need assistance, they will need to make an appointment with the trainer.
- INCLEMENT WEATHER:** In case of inclement weather, the decision of whether to hold training will depend on the facility where we are training. If the weather is inclement in your area, please let your county and the trainer know that you will be absent.
- FLSA TIME SHEETS:** During training, the trainers will not sign your time sheets. Your county should have instructed you on completion. Please make sure you annotate all absences on your time sheet. Please read the memo "FLSA Non-Exempt Employees Attending Required Training" in your Participant Guide.
- MATERIAL:** During training, you will need the following material: Participant Guide, pens, notepads, and a calculator, MAXSTAR Desk Guide, CAPS Policy Manual. The OFI Child Care Policy Manual can be accessed online at [WWW.ODIS.DHR.STATE.GA.US](http://WWW.ODIS.DHR.STATE.GA.US)
- TRAINING AGENDA:** Refer to the "Outline of Training" in the front of your Participant Guide (PG) prior to the Introduction module.

**GOALS FOR TRAINING:**

- To learn the requirements Applicants/Recipients must meet to receive Child Care benefits.
- To learn about other services available to Applicants/Recipients and make appropriate referrals.

**STANDARD OF TRAINING:**

An 80% overall grade average is required in order to successfully complete the course.

**CERTIFICATE AND CEU CREDIT:**

To receive a certificate, participants must complete the Child Care training course with at least an 80% average.

Certificates will be mailed to the county after the participant has completed Child Care training.

**EXAMS:**

There is one exam that consists of 2 parts. The first part is a written exam that covers policy and the second part is a MAXSTAR skill demonstration.

The exams are open-book. All resources (policy manual, training manual, notes, etc.) may be used. The exams are timed; there will be a review before each exam. There are some suggestions and study hints in the Participant Guide.

Exam Dates:

CAPS Policy Exam: \_\_\_\_\_

MAXSTAR demonstration: \_\_\_\_\_

Participants are encouraged to meet with trainers to discuss their completed exams. However, any participant scoring less than 85 on an exam is expected to meet with the trainers to review his/her exam.

**EVALUATION:**

A Final Evaluation will be sent to your county director at the end of Child Care training. Copies of these reports will be given/mailed to you as well. Refer to the sample copy of these reports in your Participant Guide.

**UNSATISFACTORY  
PERFORMANCE:**

Your performance will be reported to the county as required and it will be their decision as to the action to be taken.

MEMORANDUM

May 1, 1995

TO: County Directors of Family and Children Services  
Field Managers

FROM: Robert Riddle, Acting Director  
Human Resources Section

RE: FLSA Non-Exempt Employees Attending Required Training

The purpose of this memo is to provide further directions in reference to what is considered work time while attending required training.

The time spent in training is the actual hours training is in session. (For example: If training is from 9:00 a.m. to 4:00 p.m. with an hour for lunch, the actual work time is six hours.) Breaks are included as work time. However, lunch is not work time unless the employee is performing work during the lunch period. The fact that there is a planned luncheon does not necessarily mean that the lunch period is work time. A planned luncheon or reception after training is not work time unless the employee is specifically required to attend. Homework is not work time unless it's assigned. Trainers should designate a specific time frame for employees to do homework after class. (For example: The trainer ends class at 3:30 p.m. and states for the class to spend one hour after class reading the next day's assignment. This one hour is considered work time.)

Time spent to travel to training and back is considered work time regardless if the employee is driving or traveling with someone. The time it takes the employee to travel from home to the regular work site may be deducted.

FLSA is not concerned with work periods when less than 40 hours of work is performed. If hours spent in training, traveling to and from training and assigned homework add up to less than 40 hours, pay the full salary for that work period. Unless the employee habitually works less than 40 hours or the hours of work become a disciplinary matter, consider that the State requirement for a 40 hour week may be averaged over a three-month period. If the employee actually works over 40 hours in a work period after all adjustments for leave or time off are made, then overtime must be paid.

Time sheets should be kept by each employee attending training and signed by the employee and the employee's supervisor, not the trainer. The time sheet is an agreement between the employee and their supervisor, not the employee and trainer.

This information should be shared with all staff before they are required to attend training. If you have any questions regarding this matter, please contact the DFCS Employee Relations Unit.

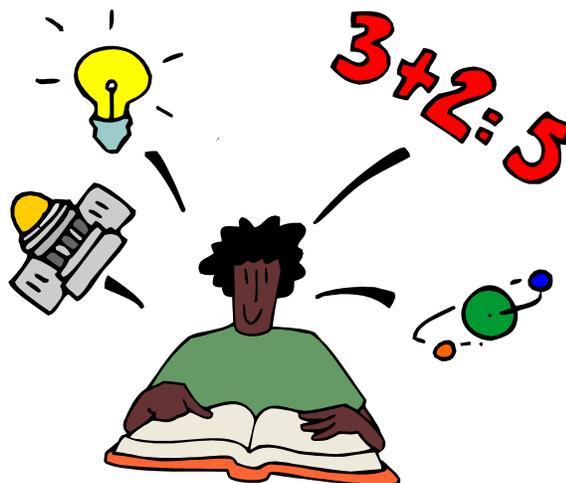
RR: spa

cc: Joan Couch, Acting Chief  
Employee Development Unit - Human Resources Section

## Open Book Exams: How to Prepare and How to Complete

1. Take notes in class to supplement material already in the Participant Guide and Policy Excerpts.
2. When working on exercises, complete all assigned. If you need additional emphasis, complete extra exercises and those not assigned in class. Answer in pencil first, then in ink as class goes over, or answer on a separate sheet and use the questions again as a study aid before tests.
3. Review class notes and pertinent sections of Participant Guide DAILY.
4. Review FS Policy manual excerpts that are relevant to topics covered in class notes. Become familiar with the location of these sections.
5. Review exercises - determine if you understand the concept behind the question.
6. Study with others.
7. Make arrangements with trainer to discuss areas which are still unclear.
8. Study DAILY - do not CRAM the night before an exam!
9. Study as carefully as you would for a closed-book exam.
10. Manage your time wisely during the exam - be aware of the total number of questions and/or forms to be completed. Assign yourself a general time frame for completing each section.

11. Read each situation carefully; identify pertinent data which will help you make policy decisions.
12. Read each question carefully. Read each multiple choice answer carefully. Eliminate any OBVIOUSLY incorrect answers.
13. If you are unable to determine the correct answer, come back to it later. Sometimes another question will remind you of a policy concept. Sometimes you may want to clarify a policy from your manual or notes.
14. Once you have answered a question, do NOT change your answer unless you have SOLID evidence that you answered it incorrectly the first time.
15. Remember - the questions are designed to test your ability to identify data, relate it to a policy, and make a decision. Some answer choices may be correct in another situation. Look for the one which is correct for the given situation.
16. Be sure you have answered every question. Be sure you have marked every question on your answer sheet.
17. If you have a different study method which has been successful for you, USE IT!



**MEMORANDUM**

**TO:** \_\_\_\_\_, Director  
\_\_\_\_\_  
\_\_\_\_\_ County DFCS

**FROM:** \_\_\_\_\_, Trainer(s)

**DATE:**

**RE:** Final Evaluation of Family Independence Case Manager Participating in  
Child Care/MAXSTAR New Worker Training.

Below is a training evaluation for \_\_\_\_\_, who attended this session of the Child Care New Worker Training. Please be sure that the supervisor receives a copy of the evaluation.

Enclosed is a copy of a Training Summary Card that was developed by the County Training advisory Committee as a helpful tool for supervisors to document and track training needs of their workers. It lists topics that are either not covered in New Worker Training or are covered briefly and need follow-up training in the county. Should you have any questions about the evaluation, please call Jean Cheese, Project Coordinator, at (706) 542-5465.

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1 = Needs Improvement                      2 = Meets Expectations

- \_\_\_\_\_ Understands the general purpose of the job.
- \_\_\_\_\_ Produces work of satisfactory quality.
- \_\_\_\_\_ Produces work of satisfactory quantity.
- \_\_\_\_\_ Displays appropriate organizational skills.
- \_\_\_\_\_ Uses time appropriately in class.
- \_\_\_\_\_ Is attentive in class.
- \_\_\_\_\_ Adheres to rules and policies of class.
- \_\_\_\_\_ Interacts appropriately with peers.
- \_\_\_\_\_ Interacts appropriately with trainers.

**EXAM SCORES:**

	<b>CONTENT</b>	<b>SCORE</b>
<b>CAPS Exam 1</b>	Includes Application Processing, Program Requirements, CAPS in Support of Social Services, Linking Families to Provider, Provider Enrollment, Case Management and Reports.	_____

Final score of participant: \_\_\_\_\_

Final class average: \_\_\_\_\_

**ATTENDANCE:**

Dates Absent \_\_\_\_\_ Times \_\_\_\_\_

**OTHER COMMENTS:**

## Child Care MAXSTAR Skill Demonstration

As part of the Exam, your participant completed a MAXSTAR skill demonstration which incorporated the following actions in a Child Care application. Feedback of your participant's performance (whether the action was performed correctly) is provided below:

MAXSTAR ACTION	YES	NO
CASEHEAD INFORMATION		
CASE PROGRAM/ACTIVITIES		
CASEHEAD EMPLOYMENT		
INCOME WORKSHEET		
CASEHEAD SCHOOL/TRAINING		
OTHER HOUSEHOLD MEMBERS		
CHILD INFORMATION		
APPROVE CHILD NEED FOR CARE		
OTHER PARENT EMPLOYMENT		
OTHER PARENT SCHOOL/TRAINING		
CASE MILESTONES		
CONSUMER EDUCATION		
CASE ACTIVITY LOG		
CREATING CERTIFICATES		
FORM 60		
PRINTING DOCUMENTS		

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## EDUCATION AND TRAINING SERVICES SECTION

### DIVISION OF FAMILY AND CHILDREN SERVICES TRAINING PROGRAMS

#### CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY

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As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

*While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.*

*DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.*

*If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.*

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee’s leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee’s leave request. The trainer/facilitator **will NOT** approve any leave.

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: [OFItraining@dhr.state.ga.us](mailto:OFItraining@dhr.state.ga.us)
- For attendance at any Social Services training e-mail: [SStraining@dhr.state.ga.us](mailto:SStraining@dhr.state.ga.us)

I \_\_\_\_\_ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

August 23, 2006

**EDUCATION AND TRAINING SERVICES SECTION**  
**DIVISION OF FAMILY AND CHILDREN SERVICES**  
**TRAINING PROGRAMS**

**CLASSROOM STANDARDS, EXPECTATIONS**  
**AND ATTENDANCE POLICY**

**SIGNATURE PAGE**

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I, \_\_\_\_\_, have read  
and understand the Classroom Standards, Expectations and  
Attendance Policy for DFCS training programs.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## THE DEPARTMENT OF HUMAN RESOURCES SERVICE MODEL



### OUR MISSION:

To strengthen Georgia's families – supporting their self-sufficiency and helping them protect their vulnerable children and adults by being a resource to their families, not a substitute.

### VALUES:

- Do not accept welfare and total dependence on government for any family.
- Expect adults to work.
- Be a resource and support, not a substitute, for families.
- Expect every consumer to invest/participate in their own recovery.
- Serve people as close to home, family and community as possible.
- Give customers as much control over getting the information they need as technologically possible.
- Use data and information to help make decisions.
- Do not accept “business as usual” – it’s not good enough.
- Spend government money like it’s our own.
- Treat customers as if they were our own family.
- Make it faster, friendlier, easier for people to deal with us.
- Reward our workforce for performance.
- Deliver services as if we were not the only one who could do that work.

## **Goals of DHR/DFCS Staff**



❖ **Working/Self-Sufficient Customers:**

Increase the number of DHR families achieving self-sufficiency through work or work related activity.

❖ **Home/Community-Based Services:**

Increase the supply and use of home and community-based human services.

❖ **Technology Access:**

Increase customer and staff access to information that improves productivity.

❖ **Employee Engagement:**

Improve DHR employee engagement with customers.

❖ **Prevention:**

Increasing the number of Georgia citizens engaging in healthy, pro- social behavior.

## **DFCS Focus:** **Develop Strong Families**

Developing strong families means:

- ☑ Ensuring safety, permanency and well-being for Georgia's children
- ☑ Keeping kids safe
- ☑ Keeping kids happy, healthy and learning with families and in their communities
- ☑ Keeping adults providing for their families by working, weighing options and learning to effectively problem solve
- ☑ Keeping the elderly healthy and connected to life affirming activities.

### **The Right Work the Right Way**

- ❖ Making our services faster, friendlier and easier to all Georgians
- ❖ Incorporating values into the work we do
- ❖ Building trust by showing genuine interest in learning about and understanding the family
- ❖ Engaging customers in the most effective and efficient way
- ❖ Focusing on the entire family unit to motivate, remove barriers and weight options
- ❖ Empowering customers with options that will provide positive outcomes and produce movement in their lives to help strengthen their families.
- ❖ Working in unison with Social Service Case Managers and other organizations to secure the support and resources needed by our families.

## **YOUR RESPONSIBILITY IN REPORTING CHILD ABUSE OR NEGLECT (ESS 3020)**

### **ALL DFCS EMPLOYEES ARE REQUIRED BY LAW TO REPORT CHILD MALTREATMENT OR SUSPECTED ABUSE.**

Even though your contact with a family may be limited to short office visits and telephone calls, you could observe or receive information that warrants a referral to child protective services.

### **ANY SUSPECTED ABUSE OR NEGLECT MUST BE REPORTED.**

Your responsibility will be to report anything that you suspect is abuse. This includes but is not limited to the following:

- observing physical signs (ex., bruises, black eye) on a child during an interview
- observing abusive action during the interview
- someone discloses information during the interview
- someone discloses information during a telephone call

### **IF IN DOUBT, REPORT - ALWAYS ERR ON THE SIDE OF THE CHILD**

CPS intake workers will screen all reports and determine whether to assign for investigation.

### **ALL REPORTS SHOULD BE MADE VIA TELEPHONE CALL AND FOLLOWED UP IN WRITING AS SOON AS POSSIBLE**

If someone tells you of abuse during the interview or in a telephone call, connect them with the CPS intake unit at that time if possible. It is always best for the CPS worker to talk with the person who has the most knowledge. If you suspect the abuse, you need to call CPS. Always follow up in either situation with a Form 713 and route to CPS intake in your county. Keep a copy of the Form 713 for your record. If the child who is reported as being abused lives in another county, your CPS intake staff will follow up with notifying the correct county.

### **INCLUDE AS MUCH INFORMATION AS POSSIBLE IN THE REFERRAL**

- Child's name, age and address (and current location, if different from address)
- Parent's name, address and telephone number
- Reason for the referral (observation or information disclosed)
- Reporter's name, address, telephone number and relationship to the problem.

### **IF SOMEONE ELSE DISCLOSES THE INFORMATION THAT WARRANTS THE REFERRAL, THEY DO HAVE THE RIGHT TO REMAIN ANONYMOUS**

## **Collaboration Models**

### **Family Preservation Services Pilot**

The Family Preservation Services pilot was established in seventeen counties from around the state in order to develop and assess a new model for providing ongoing Child Protective Services (CPS). It was initiated in response to two pieces of data; families were involved with the CPS system longer than desired, and these same families had a higher than desired rate of recidivism into the CPS system. This data suggested that the current CPS practice model needed to be analyzed and possibly changed in order to more effectively attain positive outcomes for children and families.

The basis of the Family Preservation Model is in family centered practice and engaging community and family into our work. It incorporates Family Team Meetings and is focused on strengthening families by including them in the planning and decision-making process. Key elements and anticipated benefits of the new service delivery model include:

- Early and prompt assessment of family needs and risk issues
- Continuous assessment of risk throughout the life of the case
- Family focused Family Team meetings which identify strengths and resources early on
- Team approach engaging the family, OFI case manager, CPS investigator, Family Preservation case manager (CPS ongoing case manager) and community agencies
- Case Plan completion in less than 60 days, decreasing initial assessment time and focusing on goals to be completed an resources available
- Case Plan development with the family; focused on strengths and needs
- Community involvement leading to better relationships among agencies and more resources to families
- Informal support systems identified and engaged with the family; available to provide ongoing support once the case is closed.
- Broad monitoring plan developed
- Key relatives identified early on as supports or as safety resources if needed
- Planned exit strategy (Discharge Plan) established with the family
- Time of agency involvement with the family potentially shortened. (Average length of Family Preservation Services: 4-5 months)

### **Family Resource Connection Pilot**

The Family Resource Connection Pilot is being established in Regions VI and X in order to provide early intervention services to at-risk families receiving Food Stamp benefits and TANF. It was initiated in response to data indicating that both regions had a high percentage of Food Stamp cases that were also

opened for ongoing child protective services. The data suggested that early assessment of risk, provision of short-term intervention and connections to family, community and agency resources might prevent later CPS involvement. Family Resource Specialists have been hired to screen Food Stamp applicants for voluntary participation in the Family Resource Connections pilot. Families participating in the pilot will receive supportive services from the DFCS Family Resource Specialist referrals to community resources.

### **Diversion**

Diversion cases are those that may not immediately meet the criteria for a CPS investigation, but that indicate the family may need additional resources or support. Diversion workers initiate contact with the family, assess safety and risk, identify family needs, and provide appropriate services and referrals. Diversion cases are not investigations but can be reassigned as a formal investigation if more serious needs or potential risk are discovered. Diversion is an example of a collaborative model between Social Services and Office of Family Independence. Both Social Services and OFI provide connections to community resources in order to assist families to prevent CPS involvement or the need to apply for OFI services. A work group including case managers and supervisors involved in diversion has been meeting to document the various models of diversion and best practices

### **Family Team Meetings**

Since the summer of 2005, the Division has embraced one model of structured Family Team Meetings (FTM) and has emphasized the importance of the Family Team Meeting process in all programs of the division....from child protective services to foster care to Office of Family Independence programs. Structured Family Team Meetings involve families and their personal resources in a manner which supports the family, ensures the safety of the child, and enhances the planning process. The meeting is different from any other type of family meeting or staffing done by DFCS; it is a structured meeting, and follows a sequence of stages lasting a total of 1.5 – 2 hours. The use of FTMs has proven to be effective in changing the entire dynamic of the relationship between child welfare professionals and families and can be utilized whenever a formal plan needs to be created (e.g., Case Plan) or a key decision made (e.g., potential relative placement), regardless of program areas.

Facilitating the Family Team Meeting requires an advanced skill set, especially group facilitation skills, and is led by a “DFCS Approved” FTM Facilitator, who has gone through an extensive training and coaching process. The FTM Facilitator is supported by a Co-Facilitator, who records key planning/decision making points on Easel Pads. The long-range goal is to have every Case Manager within these areas trained and approved to a Family Team Meeting Facilitator and competent in facilitating or actively supporting/participating in Family Team Meetings.

## 7 Concepts / Areas of Concern

### **Child Vulnerability**

- Child Under 4 years of age
- Child physically or mentally impaired or in need of special care?

### **Caregiver Capability**

- Does caregiver have significant impairment in mental capacity?
- Does caregiver have history of drug or alcohol abuse?
- Was caregiver abused or neglected as a child?

### **Quality of Care**

- Has child been denied essential medical treatment?
- Is there overall lack of physical care?

### **Maltreatment Pattern**

- Was any child addicted or exposed to drugs or alcohol?
- Has child suffered physical injuries or sexual abuse?

### **Home Environment**

- Is the family experiencing any recent significant stress?
- Are the conditions in and/or around the home hazardous or unsanitary?

### **Social Environment**

- Is the family socially isolated or unsupported by extended family?
- Has any person in the home ever been a victim of spousal abuse?

### **Response to Intervention**

- Does any caregiver deny, seem unaware of, or take the allegations less seriously than CPS?
- Is any caregiver hostile toward or refusing to cooperate with CPS?

## **Child Protective Services (CPS) Referral Situations**

**Situation 1:** Client comes in for a Food Stamp review and brings her two children with her. One is four and the other is six months old. Both get restless during the interview and begin crying. The client screams at the four-year-old to stop crying. You notice he screams and shrieks back in terror. You observe bruises on his cheeks and his arms. She picks up the baby and shakes her roughly also telling her to be quiet. You notice also that there are bruises on the baby's legs.

**Action to be taken:** Try to calm the client down and help with the children. Do not confront the client about her inappropriate behavior. Call CPS intake immediately after the interview and follow up with a Form 713.

**Situation 2:** An absent parent for one of your clients calls you because your client asked him to verify the child support he sends to her. He is angry and tells you he does not want his child receiving any public assistance because he provides for his child. He says if DFCS wants to do something they should give custody to him because he states your client uses and sells drugs and is not providing a safe place for the child to live. He says his child (age 6) has called him numerous times to come and pick the child up. When he got there your client was "out of it".

**Action to be taken:** Encourage the absent parent to make the referral and transfer him to the CPS intake unit if he agrees to this. You will also need to call CPS intake. Then, follow up with a completed Form 713.

**Situation 3:** A mother and her three children come into your office. The mother says, "I cannot handle these kids any longer and I want you to take them!" The mother insists that DFCS take the children now. The client appears agitated and upset. She starts weeping and says she is sick. She says we must take the children.

**Action to be taken:** You alert your supervisor about the situation and then you call CPS intake to arrange for someone from Services to come right away and talk to the client. Follow up with a Form 713.

## Adult Protective Services

**All DFCS employees are required by law to report abuse, neglect or exploitation of disabled adults or elderly persons.**

***Calls that are Emergency Situations should be directed to contact... 911.***

Reports of abuse, neglect or exploitation of disabled adults or elder persons (**who are NOT residents of nursing homes or personal care homes**) should be directed to the **Adult Protective Services (APS) Central Intake Unit** of the Georgia Department of Human Resources, Division of Aging Services.

### **APS Central Intake Unit Contact Information:**

- Toll-Free: (888) 774-0152
- Within Metro Atlanta local calling area: (404) 657-5250

Reports of abuse, neglect or exploitation of disabled adults or elder persons **who live in a nursing home or personal care home** should be directed to the Georgia Department of Human Resources, **Office of Regulatory Services or Long Term Care Ombudsman Program.**

### **Office of Regulatory Services Intake Contact Information:**

- Toll-Free: (800) 878-6442
- Within Metro Atlanta local calling area: (404) 657-5728
- Submit a report online at <http://aging.dhr.georgia.gov>

### **Long Term Care Ombudsman Program Contact Information:**

- Toll-Free: (888) 454-5826

### **Contact Information:**

Division of Aging Services  
Two Peachtree Street, NW  
Suite 9385  
Atlanta, Georgia 30303-3142

Phone: 404.657.5258  
Fax: 404.657.5285



## **Assistance Programs Available in Georgia**

**TANF -Temporary Assistance for Needy Families** provides assistance to needy families to help them become self-supporting through employment, pursuing child support and preventing out-of-wedlock pregnancies. Cash assistance is conditional upon compliance with work requirements and personal responsibilities. Families with children under 18 (and some 18 years) must be in financial need. This program is administered in Georgia by the Division of Family and Children Services (DFCS). A more detailed explanation of TANF follows this page.

**SSI - Supplemental Security Income** provides a monthly check and Medicaid to aged (age 65 or older), blind or disabled individuals who are in financial need. SSI may act as a "supplement" to other income, or it may be the only income the individual receives. Disabled children may also receive SSI unless their parents have too much income. SSI is administered in all states by the Social Security Administration and funded entirely by the federal government.

**GA - General Assistance** provides assistance for disabled individuals not receiving SSI or families who are threatened with eviction. This is a county-funded program available only in certain counties in Georgia. Eligibility rules and types of assistance offered are different in each county. GA applications are processed by the county Division of Family and Children Services.

**RRP - Refugee Resettlement Program** provides cash, medical assistance, and social services for up to eight months to Refugee families who are in financial need based on TANF standards. The program is federally funded and administered in Georgia by the Division of Family and Children Services.

**Energy Assistance** provides financial assistance for low-income families to help pay for the cost of heating and cooling their homes. Energy Assistance is administered in Georgia by the Community Action Agencies. It is funded with money provided by the federal government and voluntary contributions to utility companies.

**Medical Assistance Programs** provides Medicaid to persons who meet certain requirements. Certain "Classes of Assistance" are listed and explained in the following pages. This is not a complete list.

## **Temporary Assistance to Needy Families (TANF)**

Georgia's public assistance programs have been in existence since 1938 with regulations constantly undergoing changes. The signing of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) on August 22, 1996, eliminated the open-ended entitlement of the Aid to Families with Dependent Children as a public assistance program. All states were mandated to implement provisions under Temporary Assistance for Needy Families (TANF) by July 1, 1997.

The purposes of TANF are to:

- provide assistance to needy families so that children can be cared for in their homes or in the homes of relatives,
- end the dependency of needy parents on government benefits by promoting job preparation, work, and marriage,
- prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies, and
- encourage the formation and maintenance of two-parent families.

TANF is a work program. In operating the TANF program, Georgia provides cash assistance on a temporary basis (up to 48 months) to needy families with dependent children. We believe that welfare is not good enough for any family, and that children are better off when responsible caretakers are able to provide for their families.

Therefore, the Georgia Department of Human Resources (DHR), through the Division of Family and Children Services (DFCS), assists parents and grantee relatives in creating a secure future for their families through stable employment. Georgia emphasizes that there is dignity in work and urges responsible adult behavior and economic self-sufficiency to end dependency on government assistance.

To meet this primary goal, DHR provides all possible assistance to parents and grantee relatives with job preparation, work opportunities, support services and aggressive enforcement of child support obligations to children living in these families. In so doing, Georgia will enable needy families to become self-sufficient and leave the TANF program as soon as possible, thus preserving their TANF months for future use, if needed.

Promoting the well-being of the children of Georgia is the mission of the Department of Human Resources, Division of Family and Children Services. In order to fulfill its mission, the Department assists families in their efforts to acquire the necessary means to achieve economic self-sufficiency.

Every client who is subject to personal responsibilities and/or mandatory work requirements must develop, along with the case manager, a TANF Family Service Plan (TFSP). The TFSP must be developed specifically for the client and the client must comply with the requirements of the service plan.

A TANF Family Service Plan (TFSP) is developed with the family and may include:

- job search, job training, and assistance with job placement
- support services such as child care, transportation, and other necessary expenditures that assist families in obtaining and sustaining employment, thus eliminating the need for cash assistance
- support services intended to support and maintain two-parent families, and
- support services intended to prevent teen and out-of-wedlock pregnancies.

According to the TFSP, assistance is provided in the following manner:

- cash assistance that is provided either by check or electronic benefit transfer
- Non-TANF assistance provided in the form of Employment Intervention Services (EIS) and/or Transitional Support Services (TSS) to TANF applicants and recipients to maintain employment and stop the TANF Clock. *TANF Clock refers to the time limited nature of TANF benefits.*

Georgia is committed to developing strong families by utilizing all work requirements contained in the federal legislation. This commitment includes the provision of childcare and other support services necessary to not just place people in jobs, **but to help keep them employed.** Thus, participants who go to work and become ineligible for cash assistance due to employment may continue to receive childcare, as well as other support services including Transitional Support Services and/or Work Support Payments, ensuring stable employment and decreasing recidivism.

Georgia's focus on what is beneficial to children extends beyond merely providing cash assistance. Georgia is committed to end the cycle of welfare dependency that has characterized entitlement-based programs in the past.

Children in TANF families have access to Georgia's Pre-Kindergarten and HOPE Scholarship programs. DHR has begun an initiative that seeks to strengthen families by expanding out-of-school services to youth throughout the state.

Children in Georgia benefit from the availability of child welfare, public health and community-based programs and prevention programs can benefit a broad range of at-risk youth.

Georgia requires responsible parental behavior as a condition of eligibility for public assistance. The State has continued its family cap provision and immunization requirement, implemented prior to the PRWORA.



## TRANSITIONAL FOOD STAMPS FACT SHEET

### **Congratulations, your household is now eligible for Transitional Food Stamps.**

#### **What is Transitional Food Stamps?**

Transitional Food Stamps (TFS) is a way for you to continue getting food stamps after Temporary Assistance for Needy Families (TANF) ends. It is a special program for food stamp households leaving TANF due to employment.

If eligible you can get TFS for five months. During this time you will get the same amount of food stamps each month. The benefits will not be less than those you got the last month you received TANF.

#### **What amount will I receive during the 5 month period?**

The TFS benefit amount is based on household income, expenses and number of people in the household for the month prior to the TANF case closure. This month is called the "Freeze Month". No new income or support payments are included in the benefit calculation. The transitional food stamp benefit amount will stay the same for the next five months.

#### **What do you report?**

Families do not have to report any changes while getting TFS. The only time a TFS benefit amount will change with-in the five-month period is if a Transitional Food Stamp member moves out and joins another food stamp household. The amount will change due to the change in the household size. The new benefit amount will remain the same for the remainder of the five-month benefit period.

#### **What happens if you report a change?**

You will need to reapply for food stamps if you have a change that will give you more food stamps. Your TFS benefits will end if you are eligible for more benefits using the new application. The TFS benefits will stay the same until the end of the 5-month TFS period if the benefits will be less.

#### **What happens after the five-month Transitional Food Stamp Period is over?**

The TFS household will receive a notice that the five-month period will end and that they must complete a recertification for regular foods stamps. A face-to-face recertification interview must be completed to continue benefits. To avoid a gap in food stamp benefits the recertification must be completed during the last month the family is eligible for TFS. If the household chooses not to apply for regular food stamps, the case will close.

The Department of Family and Children Services is available to help with problems and answer additional questions you may have about this change in reporting requirements. Contact your caseworker at the number listed below, or call the toll free information number 1-800-869-1150. (In the Atlanta area call 404-657-9358.)

You can contact your worker at the following telephone number \_\_\_\_\_.

Worker \_\_\_\_\_ Date \_\_\_\_\_

## Medical Assistance Program (This is not an all-inclusive list)

### Family Medicaid Classes of Assistance

- \* **Low Income Medicaid (LIM)** covers adults and children who meet the financial eligibility based on income and resource limits. In addition, LIM is available for families who choose to receive only Medicaid rather than cash assistance (TANF), or choose to receive their child support rather than TANF, or do not wish to comply with the Personal Responsibilities or the Work Requirements of the TANF Family Service Plan.
  
- \* **Right from the Start Medicaid (RSM)** covers children and pregnant women who are not eligible for LIM. Eligibility covers pregnant women who have income less than or equal to 200% of Federal Poverty Level (FPL), children under age 1 who have income less than or equal to 185% of the Federal Poverty Level (FPL) and children from age 1 through 6th year birth month who have income less than or equal to 133% of FPL. It also covers children age 6 through age 18 who have income less than or equal to 100% of the Federal Poverty Level. This program was created to help reduce infant mortality in the U.S. and to give young children the "right start" in life. It allows many families the safety net of medical coverage for children while they continue to financially support themselves.
  
- \* **Newborn Medicaid (NB)** provides Medicaid coverage to a child born to a mother who was eligible for and receiving Medicaid under any class of assistance in Georgia on the day the child was born. A child is eligible for NB Medicaid for up to 13 months beginning with the month of birth and continuing through the month in which the child reaches age 1, as long as the child lives with the mother continuously.
  
- \* **Transitional Medical Assistance (TMA)** provides Medicaid for up to 12 months to families for whom LIM is terminated because of increased or new earnings from employment. TMA uses 185% of the Federal Poverty Level as the income limit for eligibility. This program is to help transition families into full independence.

## Medical Assistance Program

### Family Medicaid Classes of Assistance (continued)

- \* **Four Months Medicaid Due to Increased Child Support (4 MCS)** provides continued Medicaid eligibility when a LIM AU becomes ineligible for LIM because of the receipt of child support. The AU may receive four months of extended Medicaid.
  
- \* **Medically Needy Medicaid** provides Medicaid to children and pregnant women who cannot qualify for Medicaid any other way. This program allows the family to "spenddown" excess income with their medical expenses as a means of becoming Medicaid eligible. It provides support for the working family which has too much income to be eligible for RSM but also has high medical bills.
  
- \* **Child Welfare Foster Care (CWFC) Medicaid** provides Medicaid coverage for a child who is in placement for whom DFCS has partial or total responsibility and who also has been determined ineligible for IV-E Foster Care. Eligibility for CWFC Medicaid is based on LIM basic eligibility requirements with some exceptions and LIM income and resource requirements.

## Medical Assistance Program

### Aged, Blind, or Disabled Medicaid Classes of Assistance

- \* **"Public Law" Medicaid** can continue Medicaid coverage for individuals who had previously been eligible for Medicaid due to receipt of SSI, but who became ineligible for this program, and consequently became ineligible for Medicaid, due to either an initial entitlement to Retirement, Survivors, Disability Insurance (RSDI) or an increase in RSDI.

- \* **Institutionalized/Home-Based Program** covers aged, blind or disabled persons who are in an institution or home-based program for 30 continuous days. This program uses an income limit that is 3 times the Supplemental Security Income (SSI) limit. It includes individuals in a hospital or nursing home as well as other individuals.

**Hospital Medicaid** covers aged, blind or disabled persons who are in a hospital for 30 days or in a nursing home. This program uses an income limit that is 3 times the SSI income limit.

**Hospice Care Medicaid** provides Medicaid to terminally ill persons who wish to receive services at home or in a Medicaid participating nursing home from a hospice care provider. This type of Medicaid uses the same income and resource limits as listed above.

**Katie Beckett Medicaid** provides Medicaid to blind or long-term disabled children at risk of entering an institution. This Medicaid coverage allows the child to be cared for at home rather than having to enter a nursing home. To determine eligibility for Medicaid under Katie Beckett, consideration of the parents' income and resources is "waived". Only the **child's** monthly income and resources are considered.

- \* **"Waiver" Classes of Assistance** provide additional services above what regular Medicaid pays. Each program defines what expenses are covered.

**Community Care Services Program Medicaid (CCSP)** provides coverage to persons who wish to receive treatment under the Community Care Services Program at home rather than enter a nursing home.

**Mental Retardation Waiver Program (MRWP)/Community Habilitation Support Services (CHSS)** are designed to provide in-home and

community-based services to Medicaid eligible mentally retarded and developmentally disabled individuals who do not receive Medicaid benefits under a cash assistance program.

**Independent Care Waiver Program (ICWP)** provides Medicaid for individuals who meet criteria for Nursing Home placement, but remain at home. These individuals are severely physically disabled or have traumatic brain injuries. These individuals need more care than can be provided by CCSP.

- \* **Q-track Classes of Assistance** provide limited benefits to Medicare eligible individuals.

**Qualified Medicare Beneficiaries (QMB)** acts as a medical coverage supplement to persons on Medicare. The income limit is 100% of the Federal Poverty Level (FPL) and the resource limit is twice the SSI limit. QMB pays the Medicare premium, deductible, and co-payment for Medicare recipients.

**Specified Low-Income Medicare Beneficiary (SLMB)** is a class of Medicaid assistance that pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet certain financial criteria, but whose income or resources make them ineligible for Medicaid.

**Qualifying Individuals - 1 (QI-1)** is a class of assistance that pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet financial criteria based on a percentage of the FPL. The eligibility criteria are identical to SLMB except that the coverage is time-limited depending on available State funds and the income limit is higher than the SLMB limit.

- \* **ABD Medically Needy Medicaid (AMN)** provides Medicaid for the aged, blind or disabled who cannot qualify for Medicaid any other way. This program allows the individual or family to "spenddown" excess income with their medical expenses as a means of becoming Medicaid eligible.

## Medicaid Generally Covers the Following:

- inpatient hospital services with the following restrictions:
  - X one daily physician's visit
  - X one pre-operative in-patient day
  - X no reimbursement for Friday, Saturday or day-before-holiday admissions, except for emergencies
  
- outpatient services with the following restrictions:
  - X visits must be medically justified
  - X services are limited to hospitals with organized outpatient clinics
  
- x-ray and laboratory services
  
- prescriptions, drugs and supplies with the following restrictions:
  - X 6 prescriptions per child per month and 5 prescriptions per adult per month unless the physician receives pre-approval from DMA for more than the limit
  - X drugs must be on the approved list authorized by DMA
  - X AUs must use the same pharmacy throughout the month for all individuals listed on the Medicaid card
  
- physician's services with the following restrictions:
  - X 12 physician office visits per AU member per fiscal year
  - X services necessary for the diagnosis or treatment of illness or injury
  - X family planning services; limited to two per AU member per fiscal year
  - X voluntary sterilization
  - X Healthcheck services for individuals under 21
  - X vaccinations only if directly related to treatment of an injury or direct exposure
  
- the charge for Supplementary Medical Insurance for those eligible for Medicaid and Medicare

- ⦿ emergency ambulance services
- ⦿ orthotic/prosthetic services
- ⦿ whole blood
- ⦿ limited psychological services
- ⦿ limited dental services

**NOTE:** The above list is not all-inclusive. The Medicaid provider has a comprehensive list of services covered by Medicaid.



## Childcare and Parent Services



The Division of Family and Children Service, through the Childcare and Parent Services program, arranges and provides child care assistance as a support service to low-income families and child protective services clients. The state office, local county departments and the child care providers work together to assist families in accessing safe and affordable child care.

Childcare serves a dual purpose:

To protect and guide children whose parents are unable to meet their needs without some financial assistance. In protective services, child care is subsidized for the good of the children so they can remain in their homes. Child care services strengthen family life, reduces the risk of separated from their parent (s); and

To provide children with experiences essential to their health, growth and developmental needs during the time they require child care.

## Referrals to OTHER Programs



**Instructions: For each situation  
the appropriate referral source.**

**described below, please indicate**

1. Ms. Hayes is eligible for expedited Food Stamp. She will receive her Food Stamp allotment within 7 days. Until then she states she does not have any food.  
**Make a Referral to:**
  
2. Mr. Saunders states that he was injured on the job last week.  
**Make a Referral to:**
  
3. Ms. Allen is 3 months pregnant. Her doctor has advised her that she needs to eat healthy and take prenatal vitamins. She states she cannot afford the pre-natal vitamins.  
**Make a Referral to:**
  
4. Mr. Stevens (65) states that he is having financial problems and is unable to pay his high gas heating bills for his home this winter.  
**Make a Referral to:**
  
5. Mrs. James works full-time. She has a 6-month-old son and a 2-year-old daughter. She states that she cannot afford the high cost of childcare and may have to quit her job.  
**Make a Referral to:**
  
6. Mr. Crane has been diagnosed with a disability. He is unable to work.  
**Make a Referral to:**
  
7. Ms. Washington has trouble each month paying her rent. She states that her rent has increased over \$150 in the last 18 months. She states she really needs more affordable housing for herself and her family.  
**Make a Referral to:**

## Child Care Abbreviations

A/P -

A/R -

BFTS -

FU -

CAPS -

CS -

CSS -

DECAL -

DOL -

ES -

E&T -

FS -

HUD -

OFI -

OP/UP -

MAXSTAR -

SPMS -

TANF -





# WAIT LIST PROCESS



## PARTICIPANT GUIDE

## Outline

- I. CAPS Basic Principles
- II. Uniform Accounting System (UAS) Codes (MR 6500)
- III. Family Unit
- IV. Eligible Children
- V. Inquiry/Screening (MR 6201)
- VI. Priority List
- VII. Intro to MAXSTAR®
- VIII. Waiting and Priority List (MR 6202)
- IX. SSN/Unique Identifier

## Objectives

By the end of this module, the participants will:

- Be able to discuss inquiry as the first step in application process.
- Be able to determine which UAS code is appropriate for the family.
- Be familiar with the priority guidelines for CAPS service.
- Understand the wait list process.
- Be able to add or remove cases from the wait list in MAXSTAR.
- Be able to determine the standard of promptness for the inquiry process.
- Be able to state who can apply for child care services.
- Be able to identify who should be placed on the “wait list”.
- Understand the requirements to notify applicants/recipients.

## Caps Basic Principles



- Parents are responsible for their children's support and well-being. This includes selecting and arranging child care.
- Child care supplements the care and protection children receive from their parents.
- Child care is for less than 24 hours per day in a setting selected by the parent.
- Child care is subsidized for low-income families so they may participate in a training program, attend school, or maintain employment.
- Parents of children receiving child care retain their rights and responsibilities.
- CAPS funds may not be used to pay for child care when the provider selected is an employee of DFCS.

**UNIFORM ACCOUNTING SYSTEM (UAS) CODES**

<p><b>UAS 516 - TANF Applicants</b></p>	<p>Use for TANF applicants who are unemployed or underemployed and need child care to conduct job search.</p>
<p><b>UAS 517 - TANF Recipients</b></p>	<p>Use for TANF <b>recipients</b> who are engaged in a state approved activity.</p>
<p><b>UAS 535 - Transitional Child Care</b></p>	<p>Use for</p> <ul style="list-style-type: none"> <li>• <b>TANF applicants</b> who received a TANF support service, became employed during job search, and were denied ongoing TANF due to employment related reasons.</li> <li>• <b>TANF applicants</b> who received an increase in earned income due to a combination of employment and other income resources.</li> <li>• <b>TANF recipients</b> who received an increase in earned income due to a combination of employment and other income resources.</li> <li>• <b>TANF recipients</b> who are denied ongoing TANF due to an increase in earned income.</li> <li>•</li> </ul>
<p><b>UAS 544</b>  <b>(Child Care Block Grant)</b></p>	<p>Use for: Income eligible clients</p> <p>Clients who are employed, attending an education or training program or conducting non-TANF job search and are not applicants/recipients of TANF.</p> <p>(Families with children in court ordered supervision, children in DFCS custody who are not in foster care, children needing Head Start extended day, holiday &amp; or summer care.)</p>
<p><b>UAS 545</b>  <b>(Child Care Block Grant Eligible Exceptions)</b></p>	<p>Use for</p> <ul style="list-style-type: none"> <li>• Families with children with special needs.</li> <li>• Grandparents, great-grandparents, aunts, uncles and adult siblings who are <b>TANF payees only</b> for relative children.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ <b>Non-TANF minors</b> who have custody of their children and are attending high school, middle school, or GED classes.</li> <li>• <b>Adults ages 18-21</b> who have custody of their children and need child care while <b>attending high school full time</b> as defined by the high school.</li> <li>• Other client populations determined “eligible exceptions” by the state office or DHR/DFCS administration.</li> </ul>
<p><b>UAS 555 - Non-TANF Lottery Funded Pre-K Families</b></p>	<p>Use for Non-TANF families who need extended day care for children attending lottery funded Pre-K whose parents, guardians, or responsible persons participate in a state approved activity during the time extended day care is needed.</p>
<p><b>UAS 556 - TANF Pre-K Families</b></p>	<p>Use for TANF families who need extended day care for children in Pre-K whose parents, guardians, or responsible persons participate in a state approved activity during the time extended day care is needed.</p>
<p><b>UAS 557 - Supplemental Supervision</b></p>	<p>Use for children in DFCS Custody residing in Family Foster Homes (Regular or Relative) and need regular, ongoing child care while the foster parent works.</p>
<p><b>UAS 735 - Diverted TANF Applicants</b></p>	<p>Use for employed individuals who meet TANF eligibility criteria, decline their TANF benefits but still need child care.</p>

## Family Unit

DEFINITION: Parent/Guardian/responsible person and any minor children (minor child cannot be parent/guardian/responsible person) for whom they are responsible **and** who live in the same home.

Examples:

- Husband, wife and their children (under age 18)
- Husband, wife and his/her children (under age 18) from a previous relationship
- Grandparents and their grandchildren (under age 18)
- Aunt and her niece (under age 18)
- Aunt, uncle, their nephew, and young cousins (under age 18).
  
- **A minor parent and his or her child or children.**
  
- **Two adults residing together with a child or children in common.**
  - Man, woman, his child, her child, their child
  - Man, woman, his child, their child, her nephew
  
- **Two adults residing together with no child/children in common.**  
(Each is a separate family unit.)
  - Adult female with children, living with her parents
  - Two sisters, each with children, living in the same house.
  - Man living with his girlfriend and her child.
  
- **A child in Supplemental Supervision.**

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**NOTES:** A husband and wife is ALWAYS one family unit, whether or not there is a child in common.

Georgia does not recognize as legal:

- Common law marriages as of 7-1-97
- Same sex marriages

One person can be a family unit. However, the person would not be eligible for child care since there are no eligible children.

## Eligible Children

Clients must have eligible children to receive subsidized child care services. Eligible children must meet age, citizenship, and Immunization requirements.

Children must:

- Be under age 13 years;
- Under age 18 years with special needs (physically or mentally incapable of caring for themselves), or
- Under age 18 years **and** under court-ordered supervision.
- Be legal citizens or have legal alien status;
- Meet immunization requirements.

Care can continue through the month in which the child turns 13 or 18.

Accept and document the A/R's statement of the child (ren)'s age.

Verify court ordered supervision through Social Services CM and/or case safety plan.

NOTE: Document the parent's statement of his or her citizenship status in the case record. Inform the parent that his or her statement of citizenship does not affect the child's eligibility for child care services.

## Inquiry/Screening Process

All individuals seeking child care, except those referred by TANF, CPS or Foster Care must submit Form 66, Inquiry/ Screening for Child Care Services to determine if they are potentially eligible for service.

The individual must be notified within 30 calendar days of whether the family is eligible for priority service or if their name will go on the waiting list.

IF	THEN
Individual is seeking child care assistance in county of residence	Complete Form 66, Inquiry/Screening for Child Care Services, unless TANF, CPS or Foster Care referral.
Individual is seeking child care assistance outside county of residence.	Refer to local DFCS office in county of residence.
If individual submits Form 66 in person, by mail, by phone or in-house referral.	<ul style="list-style-type: none"> <li>• Accept Form 66 and stamp date of receipt.</li> <li>• Have designated staff person screen to determine if individual qualifies for priority service.</li> </ul>
Family does not qualify for priority service or funds are not available to serve non-priority families.	<ul style="list-style-type: none"> <li>• Add family's name to "Wait List" in MAXSTAR.</li> <li>• Mail or hand-deliver a copy of the completed Form 66 within 15 calendar days of receipt, advising family that their name was added to waiting list.</li> </ul>
Family qualifies for priority service or funds are available to serve non-priority families.	<ul style="list-style-type: none"> <li>• Proceed with application process.</li> <li>• Mail or hand-deliver completed Form 66 and Form 66A, Appointment Letter and Verification Checklist.</li> </ul>
TANF, CPS or Foster Care Referral.	Proceed with application process. Family qualifies for priority service and does not go on waiting list. No Form 66 is required.

## Priority List

DHR has established service priorities to ensure that certain segments of the population receive subsidized child care, if eligible, without being placed on a waiting list.

The priority guidelines are applied statewide. The segments of the population who receive priority services, if needed, are:

- TANF job search
- TANF mandatory work clients
- Transitional Child Care (TCC)
- Children with special needs
- Grandparents Raising Grandchildren (GRG) who are at least age 60 or under and receiving SSI or RSDI disability; TANF Payee/Child only recipients and are raising grandchildren under age 5 years
- Supplemental Supervision
- Children under court ordered supervision
- Critical Child Protective Services (CPS) cases where child care services address eminent risks (CPS will determine critical cases)
- Children in DFCS custody who are ineligible for child care from a free funding source
- Children who were in DFCS custody and custody has been transferred to a relative
- Minor parents who are attending middle school, high school, or GED classes full-time
- Parents age 18-21 attending high school full-time
- New children in an existing CAPS case (exception: not siblings of a Pre-K child, when no other children in family are being served in CAPS)
- Natural disaster victims as defined by the state.

On a case-by-case basis, state level waivers may be requested through Regional Child Care Program Specialists in order to address a critical child care need not listed above.

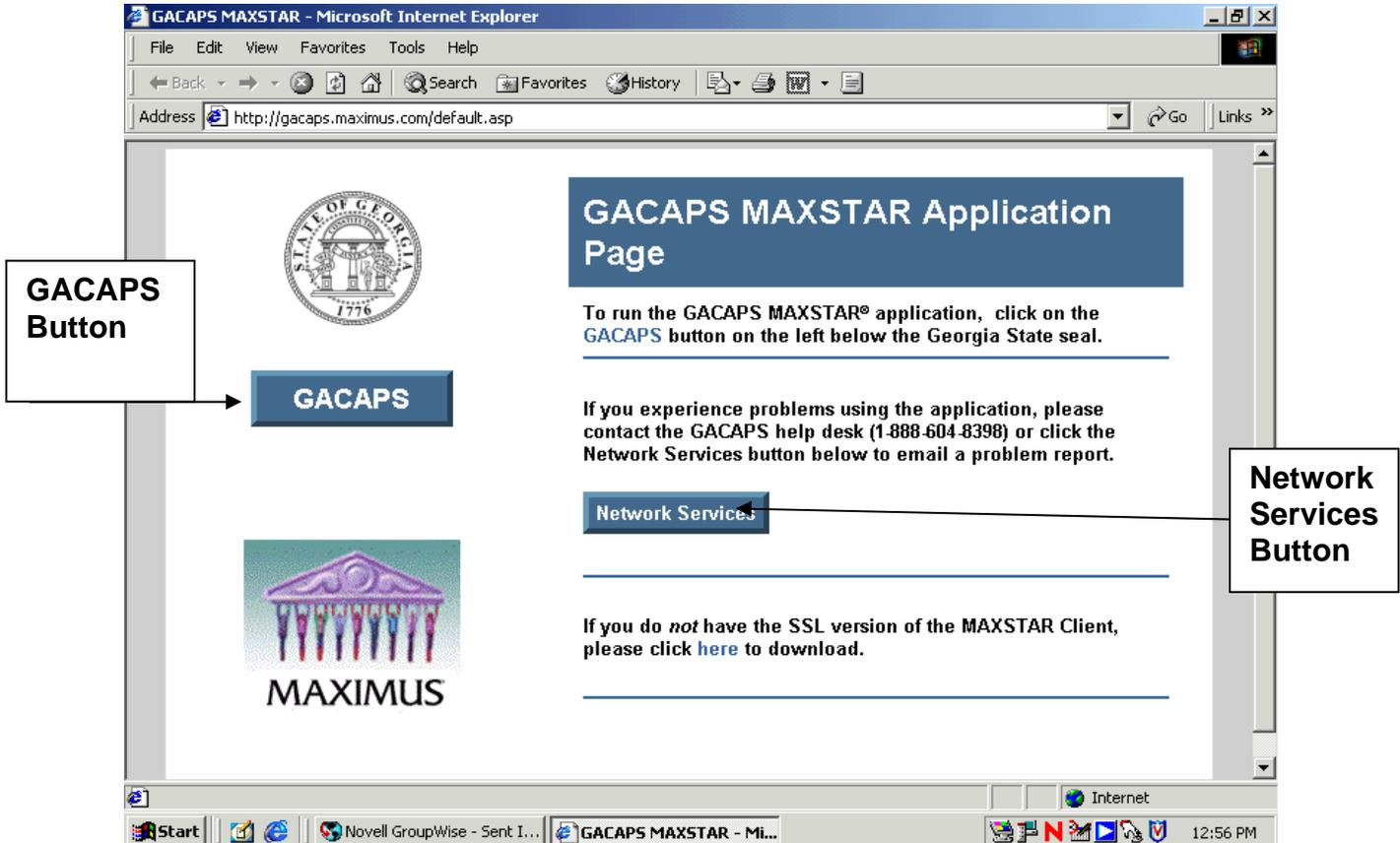
## Intro to MAXSTAR®

Click on the GACAPS icon to access MAXSTAR®

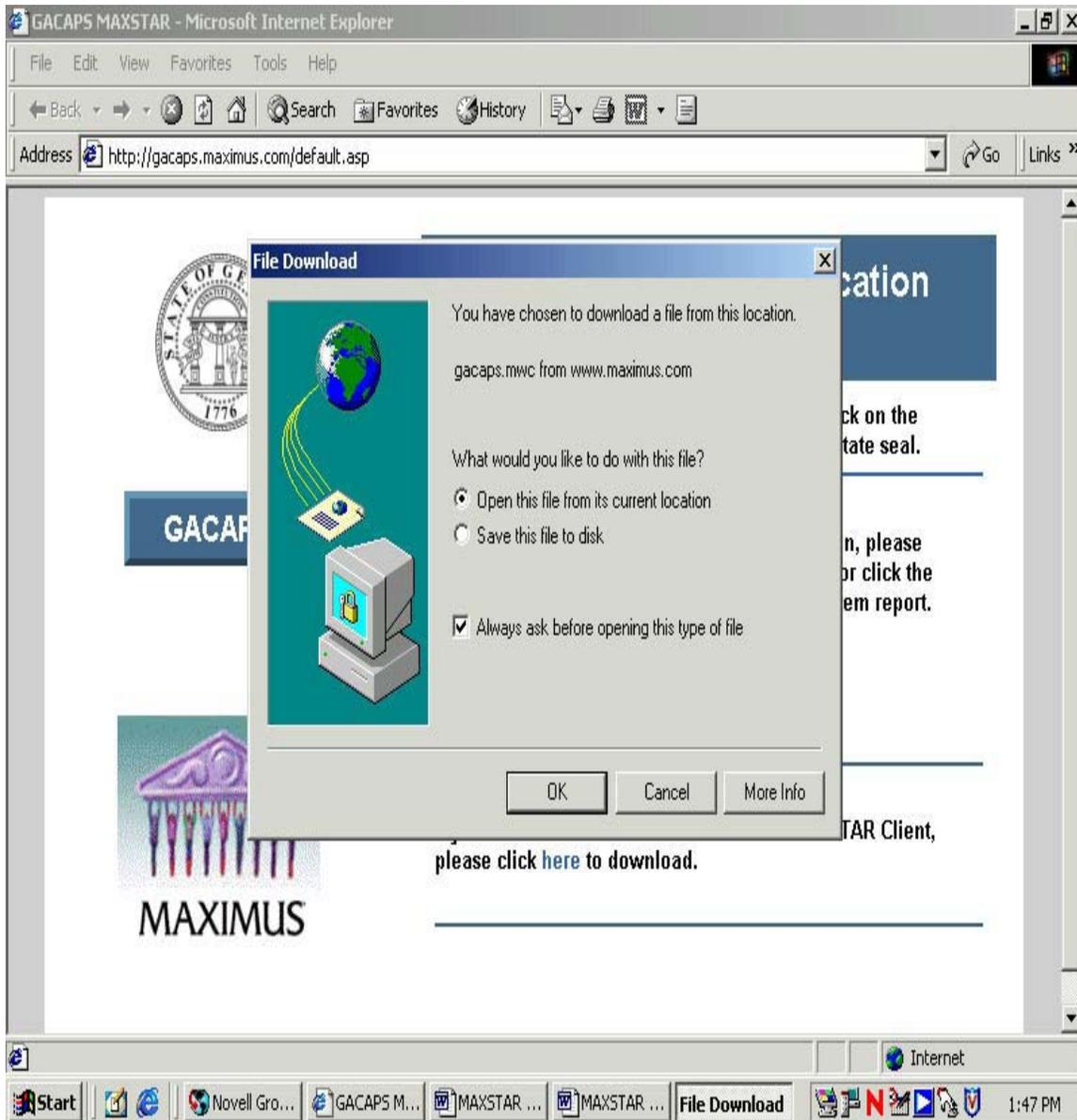


It is very important to keep other software programs closed to optimize the speed and response while using the Internet.

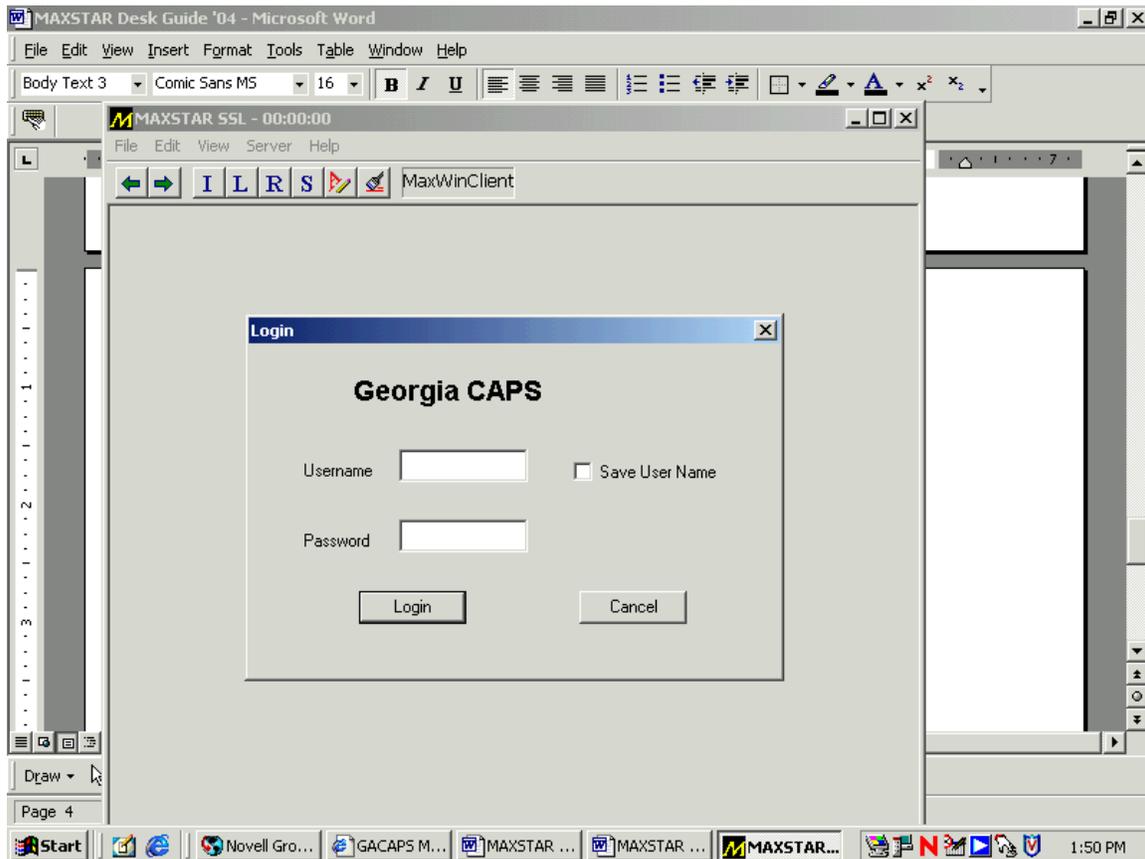
**Click on the GACAPS button to access  
MAXSTAR®.**



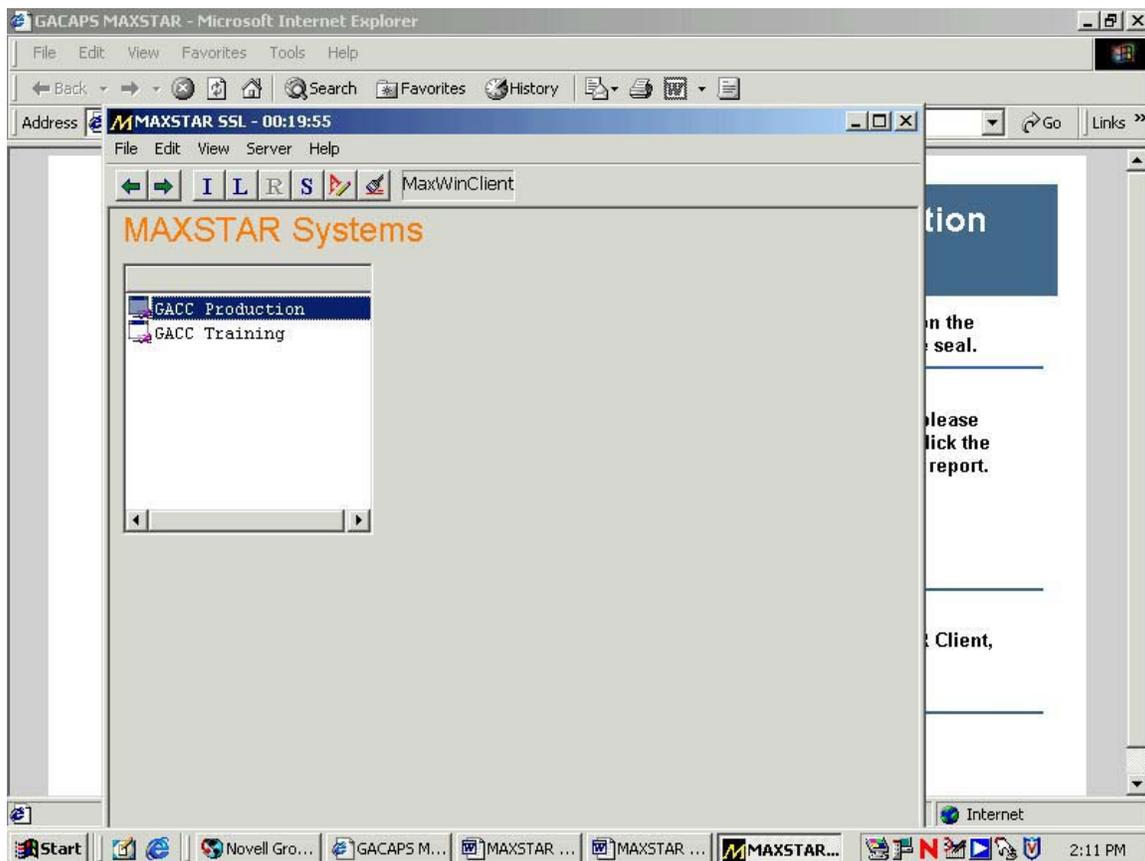
Help Note: Click on the Network Services button to e-mail a problem report. Or Contact the MAXSTAR® Helpdesk @ MAXIMUS by calling 1-888-604-8398.



If this screen appears, click on the circle in front of “Open this file from its current location” and click OK.

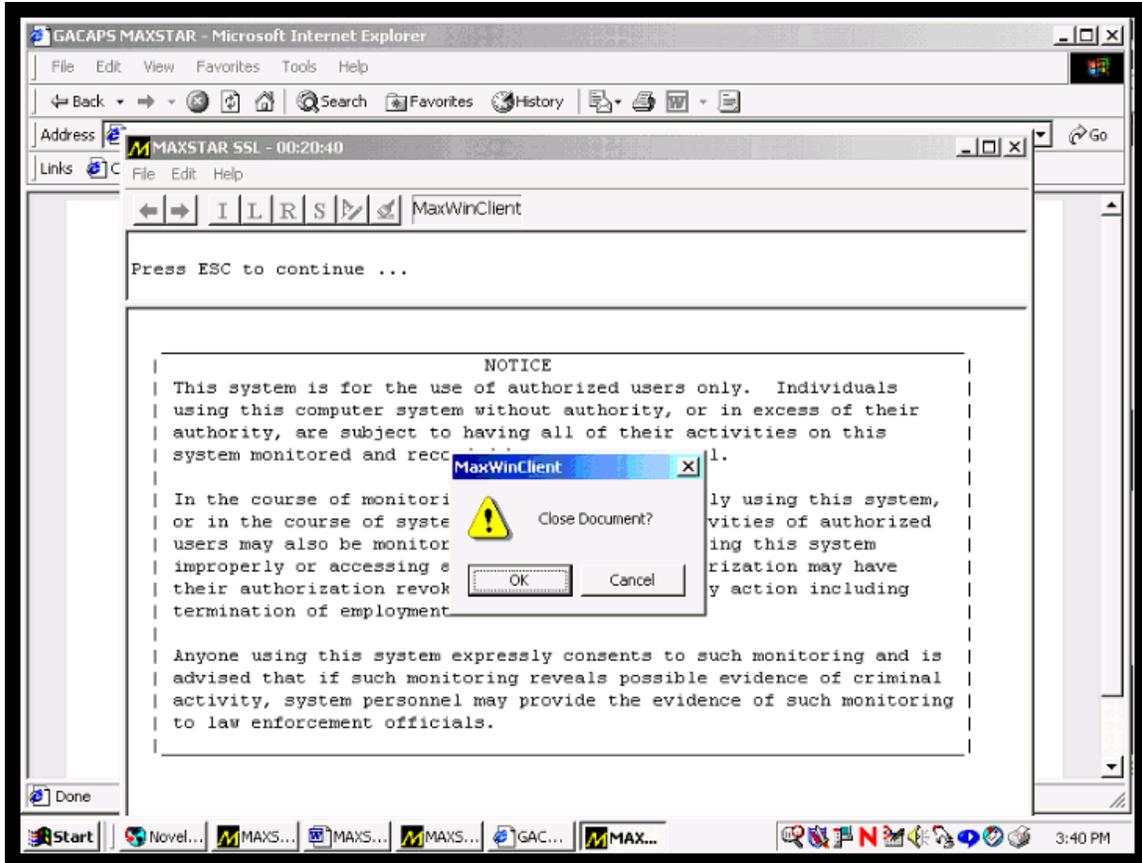


Enter user name and press Tab. Enter password, click on LOGIN, or press Enter. (Use lower case letters only)

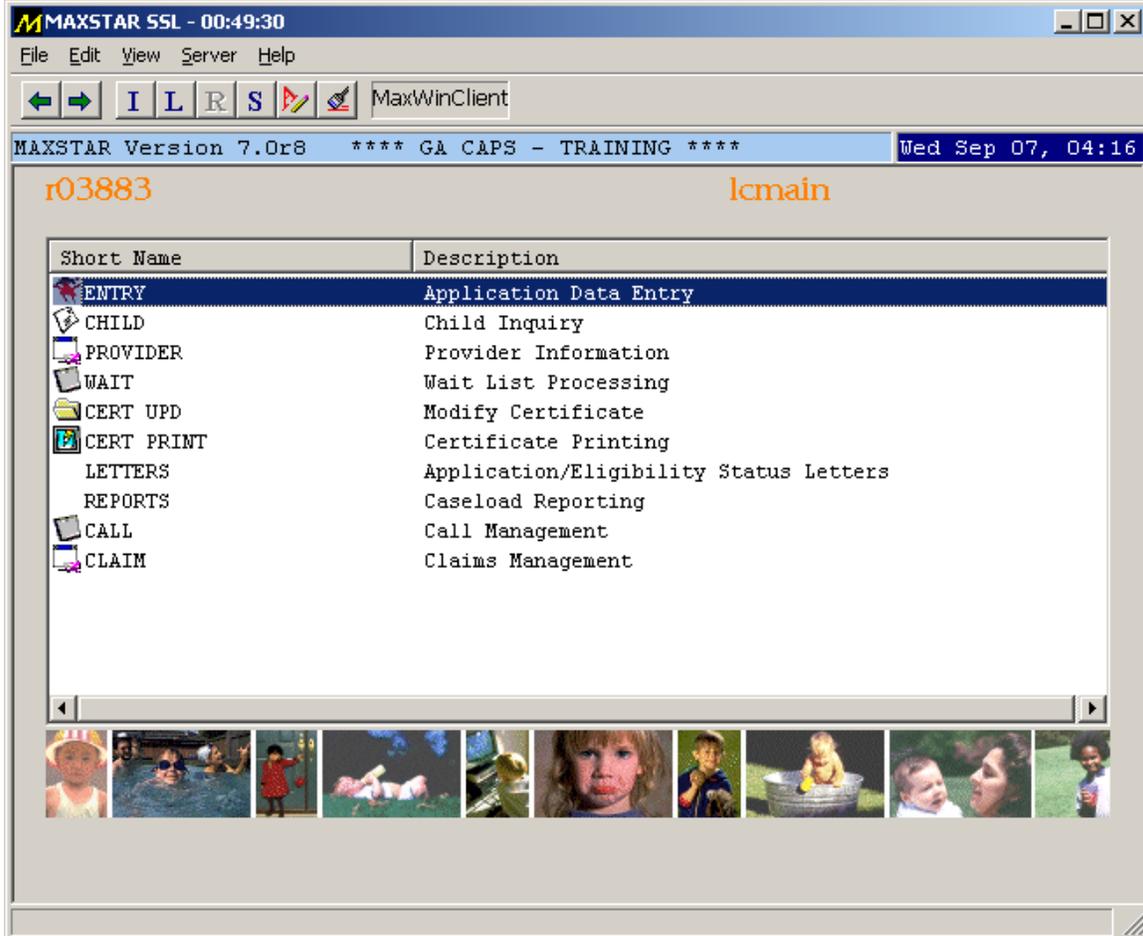


Click on GACC Production or GACC Training.  
Production is the “Live Environment” or information that will affect actual child care benefits and payments to providers.

\*TIP: Always practice in the Training Environment, especially first time users. Information entered in Training does not transfer to Production.



At the Notice Screen, press the ESC (Escape) key and the “Close Document” window will pop up. Click on OK or press Enter to go to the MAXSTAR® main menu.



**Short Name What the Menu Description allows you to do.**

**Entry** - Create, modify or view casehead Information.

**Child** - Perform a search using child Identifiers.

**Provider** - Perform a search using provider information.

**Wait** - Add, process, and monitor the inquiry list.

**Cert UPD** - Modify certificates.

**Cert Print** - View a certificate inquiry screen with payments, view and print a certificate.

**Letters** - Print case/ family eligibility letters to the Casehead.

**Reports** - Reports that give details of active cases, provider information, payments to providers, and county budget information.

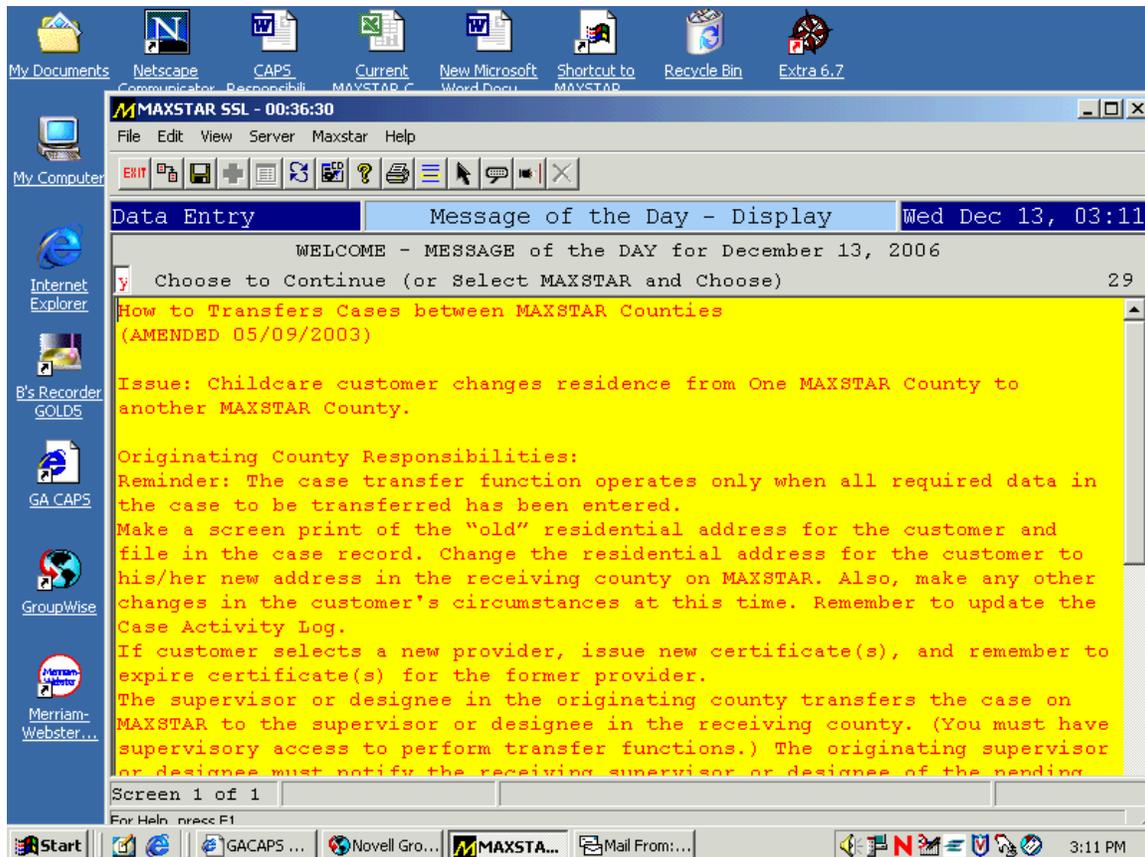
**Call** - Record and research case related and provider calls.

**Claim** - Create and update provider claims.

NOTE: Case Managers will see “lcmain” in the upper right part of the screen. Supervisors will see “lsmain. These designate the level of access as case manager or supervisor respectively.

**\*\* TIP: For Supervisors, menu descriptions for transferring entire caseloads are available from the Main Menu, lsmain.**

## Message of the Day Display



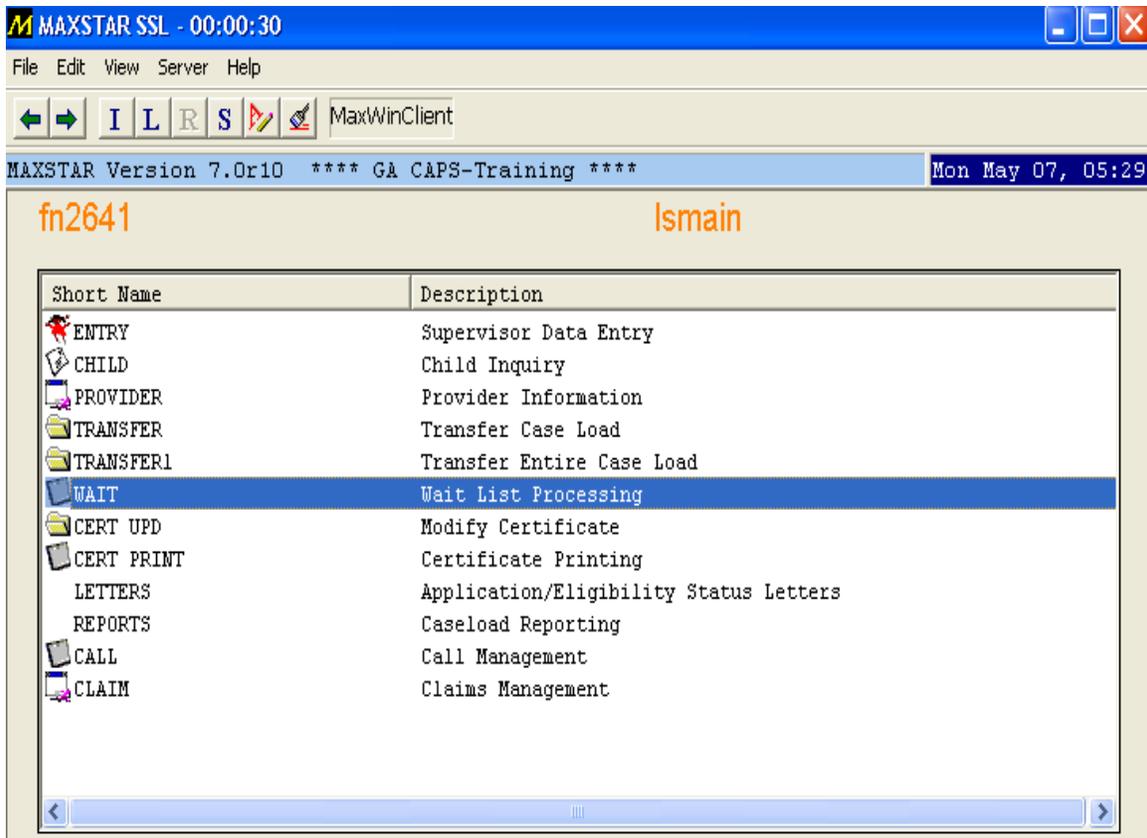
The Message of the Day is a system generated communication tool. It will display only when there is a need to communicate information about MAXSTAR. Users are to read the messages and take action as indicated in the message.

## Waiting and Priority List



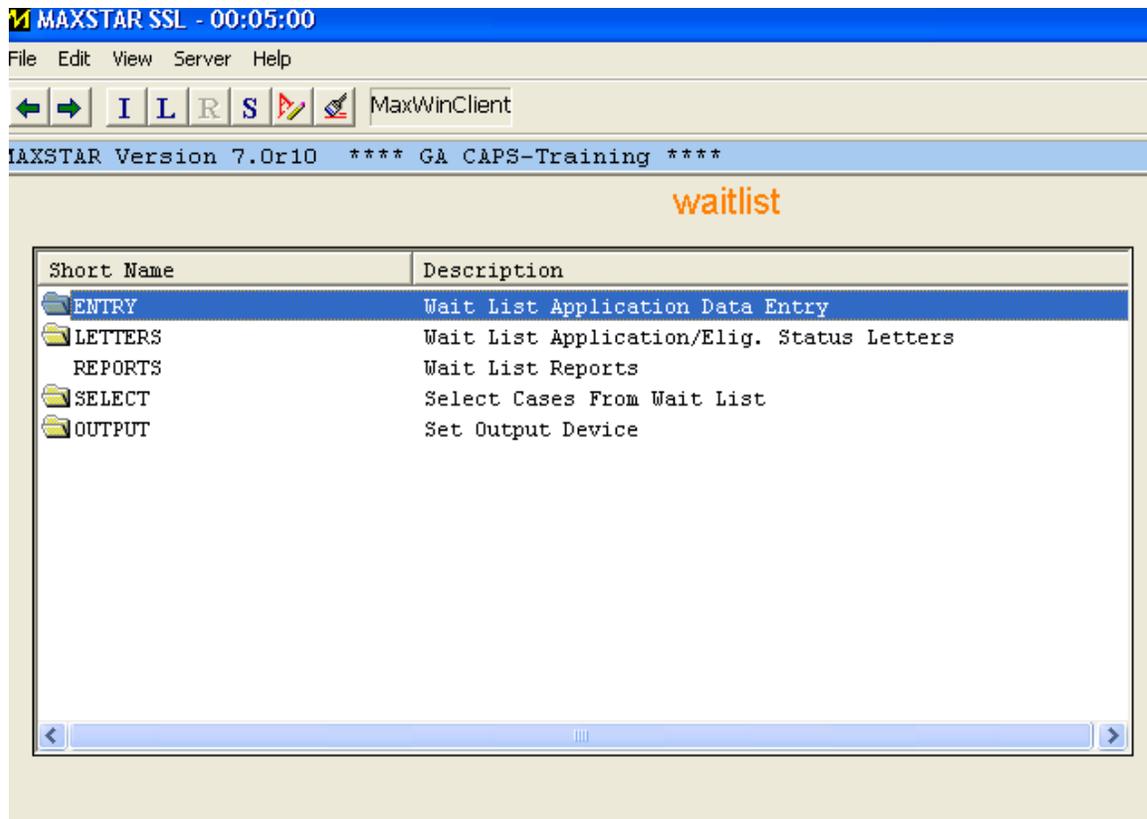
- Update and purge waiting list a minimum of \_\_\_\_\_.
- When funds are sufficient to serve new clients, the case manager should:
- If the family is no longer interested in child care, the case manager should:
- If the family does not respond within six (6) calendar days to a written request, the case manager should:
- If the family is still interested in child care, the case manager should:

**NOTE:** Pre-K children may receive child care services if funding is available in UAS Codes 555 and 556. If funds are not available, comply with service provision guidelines.



From the Main Menu, select Wait List Processing. Press Enter.

This brings up the next screen.



From this screen, select “ENTRY – Wait List Application Data Entry.” Press Enter to bring up the Characteristics Search screen.

The screenshot shows a web browser window titled "MAXSTAR SSL - 00:19:55". The browser's address bar contains "Characteristics Search" and the date "Mon May 07, 05:48". The main content area has a heading "ENTER ONE OR MORE CASEHEAD IDENTIFIERS" in orange text. Below this heading is a form with the following fields:

Last Name:	<input type="text" value="NORMANDY"/>
First Name:	<input type="text" value="FRANCES"/>
Casehead SSN:	<input type="text"/>
County:	<input type="text"/>
Case Manager ID:	<input type="text"/>
CAPS Case ID:	<input type="text"/>

At the bottom of the form are two buttons: "Search" and "Exit".

This allows the user to search to see if a family is already included on the wait list or in the system. If the family is not in the system, complete the two data entry screens to add the family's name to the waiting list.

Add the family to the waiting list only if their declared gross income does not exceed CAPS maximum allowable income limits based on family size.

## Social Security Numbers & Unique Identifiers

Applicants for subsidized child care services are not required to disclose their Social Security Numbers (SSNs) or the SSNs of family unit members.

MAXSTAR assigns unique identifiers to clients and children in care if SSNs are not used.

IF	THEN
Applicant or client fails or refuses to disclose or provide SSN.	<ul style="list-style-type: none"><li>• Assign unique identifier.</li><li>• Do not deny or withhold benefits.</li></ul>
Applicant or client voluntarily discloses SSN.	<ul style="list-style-type: none"><li>• Verify the SSN.</li><li>• Document Case Activity Log.</li></ul>
TANF, Food Stamp or Medicaid applicant or recipient	<ul style="list-style-type: none"><li>• Verify the SSN using SUCCESS data.</li><li>• Document Case Activity Log.</li><li>• May include a copy of the SUCCESS screen print in the case record.</li></ul>
Non-TANF applicant or recipient	<ul style="list-style-type: none"><li>• Document Case Activity Log.</li><li>• Make photocopy of SS card and file in record.</li></ul>
Informal provider enrolling with DFCS	<ul style="list-style-type: none"><li>• Must submit SS card for 1099 income tax purposes.</li><li>• Make two photocopies of SS card.</li><li>• Follow procedures for sending information to state provider management agent.</li></ul>
Supplemental Supervision Child	<ul style="list-style-type: none"><li>• Use the child's SSN or unique identifier in both the SSN space for the case head and in the SSN space for the child in MAXSTAR.</li></ul>

## Wait List Entry Screen 1

MAXSTAR SSL - 00:35:40

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry WAIT LIST ENTRY Mon May 07, 06:04

CAPS Case ID: 248603 CM ID: wait  
Last: NORMANDY First: FRANCES Middle: G  
SSN: 888-24-8603 DOB: 01/02/1960 Sex: F Race: 1  
Address Line 1: TWO PEACHTREE STREET Home Phone: (912) 555-9988  
Address Line 2: Work Phone: (912) 777-3456  
City: BAXLEY  
Zip Code: 31513  
County: 001  
TANF Status: A Gross Monthly Income: 12,890.00  
Family Unit: 4 Inquiry Receipt: 05/07/2007  
Added to Wait List: 05/07/2007  
Case Closed: Selected From Wait List:  
Closure Reason: Wait List Review: 05/04/2008  
Annual Income: 0.00 Subsidy Level: 1 Updateable: N Priority: 0

Screen 1 of 2

The system automatically populates the case manager ID field with “wait.” Enter all information for the casehead, including name, DOB, address, county, etc.

Enter all known income amounts. Enter the family unit size.

The “Added to Wait List” field automatically populates with the date the record is created.

## Wait List Entry Screen 2 of 2

The screenshot shows a software window titled 'MAXSTAR SSL - 00:37:35'. The menu bar includes 'File', 'Edit', 'View', 'Server', 'Maxstar', and 'Help'. The toolbar contains various icons for file operations and navigation. The main window is titled 'Data Entry' and 'CARE NEEDED/ETHNICITY', with a timestamp 'Mon May 07, 06:06'. The case information is as follows:

Casehead:	NORMANDY, FRANCES G	CAPS Case ID:	248603	CM ID:	wait
-----------	---------------------	---------------	--------	--------	------

The 'CARE NEEDED' section contains the following data:

Infants Needing Care:	1	Protective Services:	N
Toddlers Needing Care:	1		
Preschool Needing Care:	0	Block Grant:	4
Schoolage Needing Care:	1		

The 'ETHNIC QUESTIONS' section contains the following data:

American Indian or Alaskan Native:	N
Native Hawaiian or Other Pacific Islander:	N
Black or African American:	N
Hispanic or Latino:	N
White:	Y
Asian:	N

At the bottom left of the window, it says 'Screen 2 of 2'.

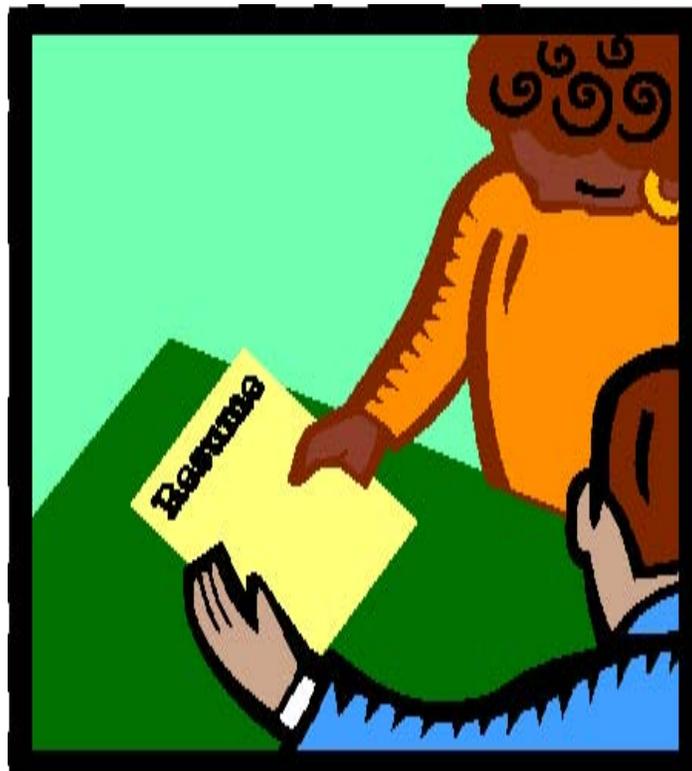
Enter the number of children needing care by age group. Enter the ethnicity of the casehead. The case is now added to the Wait List.

**NOTE: To remove a person from the Wait List, enter the date of removal on Screen 1 in the “Selected From Wait List” field.**

Record the case number. Exit the Wait List Entry and return to the Main Menu. Select Data Entry and enter the case number on the Characteristics Search screen. On Screen 1 of the case, remove “wait” from the CM ID field and enter the new CM ID.

Enter all information in the case needed to determine eligibility for child care services.

# APPLICATION PROCESS



PARTICIPANT GUIDE

## **Outline**

- I. Application Process
- II. Interviewing Requirements
- III. Forms at Application
- IV. Standard of Promptness
- V. Participation in State Approved Activities
- VI. CAPS for Social Services
- VII. Transitional Child Care
- VIII. Certification Period
- IX. Income
- X. Budgeting
- XI. Fee Assessment
- XII. Immunizations
- XIII. Completion of Application Process
- XIV. Notification
- XV. Case Documentation
- XVI. Printing Case Information

## Objectives

By the end of this module, participants will:

- Be able to distinguish between inquiry and application processes.
- Be able to determine the standard of promptness for applications.
- Be able to determine who can apply for child care services.
- Be able to identify the forms required at application.
- Understand the requirements to notify applicants/recipients.
- Be able to list the interviewing requirements
- Be familiar with the verification requirements
- Understand how to assess the family fee.

## Application Process

All applicants must sign an application for child care services in the county where they reside, during an interview. **Exception:** Foster parents are not required to complete an application or come in for an interview.

The process begins when an individual submits the Inquiry/Screening for Child Care, Form 66. It ends when the Case Manager has linked the child with the child care provider, or determined the client ineligible and notified the client of eligibility status.

A. The application process includes:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

B. The following persons may apply for child care service:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

C. The local DFCS office shall provide the applicant information on:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## Interviewing Requirements

The CM must conduct a face-to-face interview with the applicant prior to approval on all cases except Supplemental Supervision.

The CM is to:

- ✚ Inform the applicant about the program
- ✚ Discuss all points of eligibility
- ✚ Verify required information required
- ✚ Screen on SUCCESS
- ✚ Request verification.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

- ✚ Document the case record.

**Forms at Application**

<b>Form Number</b>	<b>Form Name</b>	<b>Purpose of Form</b>
57	<i>Child Care Referral and Application for Supplemental Supervision</i>	<i>Referral &amp; application from Social Services to CAPS for children in Supplemental Supervision to receive subsidized child care services.</i>
58	<i>Informal Provider Affidavit</i>	<i>Provides info to Informal Provider regarding their responsibilities in the CAPS program.</i>
60	<i>Application for Child Care Services</i>	<i>Required form for applicants. Is system-generated.</i>
Included on application	<i>Rights and Responsibilities</i>	<i>Provides info to A/Rs regarding their rights and responsibilities in the CAPS program.</i>
62	<i>Disposition and Parent Information</i>	<i>Provides info to applicant/client and the provider of agency action taken which affects child care services.</i>
66A	<i>Appointment/Verification Checklist</i>	<i>Schedule appointment and request needed verification.</i>
73	<i>Maximum Allowable Income/ Family Fee Schedule</i>	<i>Indicates maximum income family unit can have and be eligible for childcare. Used to determine amount of fee family will have to pay provider.</i>
77	<i>Child Care Certificate</i>	<i>Describes the terms of the agreement between the provider, the parent, and DFCS.</i>
452	<i>Form 452 (system generated)</i>	<i>Used to record, chronologically, all contacts or actions taken with or on behalf of the applicant/client.</i>
NPP	<i>HIPAA Notice of Privacy Practices</i>	<i>Provides info to A/R concerning the agency's rules regarding security and privacy of confidential health information</i>



## **STANDARD OF PROMPTNESS (SOP)**

Standard of Promptness (SOP) is the amount of time the worker has to approve or deny services.

SOP to complete an application is

\_\_\_\_\_.

The date of application is the

\_\_\_\_\_.

To calculate the SOP – start the count

\_\_\_\_\_.

If the SOP falls on a weekend or holiday, complete the application by the last workday prior to the weekend or holiday.

Accessing Information Using Icons  
Or the MAXSTAR® Drop Down Menu

The screenshot shows the MAXSTAR application window titled "MAXSTAR SSL - 00:33:20". The menu bar includes "File", "Edit", "View", "Server", "Maxstar", and "Help". The toolbar contains icons for "EXIT", "Save", "Add", "Go To", and "MAXSTAR". The main window displays "Data Entry" and "CASEHEAD INFO" with the date "Sun Sep 18, 02:05". The data entry form includes fields for "CAPS Case ID: 168384", "Record Created: 09/15/2005", "CM ID: r03883", and "CM: Romaniello, Mike". The form also contains fields for "First Name: CARMELA", "Home Phone: (404) 601-3250", "Work Phone: (404) 770-3211", "RESIDENCE ADDRESS", and "MAILING ADDRESS". The address fields are filled with "240 PEACHTREE STREET", "ATLANTA", and "30303". The "County" is set to "060" and "Payment Region" is "1". The "Address Status" is "G Good N CAPS EMPL" and "Date Address Corrected" is "09/15/2005". The "Corrected By" is "Mike Romaniello". At the bottom, there is a row of small photos of children and the text "Screen 1 of 8".

Callouts in the image point to the following elements:

- Exit**: Points to the "EXIT" icon in the toolbar.
- Choose**: Points to the "Save" icon in the toolbar.
- Document**: Points to the "Add" icon in the toolbar.
- Link**: Points to the "Data Entry" text in the window title bar.
- Save**: Points to the "Save" icon in the toolbar.
- Add**: Points to the "Add" icon in the toolbar.
- Go To**: Points to the "Go To" icon in the toolbar.
- MAXSTAR**: Points to the "MAXSTAR" icon in the toolbar.

Placing the cursor in its space and clicking with the mouse can access the Icons directly above the bar that contains the words DATA ENTRY. Access these functions by clicking on MAXSTAR® for a drop down box.

The screenshot shows a software window titled "MAXSTAR SSL - 00:07:10". The window contains a "Data Entry" form for "CASEHEAD INFORMATION" dated "Thu Oct 30, 02:39". The form fields are as follows:

CAPS Case ID:	292118	Record Created:	04/10/2008	CM ID:	rp9232
First Name:	JULIE	CM:	Phelps, Rita		
Middle Name:					
Last Name:	PHELPS	Home Phone:	(912) 427-7805		
SSN:	888-29-2118	Work Phone:			
RESIDENCE ADDRESS			MAILING ADDRESS		
Address Line 1:	642 OLD HOLMESVILLE RD	Address Line 1:	642 OLD HOLMESVILLE		
Address Line 2:		Address Line 2:			
City:	JESUP	City:	JESUP		
Zip Code:	31545	Zip Code:	31545		
County:	151	Office Number:		Payment Region:	3
		Client Claim:	N		
Address Status:	G Good	Date Mail Returned:			
Corrected By:	Rita Phelps	Date Address Corrected:	04/10/2008		

At the bottom of the form, there is a row of small photographs showing various children. Below the photographs, it says "Screen 1 of 8" and "For Help, press F1".

Screen 1

MAXSTAR will provide case ID, record created date, case manager's name and ID and the information entered in the Characteristics Search on a new case.

The case manager must enter home and work telephone numbers, home and mailing addresses and county of residence. The mailing address defaults to the residence address. The CM can enter a different mailing address, if appropriate.

The CM can override the unique identifier with the SSN ONLY if the SSN has been properly verified. Verification of the SSN is discussed later.

MAXSTAR SSL - 00:28:35  
File Edit View Server Maxstar Help  
Data Entry CASE PROGRAMS/ACTIVITIES Thu Oct 30, 03:00

Casehead: PHELPS, JULIE CAPS Case ID: 292118 CM: rp9232  
New Fee: \$28  
Birthdate: 03/11/1985 ETHNIC QUESTIONS: Old Fee: \$15  
Gender: F Female American Indian or Alaskan Native: N  
Race: 1 White, ... Native Hawaiian or Other Pacific Islander: N  
Single Parent: Y Hispanic or Latino: N White: Y  
Primary Language: E English Black or African American: N Asian: N  
Minor Parent: N  
Citizenship: C US Citizen  
Case PA Status: P Other Public Assis  
SUCCESS Client #: 200848176 PA Start:   
SUCCESS AU #:  PA End:   
SUCCESS Inquiry: 04/10/2008 Init Diverted TANF:   
DOCUMENTED ACTIVITIES FOR WHICH APPLICANT IS REQUESTING CARE  
Work: Y Job Search: N Protective Services: N  
Training: N Job Search Start:  DFCS Custody: N  
School: N Job Search End:  TCC Case: N  
Other: N Declared Emergency: N Block Grant: 4  
Screen 2 of 8 MM/DD/YYYY

Screen 2

If Minor parent field is coded “Y” the system has an edit that will check the birth date entered and will not assess a family fee. A minor parent must be under the age of eighteen. The Casehead’s citizenship is a mandatory field.

The Case PA status – Cases coded as: C - Current TANF must have a PA start date.

**(use F5 key for codes)**

T - TANF Applicant must be coded as Job Search

D -TANF Diversion

P - Other Public Assistance

J - Non-TANF job search

DFCS Custody – Family Foster Home (F) is correct entry for Supplement Supervision Cases.

The CM must document at least one activity (or need for care) on this screen. If the client’s activity is non-TANF job search, enter “J” in the Case PA Status field and in the “Other” field. Enter “Y” in the job search field. Enter the job search start date, which must be a Monday. Enter the job search end date, which must be a Sunday. The job search period must not exceed 4 weeks. Use UAS 544, 545 or 555 only.

## **Participation in State Approved Activities**

The CM must determine that the family needs childcare services.

- A. The parent must:
  1. Be actively participating in state approved employment, education or training activity. Active participation includes situations where the parent is temporarily home due to mandatory work, training or school site closings
  2. Be meeting the requirements of a TANF Family Service Plan (TFSP);
  3. Be participating in TANF Applicant Job Search;
  4. Need care as part of a child protective services safety plan, or a court order for supervision.
- B. Child care must be needed to allow the parent to continue participation in employment, training, or school, or to ensure the child's safety.
- C. Each parent, guardian, or responsible person is required to participate in one or more state approved activities an average of 24 hours per week.



ACTIVITY	DEFINITION	REQUIREMENTS
<b>TRAINING (vocational)</b>	<p>Enrollment and attendance in a vocational program leading to a specific job or career.</p> <p>This <b>does not</b> include online courses or enrollment in <b>degree</b> programs at colleges or universities, but can include certified vocational programs at a college or university</p>	<p>Must participate an average of 24 hours per week in training or a combination of training and additional approved activities. Do not consider study time in meeting minimum weekly participation hours.</p> <p>Limited to 12 months as only activity or a combination of other state approved activities. Notify client of the limit using Form 62.</p> <p>After 12 months, 24 hours per week employment required to continue receiving child care.</p> <p>Verify previous months of training supported by CAPS.</p>

**Exceptions to State Approved Activity**  
**Hourly Requirements**

- A. TANF applicants/recipients who are meeting participation requirements as listed on their TANF Family Service Plan;
- B. An open Child Protective Services (CPS) case where the child lives in the home of the parent, guardian or responsible person who is the CPS client.
- C. Court Ordered Supervision case when child care is part of the case/safety plan.
- D. Transitional Child Care (TCC) clients whose work hours were less than CAPS hourly requirements but rendered them ineligible for TANF.
- E. Minor parents and adult parents up to age 21 who attend middle school or high school.
- F. Foster parents where the children are in Supplemental Supervision.
- G. Grandparents Raising Grandchildren (GRG)

**Who meet all eligibility criteria to receive priority services:**

1. Be age 60 or older or under age 60 and receiving SSI or RSDI disability (in two grandparent households only one grandparent has to meet this requirement);
2. Care for a grandchild under age 5
3. Receive TANF child/payee only benefits for grandchild(ren);
4. Have household income below 160% of the Federal Poverty Level

## When Care is Not Needed

- The child is in school during the hours of the parent's employment or participation;
- There is another responsible, able-bodied adult in the family unit who can provide care;
- There is another public resource available and the client/child has access to it and is eligible to have his or her needs met by it.

## CAPS for Social Services

### Children in DFCS Custody and Court-Ordered Supervision

Child care services may be purchased when the daily care of a child presents a risk of continued maltreatment, abuse or a possible placement out of the home.

To receive assistance with CAPS funds, families must meet the basic CAPS eligibility requirements.

- A. The person who needs child care must apply for service.
- B. Written documentation/verification of the open CPS or placement case, and/or court-ordered supervision must be filed in the CAPS case record.
- C. Social services staff determines:
  1. Risk level of each child in a CPS case.
  2. Whether the child is in imminent danger if he/she were to remain in the current living environment; and/or
  3. If the need for care is due to an emergency or temporary situation or if the need for care is regular and ongoing.
- D. CAPS services should be provided when:
  1. Regular, on-going child care is needed rather than temporary or short term activities;
  2. Child care services are included in an open CPS case, safety/case plan, or court-order, **and** the family meets CAPS eligibility criteria;
  3. The court orders DFCS to provide child care services for the protection of the child.

- E. Effective communication between Social Services and CAPS case managers is essential.
- F. CPS must use Form 713 or email to notify CAPS staff when CPS cases require child care services to reduce risk of maltreatment.
- G. CPS should notify CAPS when the CAPS case is closed within five (5) calendar days via Form 713 or email.
- H. CAPS and CPS case managers should both report changes in the family's situation within five (5) calendar days.
- I. CAPS CM must document any changes and actions in the Case Activity Log.
- J. When the family is over income limits for CAPS:
  - 1. Explore the use of other funds in support of child care for CPS clients first.
  - 2. If no other resource is available, the CM is to notify the supervisor of the family's ineligibility. The supervisor may submit a written request for an income waiver to the County Director. The County Director can waive the income for up to 1 year for families with an OPEN CPS case.
- K. When the SSCM places a child in DFCS custody out of state, social service develops a formalized agreement with the receiving state, Interstate Compact on the Placement of Children (ICPC.)
  - 1. Social services covers child care services.
  - 2. Paid from UAS 501 or 502.
  - 3. Consult with SS staff regarding interstate agreements.

## Caps in Support of Child Protective Services

SITUATION	NEED FOR CARE	POLICY/PROCEDURES
<p>Child in an open protective services case and lives in home of the CPS client.</p>	<p>Child Protective Services (CPS)</p> <p>To provide child with an alternative, safe, place; and/or</p> <p>To allow child to be reunited with client in home.</p> <p>NO WORK ACTIVITY</p>	<ul style="list-style-type: none"> <li>• Adult must have an open CPS case;</li> <li>• Child care must be identified in case/safety plan;</li> <li>• Adult must meet income &amp; residence criteria;</li> <li>• Fees based on family income.</li> </ul>
<p>Child in open CPS case moves to home of a relative or family friend</p> <p>(DFCS does <b><u>not</u></b> have custody.)</p>	<p>To allow responsible person to work, attend school or training.</p>	<ul style="list-style-type: none"> <li>• Consider circumstances of caregiver in this situation;</li> <li>• Must be open CPS case;</li> <li>• Need for care is based on CAPS approved activity;</li> <li>• Adult should be participating in approved activities an average of 24 hours per week;</li> <li>• Adult must meet income &amp; residence criteria;</li> <li>• Fees based on family's income.</li> </ul>
<p>Court-Ordered Supervision</p>	<p>To comply with court order of supervision for the child.</p>	<ul style="list-style-type: none"> <li>• Child care must be identified in safety plan.</li> <li>• No hourly participation requirements.</li> </ul>

SITUATION	NEED FOR CARE	POLICY/PROCEDURES
		<ul style="list-style-type: none"> <li>• Family must meet residency and income requirements.</li> <li>• Fees are based on family's income.</li> <li>• Referral must be filed in CAPS case record.</li> </ul>
<p>Child in DFCS custody but does <b>not</b> live in a Family Foster Home (Regular or Relative)</p>	<p>To allow adult/responsible person to work, attend school or training.</p>	<ul style="list-style-type: none"> <li>• Children are not eligible for Supplemental Supervision;</li> <li>• Must be open placement case;</li> <li>• Adult must meet need &amp; residency requirements;</li> <li>• Need for care based on CAPS approved work activity;</li> <li>• Adult must participate an average of 24 hours;</li> <li>• Adult's income not applicable as long as child is in DFCS custody;</li> <li>• No fees are assessed.</li> </ul> <p>• If child is removed from DFCS custody and custody is transferred to the adult, use the family's income to determine eligibility.</p> <p>If the family needs child care for other children in the home who are <b>not</b> in</p>

SITUATION	NEED FOR CARE	POLICY/PROCEDURES
		DFCS custody, follow the basic CAPS policies to determine eligibility. Assess fees, if applicable.
Child lives in a Family Foster Home (Regular or Relative)	To allow the foster parent to work outside the home.	<ul style="list-style-type: none"> <li>• Child must be a legal citizen, under age 13 or 18, if special needs;</li> <li>• Must be placed in a DFCS approved Family Foster Home through DFCS or through Child Placement Agency (CPA);</li> <li>• Requires a referral (Form 57) from SSCM;</li> <li>• Children should receive priority service.</li> <li>• Foster parent must need regular, on-going care to work;</li> <li>• No face-to-face interview is required;</li> <li>• Child in foster care is a family unit of one, even if there are siblings;</li> <li>• Do not verify income or work participation hours of foster parents.</li> </ul>

**NOTE: Children placed in other settings, such as therapeutic foster care, intermediate treatment centers, relative homes, etc. are not eligible for Supplemental Supervision.**

Social services should verify citizenship of foster children who receive subsidized child care services. If not done, CAPS CM is to verify.

### **Irregular or Temporary Child Care**

When irregular or temporary child care is needed, funds from UAS Codes 501, 502 or 503 should be used to provide child care services. The SSCM will work with the foster parent to arrange for the care. The SSCM will not make a referral to CAPS.

Examples:

1. Child is placed in a Family Foster Home outside of Georgia;
2. Child care is needed to support the social-emotional development of the child;
3. Foster parent does not work and needs Supplemental Supervision to attend foster parent training;
4. The child care provider, who is not related to the child, comes to the Family Foster Home to provide child care;
5. A child receives respite care with another foster family for a week. The respite foster care parent needs child care while she works.

**NOTE:** Foster parents who may benefit financially from the ownership or operation of a child care facility cannot be reimbursed for child care provided to foster children who live in the same home.

## Transitional Child Care (TCC)

Transitional Child Care (TCC) is provided for families who received a TANF benefit but became ineligible for TANF due to an employment related reason.

TANF case manager makes the determination as to why the TANF client was ineligible for TANF (must be an employment related reason.)

If a TANF applicant or recipient received cash assistance or a support service AND is denied payments due to employment related reasons they may be eligible for TCC.

Employment related reasons include:

- Must apply for TCC within \_\_\_\_\_ of ineligibility for TANF.
- Must meet CAPS \_\_\_\_\_, based on family size and yearly gross income.
- Can receive as TCC for \_\_\_\_ months ONLY.

The eligibility worker forwards documentation to the CAPS case manager. Documentation of the TANF determination should be in the CAPS case record and include:

- A. That client received a TANF support service;
- B. The number of hours the client is working at the time of TANF ineligibility;
- C. The rate of pay at time of TANF ineligibility.
- D. The last month that the client will receive a TANF check.

**EXCEPTION:** If the TCC client was determined ineligible for TANF based on less than the 24 hours of weekly employment, then the client must maintain the number of hours that resulted in ineligibility for TANF. Child care would only be subsidized for the number of hours the client is employed.

Code case as TCC on Screen 2, Programs/Activities.

The screenshot shows a software window titled "MAXSTAR SSL - 00:42:20" with a menu bar (File, Edit, View, Server, Maxstar, Help) and a toolbar. The main area is titled "Data Entry CASEHEAD EMPLOYMENT" and shows the following information:

Casehead: PHHELPS, JULIE      CAPS Case ID: 292118      CM: rp9232

Casehead  
Primary Employer: BROWN'S MINIT MARKET      Total Work Hours  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: JESUP      Monday 8.00  
State: GA      Zip: 31545      Tuesday 8.00  
Telephone: (912) 530-6838      Wednesday 8.00  
Thursday 8.00  
Friday 8.00  
Saturday 0.00  
Sunday 0.00  
Week Total 40.00

Second Employer: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: GA      Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Casehead Employment Documented:  Y

Screen 3 of 8

Screen 3

Enter current employment and, if applicable, second employer information for the Casehead including name, address, telephone number of employer(s), number of hours and days that are worked, and whether employment is documented.

The system does not store historical employment, wage and hour information. If employment information changes, document the previous employment information in the Case Activity Log and if required by program management.

**TIP: If work field on Screen 2, Case Programs/Activities, is marked with a “Y”, then this Casehead Employment page must be completed and documented.**

MAXSTAR SSL - 00:46:10

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry CASEHEAD SCHOOL/TRAINING Thu Oct 30, 03:18

Casehead: PHELPS, JULIE CAPS Case ID: 292118 CM: rp9232

Casehead School / Training Site: Total/School Training Hours:

Name: [ ] Monday 0.00

Address Line 1: [ ] Tuesday 0.00

Address Line 2: [ ] Wednesday 0.00

City: [ ] Thursday 0.00

State: GA Zip: [ ] Friday 0.00

Telephone: [ ] Saturday 0.00

Sunday 0.00

Week Total 0.00

Casehead School/Training Documentation:

Screen 4 of 8

Screen 4

Enter current school/training information for the Casehead including name address and telephone number of the school/training site, number of hours and days, in attendance, and whether school/training is documented.

If the client’s school/training information changes, the system does not store historical school/training information. Document school/training in Case Activity Log.

**TIP: If either the school/training fields on Screen 2, Case Programs/Activities, are marked with a “Y”, then this casehead school/training page must be completed and documented.**

MAXSTAR SSL - 00:49:45

File Edit View Server Maxstar Help

Data Entry OTHER HOUSEHOLD MEMBERS Thu Oct 30, 03:21

Casehead: PHELPS, JULIE CAPS Case ID: 292118 CM: rp9232

HOUSEHOLD MEMBERS AGE 13 AND OLDER

	Last Name	First Name	MI	DOB	Reltn to Chead	SSN	SUCCESS Client Number
1.							
2.							
3.							
4.							
5.							
6.							

Number In Family Unit:

Is Other Parent/Spouse Disabled:

Screen 5 of 8

Screen 5

List all household members age 13 and older. Include the last name, first name and middle initial, date of birth, relation to the Casehead, social security number, and the SUCCESS Client Number.

Enter the number in the family unit. This number has to be updated if circumstances in the family unit change in order for the system to correctly calculate any assessed fee.

Provide answer to question, "Is Other Parent/Spouse Disabled?"

MAXSTAR SSL - 00:55:15

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry OTHER PARENT EMPLOYMENT Thu Oct 30, 03:27

Casehead: PHHELPS, JULIE CAPS Case ID: 292118 CM: rp9232

Other Parent

Primary Employer: [Redacted] Total Work Hours

Address Line 1: [Redacted]

Address Line 2: [Redacted]

City: [Redacted]

State: GA Zip: [Redacted]

Telephone: [Redacted]

Monday	0.00
Tuesday	0.00
Wednesday	0.00
Thursday	0.00
Friday	0.00
Saturday	0.00
Sunday	0.00
Week Total	0.00

Second Employer: [Redacted]

Address Line 1: [Redacted]

Address Line 2: [Redacted]

City: [Redacted]

State: GA Zip: [Redacted]

Telephone: [Redacted]

Other Parent Employment Documented: N

Screen 6 of 8

Screen 6

If the other parent is included in the family unit, and is currently employed, enter the employment and second employer information for the other parent including name, address, and telephone number of employer(s), number of hours and days that are worked and whether employment is documented.

If employment information changes, document previous employment information in the Case Activity Log and if required by program management, copy this screen before new employment information is entered and file in the case record.

MAXSTAR SSL - 01:04:35

File Edit View Server Maxstar Help

EXIT Print Save New Open Close Find Help List Mouse Keyboard Close

Data Entry OTHER PARENT SCHOOL/TRAINING Thu Oct 30, 03:36

Casehead: PHELPS, JULIE CAPS Case ID: 292118 CM: rp9232

Other Parent School / Training Site	Total/School Training Hours:
Name: <input type="text"/>	Monday <input type="text" value="0.00"/>
Address Line 1: <input type="text"/>	Tuesday <input type="text" value="0.00"/>
Address Line 2: <input type="text"/>	Wednesday <input type="text" value="0.00"/>
City: <input type="text"/>	Thursday <input type="text" value="0.00"/>
State: GA Zip: <input type="text"/>	Friday <input type="text" value="0.00"/>
Telephone: <input type="text"/>	Saturday <input type="text" value="0.00"/>
	Sunday <input type="text" value="0.00"/>
	Week Total <input type="text" value="0.00"/>

Other Parent School/Training Documentation:

Screen 7 of 8

Screen 7

If the other parent is included in the family unit, and is currently in school/training, enter the school/training information for the Other Parent including name, address and telephone number of the school/training site, number of hours and days in attendance, and whether school/training is documented.

MAXSTAR SSL - 01:04:55

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry CASE MILESTONES Thu Oct 30, 03:36

Casehead: PHELPS, JULIE CAPS Case ID: 292118 CM: RP9232

Date Income Verified: 04/10/2008 Record Created: 04/10/2008  
Case Active: 04/10/2008 Gross Fam Inc: \$11,292.84  
Application Received: 04/10/2008 Major Program: Other Pub  
Missing Info Reason 1: N/A Care Priority: Z  
Missing Info Reason 2: N/A Subsidy Level: 4  
Application Complete: 04/10/2008 Fam Unit Size: 4 Old  
Case Disposition: 1 Accepted Family Fee: \$28 \$15  
Denial Reason 1: N/A Waive Fam Fee: N  
Denial Reason 2: N/A Waive End Date: N/A  
Eligible: Y  
# Children Needing Care: 3  
Review Due Date: 10/31/2008 Case Closed: N/A  
Recert App Received: N/A Change Reason 1: N/A  
Recert Completed: N/A Change Reason 2: N/A  
Recert Due: 04/05/2009

Press <Ctrl V> To Link To Child Records and Issue Certificate.

Screen 8 of 8

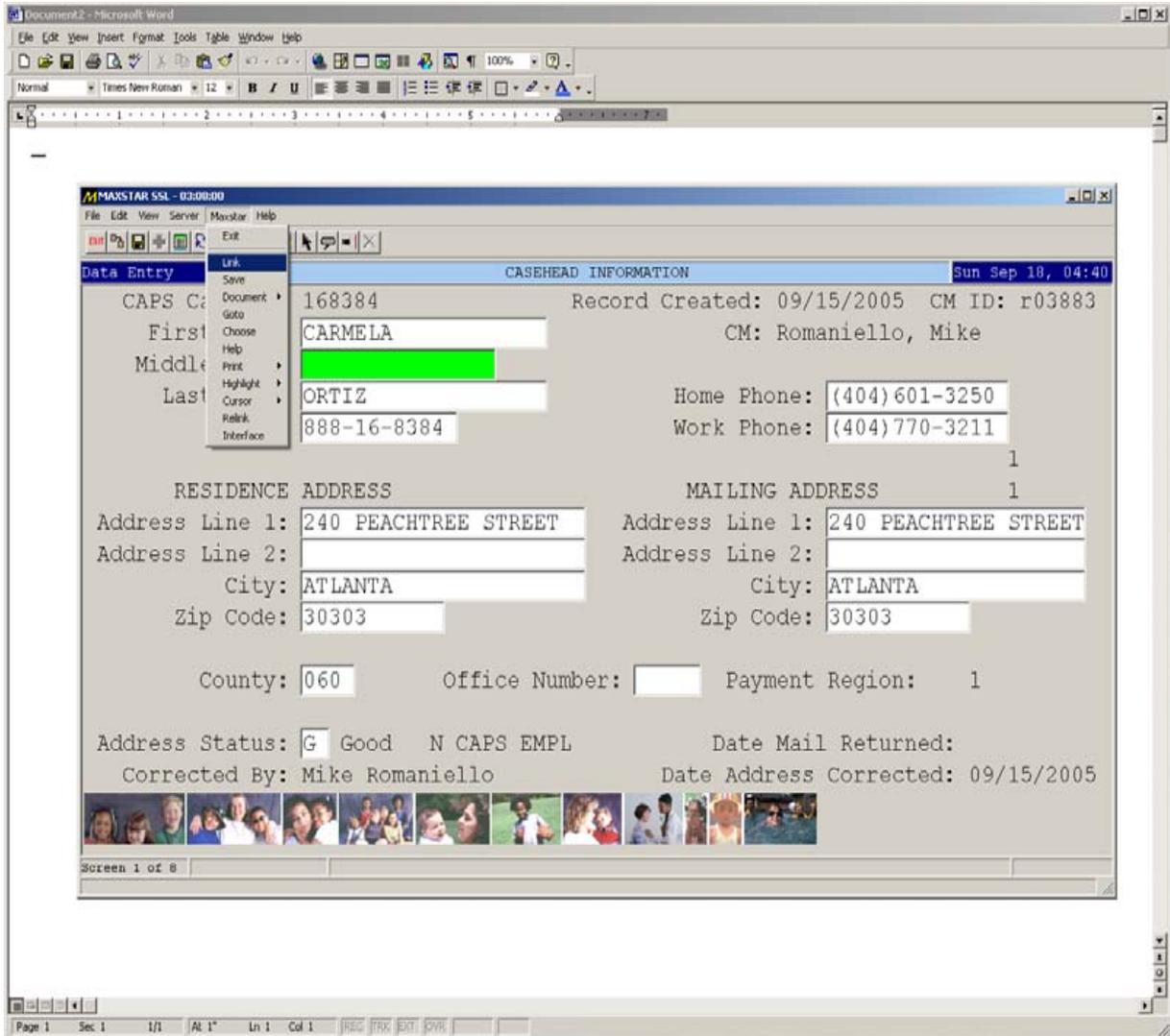
Screen 8

This screen is very important in completing the initial approval, recertification, and six-month review. System edits will prevent proper processing of the case if completed incorrectly.

- Enter all dates as mm/dd/yyyy.
- Enter the current date in the **Date Income Verified** field
- The system assigns the **Case Active Date** based on the record created date. If the date care is to begin is prior to the assigned Case Active Date, a supervisor can change the Case Active Date to the Monday of the week that care is to begin.
- Enter the current date as the **Application Received Date**.
- Use the Missing Info Reason when a case is pending awaiting verification.
- Enter the current date in the **Application Complete Date** field.
- Enter the **Case Disposition** code indicating if case is approved, pending or denied.
- On denials, enter the appropriate denial reason(s). On initial applications that are denied, remove the case active date.
- Enter the correct status in the **Eligible** field. This is the determination of whether the case is eligible or not.

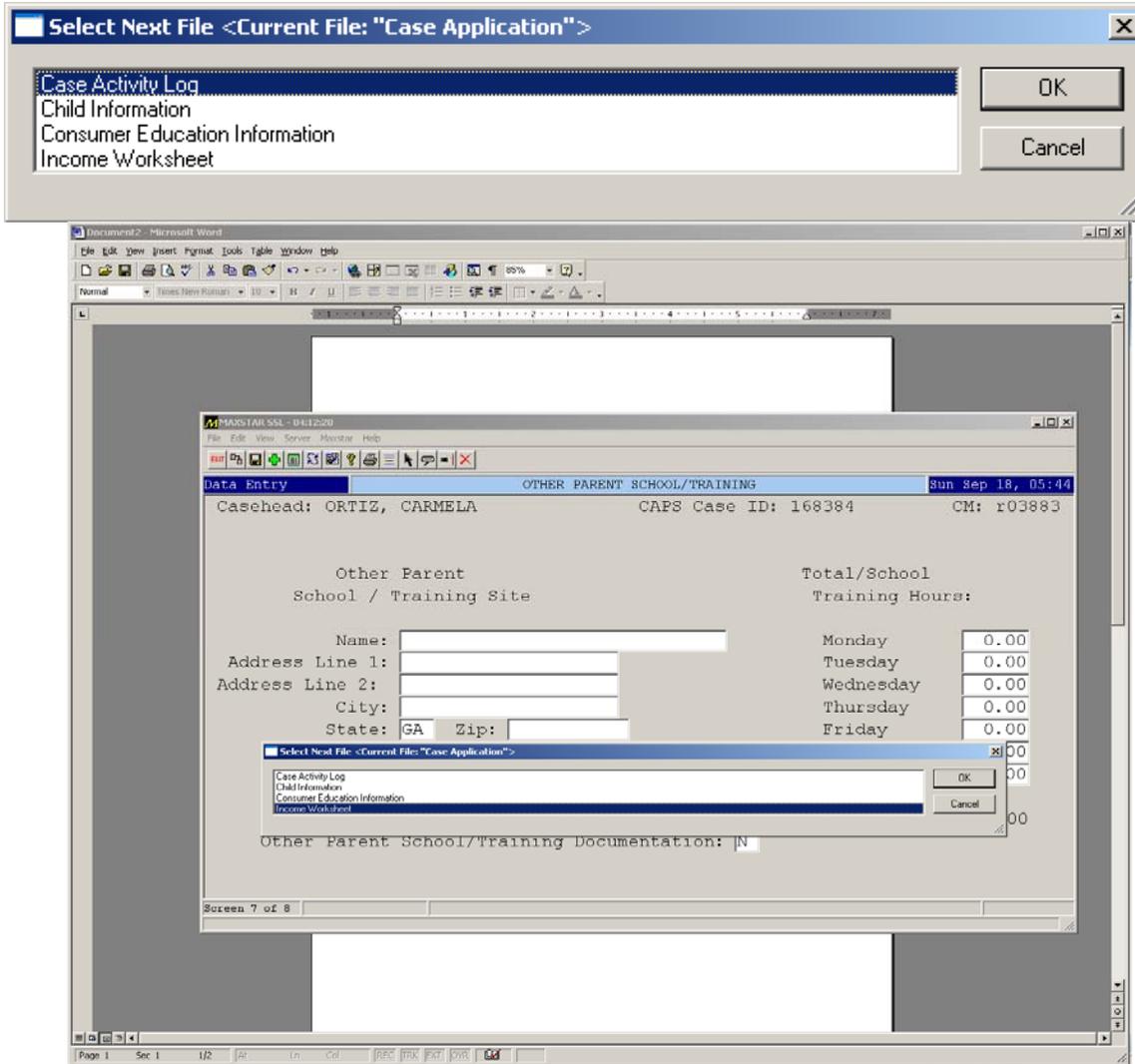
**Remember: The MAXSTAR system does not determine eligibility. Eligibility determination is the Case Manager's responsibility.**





Click on MAXSTAR from any screen in Casehead Data Entry to make the drop down menu appear. By choosing Link, the box below will appear. The Link function allows the user to access different parts of the case record.

OR, from any Casehead Information screen, press Ctrl + V to access the box below will appear.



Highlight Income Worksheet and press Enter or click OK.

MAXSTAR SSL - 04:16:55

File Edit View Server Maxstar Help

EXIT [copy] [save] [add] [print] [refresh] [undo] [redo] [help] [print] [list] [mouse] [speech] [close]

Data Entry FAMILY INCOME WORK... Sun Sep 18, 05:49

Casehead: ORTIZ, CARMELA CAPS Case ID: 168384

Whose Income	Income Category	Describe Other Income	Income Period	Income Verified	** Per Week ** Travel
C	10		W	Y	0.00

Casehead Wages/Salary Weekly

Pay Stub Information

	Work HRS	Income/Pay Amount
Income or Pay Stub #1:	37.00	\$222.00
Pay Stub #2:	39.00	\$234.00
Pay Stub #3:	40.00	\$240.00
Pay Stub #4:	35.00	\$210.00

Total Hours: 37.75    Income Amt: \$226.50    Annual Income: \$11,778.00  
<CtrlU> For Case    Total Case Inc: \$11,778.00

Screen 1 of 1    Record 1 of 1

To update income on the income worksheet, document new and previous income information in the Case Activity Log.

Copy the screen before entering new income information.

To print this screen, click on the printer icon, choose print current screen.

File print in case record.

To include another income source, click Add Or page down.

MAXSTAR SSL - 00:05:10

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry FAMILY INCOME WORKSHEET Fri May 11, 05:10

Casehead: NATIONS, DAVID A. CAPS Case ID: 248603

Whose Income	Income Category	Describe Other Income	Income Period	Income Verified	** Per Week ** Travel
C	10	David's Earning	W	Y	5.00
Casehead	Wages/Salary		Weekly		

Pay Stub Information

	Work HRS	Income/Pay Amount
Income or Pay Stub #1:	30.00	\$155.00
Pay Stub #2:	40.00	\$210.00
Pay Stub #3:	40.00	\$210.00
Pay Stub #4:	30.00	\$30.00

Total Hours: 35.00      Income Amt: \$151.25      Annual Income: \$7,865.00  
 <CtrlU> For Case      Total Case Inc: \$5,980.00

Screen 1 of 1    Record 2 of 2

start    3 Novell Gro...    Removable Di...    3 Microsoft ...    MAXSTAR SSL...    5:10 PM

Complete an Income Worksheet on every source of income and benefit for the family.

MAXSTAR correctly calculates applicable income based on coding.

Documentation and verification of some income sources and benefit amounts is required for federal reporting requirements. These include TANF, SSI, Adoption Supplements, Relative Care Subsidies and Food Stamp benefits.

## Income



Applicants/clients must have limited income to be eligible for CAPS services.

- A. There are no deductions from income in the budget calculation.
- B. The annual gross applicable income of the family unit must be equal to or less than the maximum allowable income for the family unit size.
- C. Do not count the earnings of a child (under age 18) in CAPS budget. Do not inquire about earnings.
- D. Use “representative” income (that which is normal/usual) in the budgeting process.
- E. Use the “average pay” to determine appropriate income when some pay periods are non-representative.
- F. Document ALL income in the case record.
- G. Complete an Income Worksheet (in the system) for each source of income in the home.
- H. Verify applicable income at initial application, when clients report changes and at recertification.

There are some instances where income waivers are granted. Remember we talked about getting a waiver approved when we talked about CPS clients.

## Income Sources

This list is inclusive of all applicable income. Refer to the CAPS manual for additional information.

This chart provides an alphabetic listing of the following:

- ▶ Applicable source or type of income
- ▶ Whether the income is earned or unearned
- ▶ A description of the income

SOURCE/TYPE	DESCRIPTION
<b>ALIMONY</b>	<b>UNEARNED</b> - money paid by a spouse pending or after a legal separation or divorce
<b>BOARDER INCOME</b>	<b>EARNED</b> - direct payments for food and related shelter expenses, less the cost of doing business
<b>CAPITAL GAINS</b>	<b>UNEARNED</b> - proceeds from the sale of capital goods or equipment
<b>CHILD SUPPORT</b>	<b>UNEARNED</b> - Maintenance allowance paid by the absent parent.
<b>DISABILITY PAYMENT</b>	<b>UNEARNED</b> - income paid by an insurance company or a source other than an employer (excludes SSI)
<b>DIVIDENDS</b>	<b>UNEARNED</b> - share of profits received by a policy holder or shareholder.
<b>INTEREST</b>	<b>UNEARNED</b> - Income received on investments
<b>MILITARY ALLOTMENTS</b>	<b>UNEARNED</b> - Payment received by a family unit member who is dependent or spouse of a military staff person.
<b>NET INCOME FROM SELF-EMPLOYMENT (FARM)</b>	<b>EARNED</b> - Gross receipts minus operating expenses for the operation of a farm by a person on his own business, professional enterprise, or partnership.

<b>NET INCOME FROM SELF-EMPLOYMENT (NON-FARM)</b>	<b>EARNED</b> - Gross receipts minus expenses from one's own business, professional enterprise, or partnership.
<b>REGULAR LOTTERY PAYMENTS</b>	<b>UNEARNED</b> - a sum of money received because of purchasing a winning ticket in a game of chance.
<b>RENTAL INCOME</b>	<b>EARNED</b> - Money received on property owned and rented to others
<b>RETIREMENT/PENSION</b>	<b>UNEARNED</b> - A sum of money paid regularly as a retirement benefit
<b>ROOMER INCOME</b>	<b>UNEARNED</b> - Direct payments for room only
<b>SOCIAL SECURITY (RSDI)</b>	<b>UNEARNED</b> - Retirement, Survivors, Disability Insurance (RSDI) benefits received from the Social Security Administration (SSA).  It also includes railroad retirement insurance checks from the U. S. government.
<b>TRUST FUND</b>	<b>UNEARNED</b> - Monies in a trust that are distributed to the family including any dividend that is reinvested in the trust.
<b>UNEMPLOYMENT COMPENSATION BENEFITS (UCB)</b>	<b>UNEARNED</b> – Benefits received from the Department of Labor (DOL) by unemployed individuals. It includes any strike benefits received from union funds.
<b>VETERAN'S BENEFITS</b>	<b>UNEARNED</b> – Disability and/or survivors benefits received from the VA by a veteran or a spouse or a dependent of a veteran.  It is also money paid periodically by the Veteran's Administration to disabled members of the armed forces or to survivors of deceased

<b>VETERAN'S BENEFITS CONT.</b>	veterans, subsistence allowances paid to veterans for education and on-the-job training, as well as so-called refunds paid to ex-servicemen as GI insurance premiums.
<b>WAGES</b>	<b>EARNED</b> – Wages/salary received in exchange for work performed as an employee, including armed services pay, consideration of tips, commissions, piece rate payments, advances of wages/salary, vacation pay, overtime, sick pay, strike benefits, contract employment, and cash bonuses which equals to minimum wage prior to deductions.  Base pay of a parent out of the home because of military assignment or similar reasons.
<b>WORKER'S COMPENSATION</b>	<b>UNEARNED</b> - Money received periodically from private or public insurance companies for injuries incurred at work. The employer and not the person must have paid the cost of this insurance.

## Self-Employment

### Identifying Self-employment

Operating one's own business, rather than receiving wages or salary from an employer.

Examples of self-employment include, but are not limited to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

An individual is self-employed if he reports his income and business costs to the Internal Revenue Service (IRS) as self-employment.

If someone else reports the individual's earnings to the IRS and pays the Social Security taxes, the individual is not self-employed.

### EXAMPLES:

1. Merry Layman provides childcare and daytime housekeeping services in the home of her employer. The employer pays Merry \$7/hour, pays the employer share of Social Security, and deducts Social Security and withholding taxes from Merry's gross pay. **Merry is not self-employed.**
2. Kelly Duncan provides childcare in her home. She receives weekly payments for each of three children. None of the three employers deduct for payment of Social Security or withholding. Martha has not reported the income to the IRS and does not keep records of expenses related to providing the care. She provides written statements from the parents to verify the amounts received for each child. **Kelly is self-employed**; however, the Case Manager is unable to allow deductions for the cost of doing business.

## Unique Self-Employment Situations

For some family units, the self-employment enterprise involves more than one member. In some of these cases, household members may be paid wages or contract payments. In these situations, the payments are treated as follows:

1. When a dependent child in the family unit receives payment of wages or contract payments for work in the self-employment enterprise, the amount paid to the child is not an allowable cost of doing business and the wages do not count as income to the child. The amount paid to the child is not deducted from the gross self-employment income for the business.
2. When another adult in the family unit receives payment of wages or contract payments in the self-employment enterprise, the amount paid to the adult is an allowable cost of doing business and the wages do count as earned income to the adult receiving the payment. The amount paid to the adult is deducted from the gross self-employment income for the business.

## Definitions

TERM	DEFINITION
Adjusted Gross Self-Employment Income	The gross self-employment income less allowable costs of doing business.
Capital Asset	Property an individual owns and uses for personal purposes, pleasure, or investment. Example: house, furniture, car, stocks, and bonds.
Capital Gains	Income derived from the sale of capital goods (assets) or equipment, less depreciation.
Cost of Doing Business	Non-personal expenses that directly relate to producing self-employment income.
Durable Goods	<p>Items of value purchased for use in the self-employment enterprise that are normally used for more than one year or season and can usually be sold once the self-employment business ends.</p> <p>Durable goods include items such as:</p> <ul style="list-style-type: none"> <li>• Office equipment</li> <li>• File cabinets</li> <li>• Electronic equipment</li> <li>• Vehicles</li> <li>• Photo lab equipment</li> <li>• Farm equipment</li> <li>• Livestock</li> <li>• Boats and their engines</li> <li>• Fishing nets</li> <li>• Playground equipment</li> </ul>
Gross Self-Employment Income	The total amount of money the trade or business produces. Compute gross self-employment by totaling the gross business receipts (income) for the business enterprise. Do not deduct allowable costs of doing business in determining gross self-employment income.
Period of self-employment	The number of months in which a seasonally self-employed individual is actively engaged in producing or attempting to produce, self-employment income.

<b>Cost of Doing Business Chart</b>	
<b>Allowable Expenses</b> (Not All-inclusive)	<b>Unallowable Expenses</b> (All-inclusive)
<ul style="list-style-type: none"><li>• Labor costs</li><li>• Stock, raw material, seeds, fertilizer</li><li>• Interest on loans for equipment, real estate, or other loans used in producing income.</li><li>• Insurance premiums on real estate or equipment.</li><li>• Property taxes on income-producing property.</li><li>• Job-related transportation costs.</li></ul>	<ul style="list-style-type: none"><li>• Payment on the principal of the purchase price of income-producing real estate, equipment, machinery, etc.</li><li>• Local, state and federal income taxes.</li><li>• Income set aside for retirement.</li><li>• Personal expenses (transportation to and from work, living expenses.)</li><li>• Depreciation on equipment, real estate, etc.</li></ul>

## **Expenses Allowed as Costs of Doing Business**

Allowable costs of doing business include but are not limited to:

- ✚ Labor
- ✚ Contracted work
- ✚ Stock
- ✚ Raw materials
- ✚ Durable goods
- ✚ Interest and principal
- ✚ Service and maintenance
- ✚ Rental – of business property and equipment
- ✚ Business supplies
- ✚ Advertisement
- ✚ Licenses and permit fees
- ✚ Legal and professional fees
- ✚ Travel
- ✚ Non-durable items
- ✚ Vehicle expenses

- 1.
- 2.
- 3.
- 4.

## **Expenses Not Allowed as Costs of Doing Business**

- ✚ Depreciation
- ✚ Net losses from previous periods
- ✚ Federal, state, and local income taxes
- ✚ Monies set aside for retirement purposes, except when paid for an employee who is not a member of the family unit
- ✚ Personal work-related expenses, such as transportation to and from work and child or dependent care.
- ✚ Normal living expenses for the self-employed individual and his or her family members, such as shelter and food.
- ✚ Personal costs for the self-employed individual and his or her family, such as life and medical insurance and entertainment.

## Rental Income

Payments received for rental of apartments, land, or other property.

Rental income includes the following:

- ✚ Renting nonresident real property
- ✚ Renting personal property
- ✚ Renting a room or apartment in one's own home, or
- ✚ Providing board or room and board.

Income from rental property is treated as self-employment income.

### **Example:**

A woman owns a duplex and rents one side to a tenant for \$500 a month, utilities included. Her cost of doing business is subtracted from the \$500, so one-half of the mortgage interest (mortgage principal payments are not allowable expenses), one-half of the property taxes (but not personal taxes), one-half of utilities (unless they can be separately identified, in which case the tenant's actual utility amounts), and one-half of insurance can be subtracted from the \$500 monthly rental income.

If the property is managed by a third party, the rental income is treated as unearned income.

Rental income when no member of the family unit is actively engaged in management of the rental for at least an average of 20 hours per week is treated as unearned income. Reduce the rental income by the cost of doing business.

## **Verification of Self-Employment Income and Expenses**

- ✚ Required to provide verification
  
- ✚ Verification may include:
  1. records or
  2. documentation
  
- ✚ If the individual lacks acceptable verification of an allowable expense, or if the expense is not identifiable, the expense is not allowed as a cost of doing business.

**The following are possible means of verification:**

- ✚ **Self-Employment Business Records**
  
- ✚ **Tax Forms**
  
- ✚ **Third Party Contacts**

## Budgeting

Use gross income from the most recent four weeks prior to the application date when computing the family's income.

### STEPS:

- A. Complete an Income Work Sheet on each source of income in the family unit.
- B. Verify applicant's gross income for the four (4) most recent weeks prior to application, review, or recertification. Wages should equal at least federal minimum wage.
- C. Verify the number of hours that the client participated in approved activities for the same four most recent weeks.
  1. If the client is newly employed, a statement from the employer is required. The statement should include projected earnings and hours.
  2. If client is employed and the most recent pay periods are not indicative of what the client usually earns, the CM may use the average pay to determine what is representative (normal/usual).
  3. Disregard the non-representative pay period and document the Case Activity Log. Explain why the pay amount is not representative and will not be used to compute income.

**Examples: when the client works overtime, the client is on sick leave, etc.)**

- D. Enter the representative hours and income in the Family Income Worksheet.

**Example: if the client is paid semi-monthly and one pay stub is not representative, disregard the non-representative pay stub.**

- E. The CM has the option to contact the employer to verify hours and income:
1. When the client states that none of the pay stubs are representative;
  2. When there is doubt that the pay stubs are an accurate representation of normal income and hours;
  3. When a change occurs that affects hours/wages, etc.
  4. If the employer's statement is unavailable, or if the client's hours vary too much for the employer to accurately project, the CM can average all the client's pay stubs for the past three months. Use this average for the client's average pay. Use the same method for the number of hours worked.
  5. To obtain the average pay:
    - a. Add all the earnings for the past three months.
    - b. Divide by the number of pay periods included.
- F. Compare the annual gross income to Form 73 to determine if family is eligible. If income is less than or equal to the "maximum allowable income" for the family unit size, the family is eligible. If income exceeds maximum allowable amount, the family is ineligible.

**NOTES:**

1. When computing income for self-employed individuals in single parent families, the weekly income must equal 24 hours x federal minimum wage.
2. When computing income for self-employed individuals in families with *two* parents, the weekly income must be equal 24 hours x federal minimum wage for each parent.

**Examples of Income Calculation:**

Jenny Jones paid weekly. Earns \$7.80 hour. Verifies last 4 weeks pay.

$$\begin{array}{l} \text{Wk 1} - \$296.40 \\ \text{Wk 2} - \$223.08 \\ \text{Wk 3} - \$245.54 \\ \text{Wk 4} - \underline{\$234.00} \end{array} \quad \begin{array}{l} \text{_____} \div 4 = \text{_____} \text{ representative pay} \\ \text{_____} \times 4.3333 = \text{_____} \text{ monthly pay} \\ \text{_____} \times 12 = \text{_____} \text{ yearly income} \end{array}$$

Same example, but Ms. Jones state that the pay she received the 1<sup>st</sup> and 2<sup>nd</sup> weeks was not representative of her usual income.

$$\begin{array}{l} \text{Wk 3} - \$245.54 \\ \text{Wk 4} - \underline{\$234.00} \end{array} \quad \begin{array}{l} \text{_____} \div 2 = \text{_____} \text{ representative pay} \\ \text{_____} \times 4.3333 = \text{_____} \text{ monthly pay} \\ \text{_____} \times 12 = \text{_____} \text{ yearly income} \end{array}$$

Tracy Ingle paid bi-weekly. Works 40 hours per week. Verifies last 3 pay stubs.

$$\begin{array}{l} \text{Aug. 11} - \$720.00 \\ \text{Aug. 25} - \$630.00 \\ \text{Sept. 8} - \underline{\$702.00} \end{array} \quad \begin{array}{l} \text{_____} \div 2 = \text{_____} \text{ representative pay} \\ \text{_____} \times 2.1666 = \text{_____} \text{ monthly pay} \\ \text{_____} \times 12 = \text{_____} \text{ yearly income} \end{array}$$

## **Budgeting (Self Employment)**

Step 1 Add all gross self-employment income.

Step 2 Add any capital gains, less depreciation.

Step 3 Subtract the cost of doing business.

The result is the adjusted gross self-employment income.

Step 4 Use the adjusted gross self-employment income as gross countable income in the budget.

<b>How to Convert Self-Employment Income To an Annual Amount</b>	
<b>If the Income is Received</b>	<b>Then</b>
Annually	Total gross receipts and subtract the cost of doing business.  This is the net income from self-employment and is shown as annual income in the budget.  To determine monthly amount, divide annual amount by 12.
Periodically, but represents one year's income	Total gross receipts of the annual income and deduct the cost of doing business, divide by 12 to get monthly amount.  Multiply monthly amount by 12 for annual amount.
Monthly	Total gross receipts, deduct the cost of doing business to determine net amount.  Multiply net amount by 12 to determine the annual amount.

REMEMBER that net income from self-employment must equal 24 hours x federal minimum wage for each adult/responsible person in family unit.

## **Self-Employment Income Example:**

Roger is a self-employed painter. He had annual gross receipts of \$10,953. His supply expenses totaled \$1,675. His written mileage log shows he drove 1,564 business miles. (The IRS uses the standard mileage rate of 58.5 per mile to determine the deductible driving expenses for the entire year. To determine his deduction for use of his vehicle, multiply  $1564 \times 0.585 = \$914.94$ . Add this amount to the \$1675 for total expenses of \$2589.94.

Deduct the expenses from the gross income of \$10,953 for net income of \$8363.06. Use the net income (\$8363.06) from self-employment as gross countable income in CAPS budget.

Remember that net income from self-employment must equal minimum wage x 24 hours per week.

1. Based on the above scenario, what income would the CM enter on the Income Worksheet? (\$8363.06)
2. What frequency of pay should be entered? (annual)
3. Does Roger qualify for CAPS based on income? Yes

Roger does qualify.  $\$6.55 \times 24 = \$157.20$  per week.  $\$157.20 \times 4.3333 = \$681.19$  per month.  $\$681.19 \times 12 = \$8174.28$ . Roger's net income from self income is more than the required  $\$6.55$  per hour x 24 hours per week.

Another way to look at this is: Roger's annual net income of  $\$8363.06 \div 12 = \$696.92$  per month, which is more than the required \$681.19 per month.

## Fee Assessment

Most CAPS families contribute to the cost of care by paying an assessed family fee. The fee for an eligible family is based on their annual gross income and the number of children in the family unit receiving subsidized child care.



The fee is:

1. A family fee not a “per child” fee;
2. Capped after the sixth child;
3. Assigned to one child in care, usually the youngest.
4. Paid to the provider weekly;
5. Permitted to be waived in hardship situations.
6. Is to be paid on the first day of service as long as any child is enrolled.
7. Is to be paid even when the child is absent from care.

Assess fees:

1. At initial application;
2. At recertification;
3. When income and/or household composition changes; or
4. When former TANF clients receive Transitional Child Care (TCC).

DO NOT ASSESS FEES FOR:

1. Families where parent is a TANF applicant or recipient.
2. Children in DFCS custody.
3. Minor parents attending middle or high school.

When there is only **one child** needing care and the family fee exceeds the provider’s rate for all types of care, deny the application and inform the client it is best to negotiate his/her own care.

When there are **two or more** children needing care and the family fee exceeds the provider’s rate for the “first” child, approve the case so that the SPMS assigns the remainder of the assessed family fee to the “second” child.

## Waiving Fees

### **FEES MAY BE WAIVED:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **PROCESS:**

1. Assess the fee in the usual manner
2. Document the justification for the fee waiver on the Case Activity Log
3. Obtain written approval from county director or designee
4. Notify client and provider via Form 62
5. File waiver in CAPS case record.
6. Review waiver before 60-day waiver period expires.
7. Reinstate the fee or request an additional waiver. Allow timely notice before the waiver expires.

## Terminating Services for Nonpayment of Fees

Clients who **fail to pay their assessed fees** are to have their CAPS case closed until meeting the following sanction periods:

1. For the first offense, until payment of back fees is made;
2. For the second offense, for three months or until payment of back fees is made, whichever is longer.
3. For the third offense, six months or until payment of back fees is made, whichever is longer.

**Nonpayment of provider charges, which are in excess of the assessed family fee, is not grounds for termination.**

MAXSTAR SSL - 00:01:20

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry CHILD INFORMATION Fri May 11, 03:45

Casehead: N/A CAPS Case ID: Child #:

CHILDREN IN HOUSEHOLD UNDER AGE 13, UP TO 18 IF SPECIAL NEEDS

Name Last: [ ] First: [ ] Mid: [ ]

SSN: [ ] Special Needs: [ ]

SUCCESS #: [ ] Relation To Casehead: [ ] N/A

Child DOB: [ ] Race: [ ]

Gender: [ ] White: [ ] N/A

Immuniz Due: [ ] Asian: [ ] N/A

Immunization: [ ] American Indian or Alaskan Native: [ ] N/A

Citizenship: [ ] Native Hawaiian or Other Pacific: [ ] N/A

Hispanic or Latino: [ ] N/A

Black or African American: [ ] N/A

[Images of children]

Blank Record

Screen 1

Show the child's age, citizenship status, immunization status, and special needs status on Child Information Screen 1.

## Immunization Requirements

Immunizations must be current for each child receiving child care services.

<b>IF</b>	<b>THEN</b>
Children have medical conditions that prevent immunizations	<ul style="list-style-type: none"> <li>• Require a written statement from medical provider.</li> <li>• Document Case Activity Log.</li> <li>• Continue application process.</li> </ul>
Parents object to immunizations based on religious grounds.	<ul style="list-style-type: none"> <li>• Require written statement (dated and signed) from parent declaring they refuse immunization on religious grounds.</li> <li>• Document Case Activity Log.</li> <li>• Continue application process.</li> </ul>
Child is in a regulated care, public school setting or TANF recipient	<ul style="list-style-type: none"> <li>• CM does not need to see Certificate of Immunization or include copy in CAPS record. Inform parent to take the Certificate of Immunization to the provider at enrollment or within 30 days of the initial day of service.</li> <li>• TANF CM is to verify for TANF recipients.</li> <li>• Document Case Activity Log.</li> <li>• Continue application process.</li> </ul>
Child in an informal child care setting, not school age or TANF	<ul style="list-style-type: none"> <li>• Review Certificate of Immunization.</li> <li>• Enter Immunization status and due date on Child Information Screen.</li> <li>• Document Case Activity Log.</li> </ul>
Immunization is current	<ul style="list-style-type: none"> <li>• Continue with enrollment.</li> </ul>
Immunization is not current	<ul style="list-style-type: none"> <li>• Complete Form 62, Disposition and Parent Information giving 30 days to update immunization or schedule appointment for it.</li> <li>• Enter Immunization due date on Child Information Screen.</li> </ul>

<p>Immunization is not current (cont.)</p>	<ul style="list-style-type: none"> <li>• Document Case Activity Log.</li> <li>• Continue application process.</li> <li>• Review in 30 days.</li> </ul> <p>Note: Cannot create a certificate for care past the date that the immunization is due.</p>
<p>Immunization is not current in 30 days or appointment not scheduled</p>	<ul style="list-style-type: none"> <li>• Terminate care for the child whose immunization is not current</li> <li>• No additional notice is needed to parent.</li> <li>• Certificate will expire for that child.</li> <li>• Update child’s eligibility status on the Approve Need for Care Screen.</li> <li>• Document Case Activity Log.</li> </ul>

Verify special needs by statement of physician, licensed psychiatrist, certified psychologist, or proof of SSI benefits.

Verify court ordered supervision through Social Services CM and/or case safety plan.

Verify child’s United State’s citizenship or legal alien status using verification standards outlined in Section 6100 of CAPS policy manual.

NOTE: Document the parent’s statement of his or her citizenship status in the case record. Inform the parent that his or her statement of citizenship does not affect the child’s eligibility for child care services.

**Child Care Basic Policy and MAXSTAR PG  
Application Process**

**July 24, 2009**

The screenshot shows a window titled 'MAXSTAR SSL - 00:11:25'. The menu bar includes 'File', 'Edit', 'View', 'Server', 'Maxstar', and 'Help'. The toolbar contains icons for 'EXIT', 'Print', 'Save', 'Add', 'Refresh', 'Help', 'Print', 'List', 'Mouse', 'Keyboard', 'Speaker', and 'Close'. The main window has a title bar 'Approve Child Need for Care' and a timestamp 'Thu Dec 27, 09:02'. The data entry fields are as follows:

Casehead: NORWOOD, ANDREA	Case ID: 279008	Child #: 2
Child Name: JACOX, TANIKA C.	SSN: 772-79-0082	DOB:
Need for Care: <input type="text" value="C"/> CAPS Care	First Begin Care:	
Highest Fee: <input type="text" value="N"/> No	Incomplete/Denied Reason Code: <input type="text"/>	

Below the data entry fields is a table header:

CERT #	Begin Care	End Care	Prov ID	\$ Approved Child Fee	\$ to Prov
--------	------------	----------	---------	-----------------------	------------

At the bottom of the window, there are instructions: 'Press <CtrlV> For Certificate; <PgDn> For Next Child; <CtrlU> To Get To Case'. The status bar at the very bottom shows 'Screen 2 of 2' and 'Record 2 of 2'.

Confirm and update the child's Need for Care. The system will default all children to "C" CAPS Care. If the child does not need care, update accordingly. The first child entered in a case is automatically designated as "highest fee". There should only be one child with the highest fee field marked "Y".

## **Completion of the Application Process**

### **The application process is complete when:**

- The applicant/client voluntarily withdraws the request for service;
- The case manager documents loss of contact;
- The applicant dies;
- The case manager determines that the applicant is eligible or ineligible;
- The case manager signs and dates the CAPS application and properly enters the disposition code, date and other required data into MAXSTAR.

### **The CM should:**

- Enter required data on Screen 8, Case Milestones.
- Print the application for child care services.
- Document the Case Activity Log.
- Complete any blank areas on the application.
- Obtain the client's signature.
- Sign the application form.
- File application, supporting documentation, and verification in the case file.
- Send notification to the client.

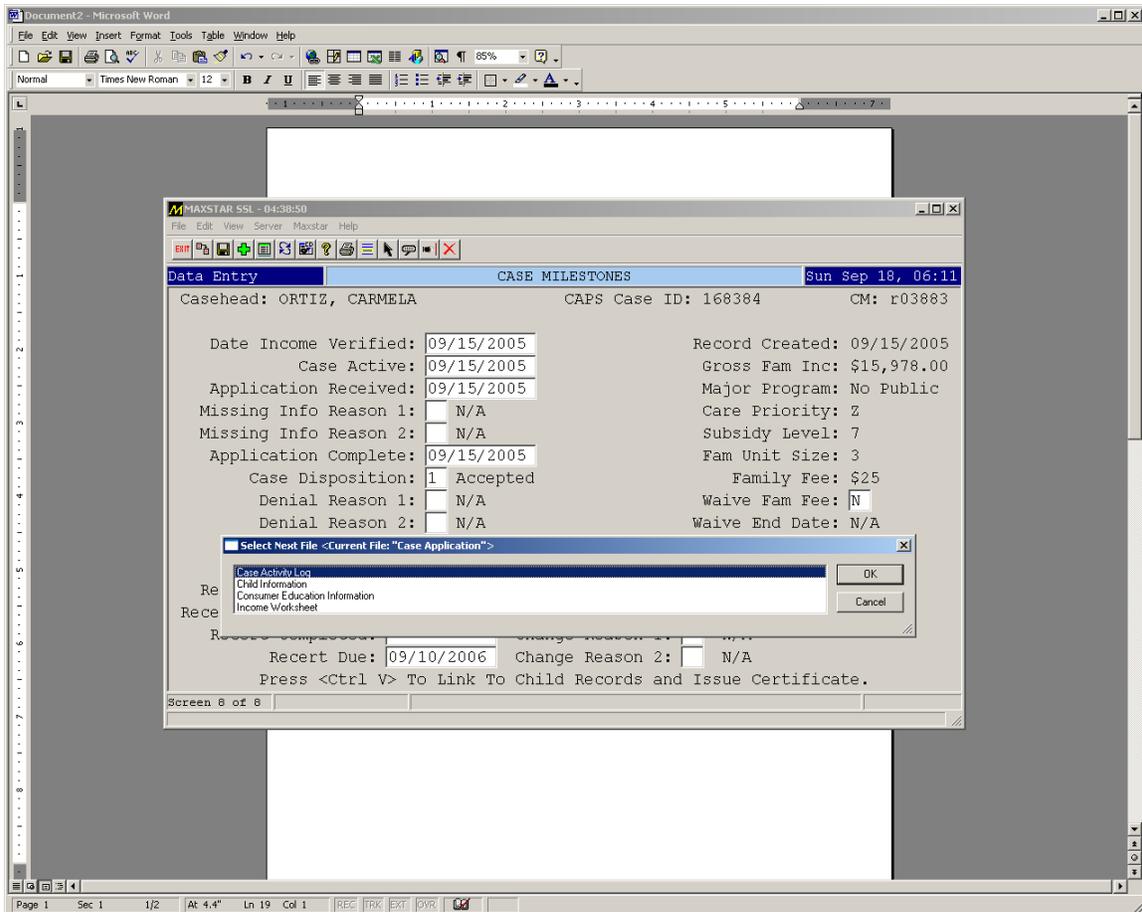
## Notification

At the time the case is completed, all applicants receive Form 62, Disposition and Parent Information, advising them of the disposition of their application.

- A. All CAPS applications receive adequate notice, which:
  - 1. Is written communication that includes a statement of the action taken.
  - 2. Includes the explanation of the individual's right to request an administrative hearing.
  - 3. Includes the circumstances under which services may be continued if a hearing is requested.
- B. Send a copy of Form 62, Disposition and Parent Information to notify providers of case actions.
- C. Notify related program Case Manager(s).
- D. Document Case Activity Log that Form 62 was sent to parent, provider and, if appropriate, related Case Manager.

## Case Documentation

### How to Access the Case Activity Log



**From any Casehead Information screen, hold CTRL and press V to see the menu to move into the Case Activity Log.**

**Highlight the desired screen and press Enter or click OK.**

**\*TIP: From the Case Activity Log, Child Information Screen, Consumer Education Screen, or the Income Worksheet, hold CTRL and press U to return to the previous Casehead Information screen.**

### Case Activity Log

COM	Action ...	PRI	Case ...	Case Name	Action Description
C	2005/09/18	1	168384	ORTIZ, CARMELA	Income has been changed
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Case Manager has been Ch...
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Case Manager has been Ch...
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Case Manager has been Ch...
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.

To read the desired entry, highlight and press Enter.

**MAXSTAR SSL - 04:43:10**

File Edit View Server Maxstar Help

EXIT [Icons]

**Data Entry**      **ACTIVITY LOG**      **Sun Sep 18, 06:15**

Casehead CARMELA ORTIZ      CM Ext: N/A      Date: 09/18/2005  
 CAPS CASE ID: 168384      CM Name: Mike Romaniello      Time: 06:24p  
 Home Phone: (404)601-3250  
 Work Phone: (404)770-3211

Type Action:  Notes  
 Action Date:

Priority:  Low Client/Prov Call      Created By: Mike Romaniello  
 Action Assigned To:  Mike Romaniello  
 Action Completed:  N      Caller's Phone #:

COMMENT

Call Disposition:  N/A  
 Other Explanation:

Screen 1 of 1      Record 55 of 55

MAXSTAR SSL - 04:44:20

File Edit View Server Help

Record Selection Sun Sep 18, 06:16

COM	Action ...	PRI	Case ...	Case Name	Action Description
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Case Manager has been Ch...
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Case Manager has been Ch...
C	2005/09/15	1	168384	ORTIZ, CARMELA	Income has been changed
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Address has been Changed.
C	2005/09/15	1	168384	ORTIZ, CARMELA	Case Manager has been Ch...
N	2005/09/18	1	168384	ORTIZ, CARMELA	Notes

Add Cancel

Records found, creating list...

To ADD a new entry, click on Add.

The screenshot shows a window titled "MAXSTAR SSL - 04:45:15" with a menu bar (File, Edit, View, Server, Maxstar, Help) and a toolbar. The main area is titled "ACTIVITY LOG" and "Sun Sep 18, 06:17". The form contains the following fields:

- Casehead: N/A
- CM Ext: N/A
- Date:
- CAPS CASE ID:
- CM Name: N/A
- Time:
- Home Phone: N/A
- Work Phone: N/A
- Type Action: [Green box]
- Action Date: [Text box]
- Priority:  N/A
- Created By: N/A
- Action Assigned To: [Text box] N/A
- Action Completed:
- Caller's Phone #: [Text box]
- COMMENT: [Large text area]
- Call Disposition:  N/A
- Other Explanation: [Text box]

At the bottom, there is a "Blank Record" button.

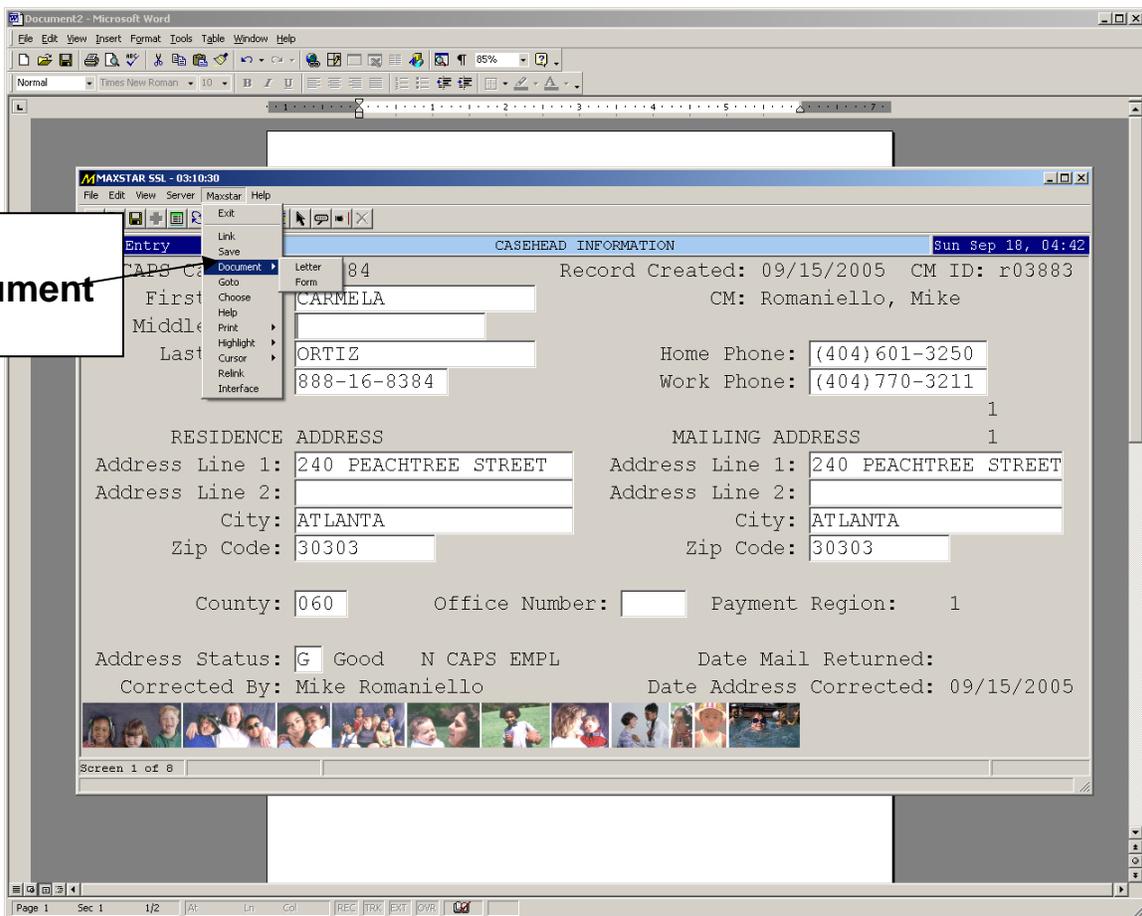
Type Action – Use F5 to scroll and find the most appropriate type of action for this entry. You must use TAB on the keyboard to save entries in the Comment section.

## Printing your Documentation

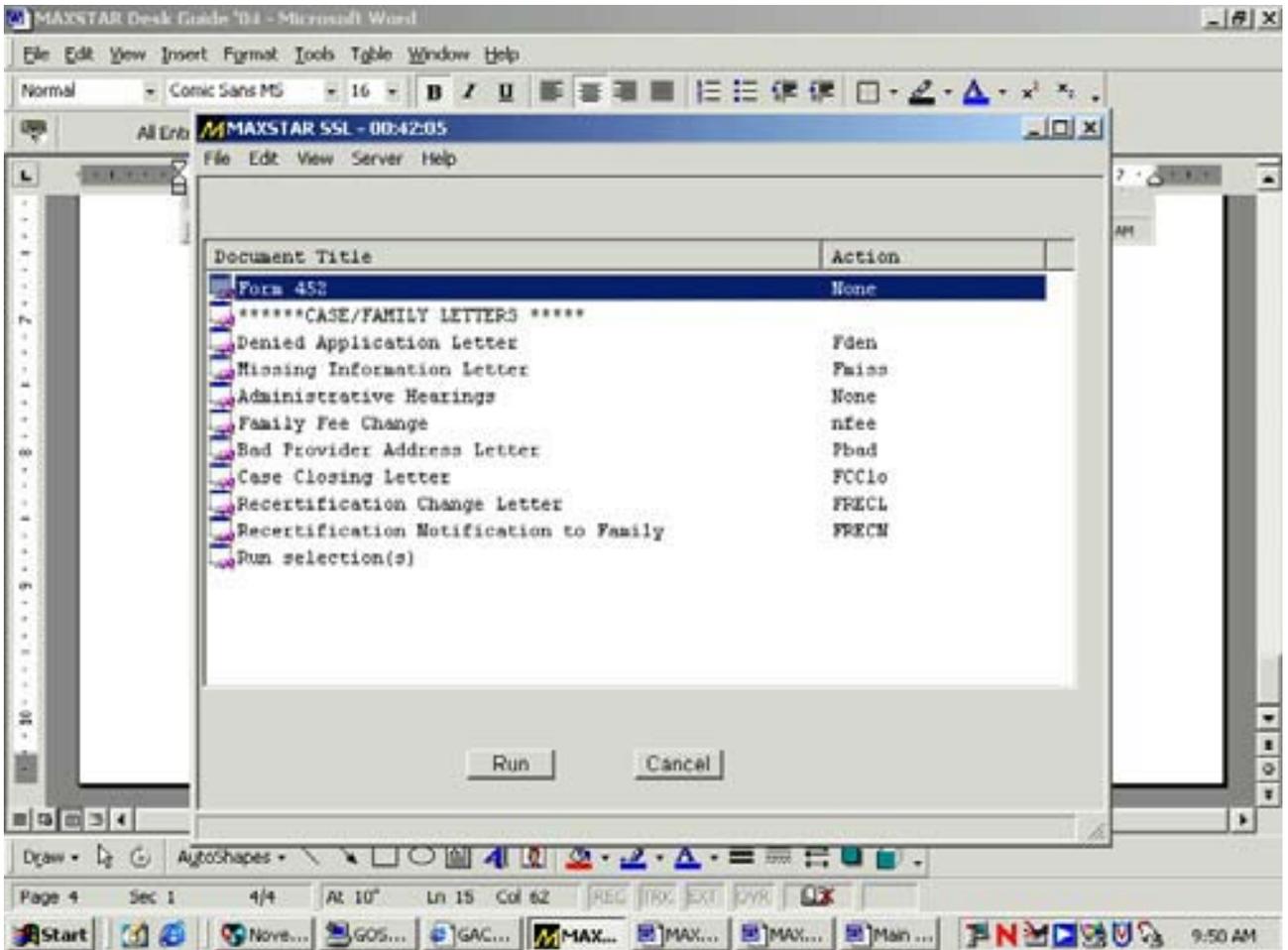
Go back to the case.

**NOTE:** You cannot print the case activity log while you are in the case activity log.

Select the icon for document or choose MAXSTAR and then Document and letter. Click on Document-*Letter* from any screen in Casehead Data Entry.



Highlight Form 452 and enter to print your documentation.



NOTE: Using system letters will automatically record important information in the Action Log.

# PROVIDER ENROLLMENT & MANAGEMENT



## PARTICIPANT GUIDE

## Outline

- I. Parental Choice (MR 6604)
- II. Types of Providers
- III. Provider Files
- IV. Provider Requirements (MR 6702, MR 6703)
- V. Provider Enrollment for Informal Providers (MR 6704)
- VI. Attendance Policy/Holding Slots

## **Objectives**

At the end of this module, participants will:

- Understand when Parental Choice prevails.
- Be able to explain to parents the different types of providers.
- Understand how/when to complete CPS Screening.
- Be familiar with requirements program participation for each type of provider.
- Understand the enrollment process for Informal Providers with DFCS.
- Understand the screening process on SUCCESS for Informal Providers.
- Understand the role of Bright from the Start, Department of Early Care and Learning, and Child Care Resource and Referral Agency

## **Parental Choice**

Parent selects his/her own child care resources.

Parental choice prevails, except:

## **Types of Providers**

There are three different types of providers each with requirements that providers within that category must meet.

The types of providers are the formal provider, the informal provider and the exempt provider.

A formal provider must be licensed or registered with Bright From the Start (BFTS) or the Department of Early Care and Learning (DECAL).

Bright from the Start: Georgia Department of Early Care and Learning (BFTS or DECAL) is authorized to license, register, monitor, and inspect providers operating child care facilities and programs.

Formal providers are: Centers, Group Homes, and Family Day Care Homes.

An informal provider must be enrolled with the CAPS program. Informal providers can be related or unrelated to the child.

The last type of provider is the exempt. This provider must have requested a letter of exemption from BFTS or DECAL.

- A. Licensed/commissioned centers;
- B. Licensed/commissioned group homes;
- C. Registered family day care homes;
- D. Out-of-home non-relative providers;
- E. In-home or out-of-home relatives
- F. Exempt providers
- G. Other child care resources (Early Head Start, Head Start, Pre-K)

<b>IF</b>	<b>THEN</b>
CM discovers that certificate of registration is not current	Contact BFTS to see if provider is legally operating.
CM is unsure whether a program should be registered	Contact BFTS.
Provider is required to be licensed or registered and meets requirements	Record information and proceed with enrollment.
Licensure/registration is required but not met	Inform the client to select a different provider.
Not required to be licensed or registered	Record information and proceed with enrollment.

## Provider Demographic Information

MAXSTAR SSL - 00:58:50

File Edit View Server Maxstar Help

EXIT Print Save Add Refresh Undo Redo Help Print List Mouse Keyboard Close

Data Entry Provider Demograph... Sat Sep 17, 04:11

Provider #: 33250 Last Name: JOHNSON First: AMAMNDA  
Provider Type: I Informal GA CAPS Provider DOB: 09/22/1968  
Verify #: N/A

PROVIDER HOME ADDRESS MAILING ADDRESS

Address Line 1: 44 GOVERNOR STREET Line 1: 44 GOVERNOR STREET  
Address Line 2: Line 2:  
City: COLLEGE PARK ST: GA City: COLLEGE PARK  
Zip: 30337 State: GA Zip: 30337  
Telephone: (404) 652-9987  
County: 060 Fulton Payment Zone: 1

Owners Name:  
Owners Phone:  
Contact Person:  
Contact Phone:  
Email Address: None

Screen 1 of 6

Screen 1

County staff must complete the following information on this screen for new providers:

1. The provider's **name**.
2. The provider **type** must be entered to indicate the provider's licensing status.
3. The provider's **DOB** must be entered for informal providers.
4. The provider's **home address** is the actual location where care is being provided.

5. The provider's **mailing address** will default to the home address, but can be changed if the provider wishes to use a mailing address.

The **contact person** information and **phone** number, as well as the owner's name and number will be completed by **MAXIMUS staff** to indicate who should be contacted for information.

**DO NOT ENTER CONTACT INFORMATION FOR PROVIDERS!**

### **Provider Files**

The state has contracted with MAXIMUS to provide a provider payment and management system.

MAXIMUS is responsible for creating and maintaining provider files.

Local County DFCS offices must maintain a central file that contains the rates for each Formal Provider.

## Miscellaneous Provider Information

MAXSTAR SSL - 01:00:10

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry Miscellaneous Prov... Sat Sep 17, 04:12

Provider #: 33250 Name: JOHNSON, AMAMNDA  
CCSR Assigned: r03883

Tax ID/SSN: 25555555 2 SSN (XXX-XX-XXXX)

Registrat Fee: [ ]  
Current Tier: 1

Web User Id: N Effective: [ ]  
Send Provider Packet: N Date Sent:  
Send Provider Pin: N Date Sent: Not Sent

Address Status: G  
Corrected By: r03883  
Date Mail Returned:  
Date Address Corrected: 09/17/2005

Screen 2 of 6

Screen 2

Enter the **Tax ID/SSN** must be completed with the correct information listed on the W-9 Form.

**SSN Card/Photo ID** must be completed after the county has confirmed the provider's information. This includes making a copy of the SS card/photo ID and routing a copy of the documents to MAXIMUS

If the ID is an SSN, enter 2 in the field next to the EIN. If the provider has a Tax ID #, enter a 1.

The **registration fee** should be entered for all formal providers who charge a registration fee. This is the amount charged by the provider.

Once the correct address is confirmed, a **'G'** must be entered into the **address status** field.

### Provider Licensing Information

Prov ID: 33250	Waiver: N/A	Exempt from 1099: N
W9 Name: AMAMNDA JOHNSON		
License Status		Required Documentataion
Enrollment Date: None		W-9 Received Date: [ ]
License Surrender: [ ]		704 Title VI Compliance: N
License Revoked: [ ]		Rights & Responsibilities: N
License Suspended: [ ]		Rates: N
License Resume: [ ]		License/Exemption: N
License Expiration: [ ]		Fire Extinguisher: [ ]
Mailed to Licensing: [ ]		Smoke Detector: [ ]
		Monitoring Checklist: N
CPS Screening: C Clear		Health & Safety Train: N
CPS Screening Date: 09/17/2005		SS Card/Photo ID: Y
		CRC Authorization: N N/A
IRS Except Reason: [ ]		Finger Print Cards: N
IRS Exception Date: [ ]		Original CRC Form: N
		CRC Check Fee: N
HIPAA Received: [ ]		Informal Prov Affidavit: Y

Screen 3

The Provider Licensing Info screen shows the provider’s current licensing status. On this screen, the county staff must enter the following information for informal providers:

- The CPS Screening and CPS Screening Date
- Informal Prov Affidavit must be completed after the county has confirmed that the provider has signed the affidavit.
- After the county receives the monitoring checklist from DECAL, the Case Manager must complete the **fire extinguisher, smoke detector and monitoring checklist fields**.

All other information on this screen will be entered and updated by MAXIMUS.

**Provider Requirements**

<i>Type of Provider</i>	<i># of Children</i>	<i>LICENSE</i>	<i>W-9</i>	<i>704</i>	<i>Policies/ Procedures/ Rates</i>	<i>HIPAA/ BAA</i>	<i>In Child's Home</i>	<i>Out of Child's Home</i>
<b>Lic/Reg/Com Centers</b>	19+	Yes	Yes	Yes	Yes	Yes	No	Yes
<b>Group Homes</b>	7-18	Yes	Yes	Yes	Yes	Yes	No	Yes
<b>Family Day care</b>	3-6	Certificate of Registration	Yes	Yes	Yes	Yes	No	Yes
<b>Exempt</b>		Letter of Exemption	Yes	Yes	Yes	Yes	No	Yes
<b>Relatives</b>	Up to 6	No	Yes	No	No	No	Yes	Yes
<b>Non- relatives</b>	1-2	No	Yes	No	No	No	No	Yes

## **What is Enrollment?**

Enrollment is the way that child care providers, who are not required to be licensed or registered with BFTS sign up” with DFCS to provide child care services.

### **Enrollment Process**

1. Conduct a face-to-face interview with the provider.
2. Verify identity from picture ID and a Social Security Card.
3. Make two copies of the ID and SS card
4. Complete Form 58, Enrollment for Informal Child Care Providers
5. Review the Brochure 59 with the applicant/client.
6. Complete the HIPAA Business Associate Agreement.
7. Provide and discuss the CRC Fact Sheet.
8. Explain the provider packet and the documents to return to the state’s provider management agent.
9. Inform the provider of BFTS’ health and safety monitoring.
10. Explain that the provider must re-enroll with DFCS yearly.
11. If new provider, enter required data in Provider Demographic Information Screens.
12. If an existing provider, update information as needed.
13. Document Case Activity Log.
14. Submit informal provider documents to state’s provider payment agent.

## **CPS Screening**

1. The client selects his/her child care arrangement.
2. The CM screens within the county department where the provider's business is located to determine if there is an active CPS case on the provider.
3. If there is no current knowledge, but prior knowledge of substantiated maltreatment against the provider, do not use that provider until the Social Services Supervisor submits a signed and dated statement for the CAPS case record that the CPS issues have been resolved.
4. CPS findings cannot be shared with the client due to confidentiality rules. The findings must be placed in the provider's file NOT in the client's case record.
5. If care is denied from a regulated provider, refer the client to DECAL for information.

If care is denied from an informal provider, the CM may discuss the issue with the provider. Include a CPS CM or supervisor in the discussion.

## **SUCCESS Screening**

You should always screen informal providers on SUCCESS to determine whether they have an active case.

If there is a related case, you should notify the case manager when you approve the childcare case so that the amount you are going to be paying the provider is entered into the related case.

## Provider Directions

MAXSTAR SSL - 01:03:35

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry Directions Sat Sep 17, 04:15

Provider #: 33250 Last Name: JOHNSON First: AMAMNDA

DIRECTIONS TO PROVIDER

Starting Point: DFCS Office

DIRECTIONS

Take a left out of office. Continue straight until you reach fork in road. Stay left, thrid house on right.

Screen 4 of 6

Complete the directions page when entering informal providers.

The **Starting Point** should be a familiar point that can be easily identified. Using a local landmark, major highway, or the local DFCS office as a starting point are best practices.

The **Directions** to the provider's location should be entered in the designated field.

MAXSTAR SSL - 01:04:50

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry Directions Sat Sep 17, 04:17

Screen 4

Press Ctrl + V to see provider's activity log or to see a list of the certificates created under this provider's profile.

## Provider Activity Log

Prov ID	T...	Action ...	Code	Action Description	Create...	Assig...
33250	\$	2005/09/17	crca	CRC Authorization Updated	r03883	gacron
33250	\$	2005/09/17	pic	Provider Information Change	r03883	gacron

By clicking on the link to the Provider's Activity Log, you can view all the documentation in the provider's activity log.

The first screen you may see is a listing of the provider's actions. These actions are grouped together according to the action type.

By pressing Enter on any highlighted action record, you can view a previous action, or by clicking the **Add** button, create a new action record.

## Action Record

The screenshot shows a software window titled "MAXSTAR SSL - 01:08:00" with a menu bar (File, Edit, View, Server, Maxstar, Help) and a toolbar. The main area is titled "Activity Log - Pro..." and shows the following information:

Provider: JOHNSON, AMAMNDA      CREATED BY: r03883  
Prov ID #: 33250      ON: 09/17/2005  
Phone: (404)652-9987      04:28p

---

Type Action: **crca** CRC Authorization Updated  
Action Date: 09/17/2005      Call Type: SYSTEM GENERATE  
Expected Action:   
Priority: 1 Low Client/Prov Call  
Action Assigned To: gacror USERID, System      Location: 060  
Action Completed:  Caller Phone:       Called Parent/Prov:

---

COMMENT

CRC Authorization Changed to N

Call Disposition:  N/A  
Other Explanation:

Screen 1 of 1    Record 1 of 2    HH:MM xM  
For Help, press F1

The provider's Activity Log allows you to record any action you take for a provider.

After entering the Type Action, many of the fields will be pre-populated with dates, times, case manager information, provider information and action assigned to information.

In the Comments field, you can type free-flowing notes that can be read by anyone who accesses this provider's file.

**\*TIP: Before you leave the comments field, to save the information entered, you MUST press Tab to save the record.**

Press **Ctrl + U** to get back to the provider's profile.

## Provider Tier Information

MAXSTAR SSL - 01:08:20

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry Tier Information Sat Sep 17, 04:20

Provider #: 33250 Last Name: JOHNSON First: AMAMNDA

Provider Tier Information

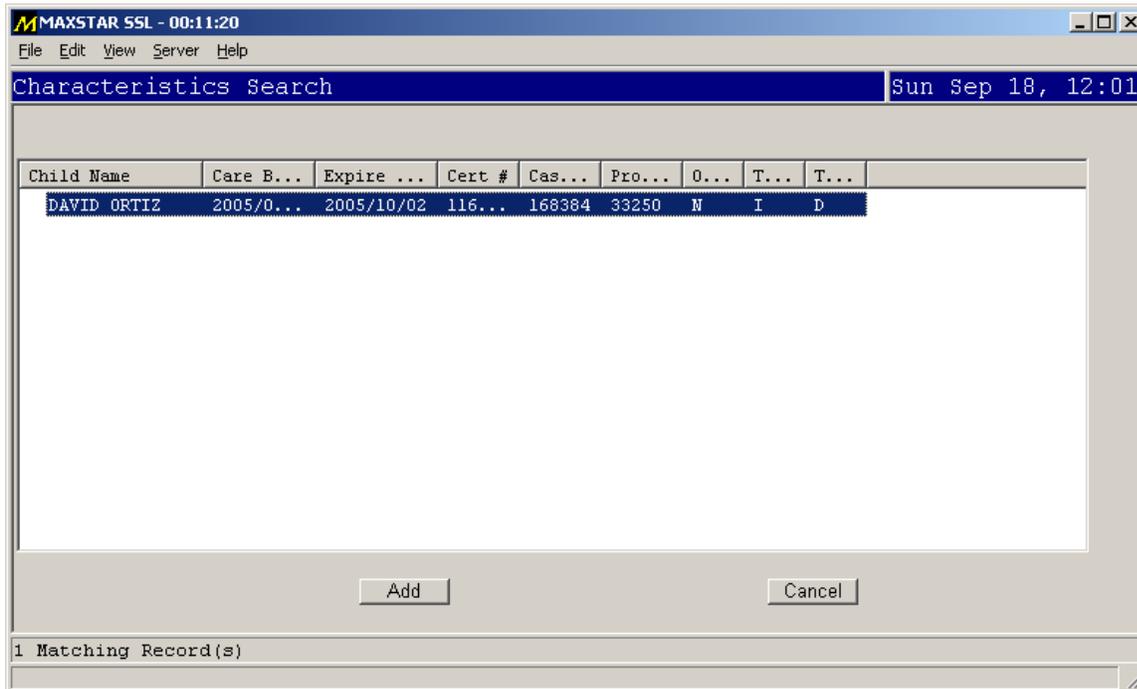
Tier Level	Start	End
*** 1	[Green Highlighted]	[Empty]
2	[Empty]	[Empty]
3	[Empty]	[Empty]
4	[Empty]	[Empty]

Screen 5 of 6 Expecting "N" at po...

The **Tier Information** allows a user to see if a provider is being paid a tier reimbursement for providing higher quality of services.

While this screen is still a part of the MAXSTAR® system, the tiered reimbursement program has ended. The information on this page shows all providers at the same tier level (1), which is the basic subsidy rate.

## Link to Update Certificate



By pressing CTRL + V, you can link to the Update Certificate screen.

Here you can see a list of all the certificates ever created for this provider's profile.

To see a particular certificate's information, highlight the certificate and press Enter.

## Provider Claim Information

MAXSTAR SSL - 00:08:10

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry Provider Claim Inf... Sun Sep 18, 01:40

Provider #: 33250 Last Name: JOHNSON

Claim Balance Information	Levy Information
Total Claim Amount:	Holder:
Amount Recoup'ed:	Address:
Amount Lump Sum Repay:	
Reduction Amount:	
Outstanding Balance:	Amount:
Method of Payment:	Collected:
Claim Status:	Balance Due:
Last Claim Payment:	Last Deduction:

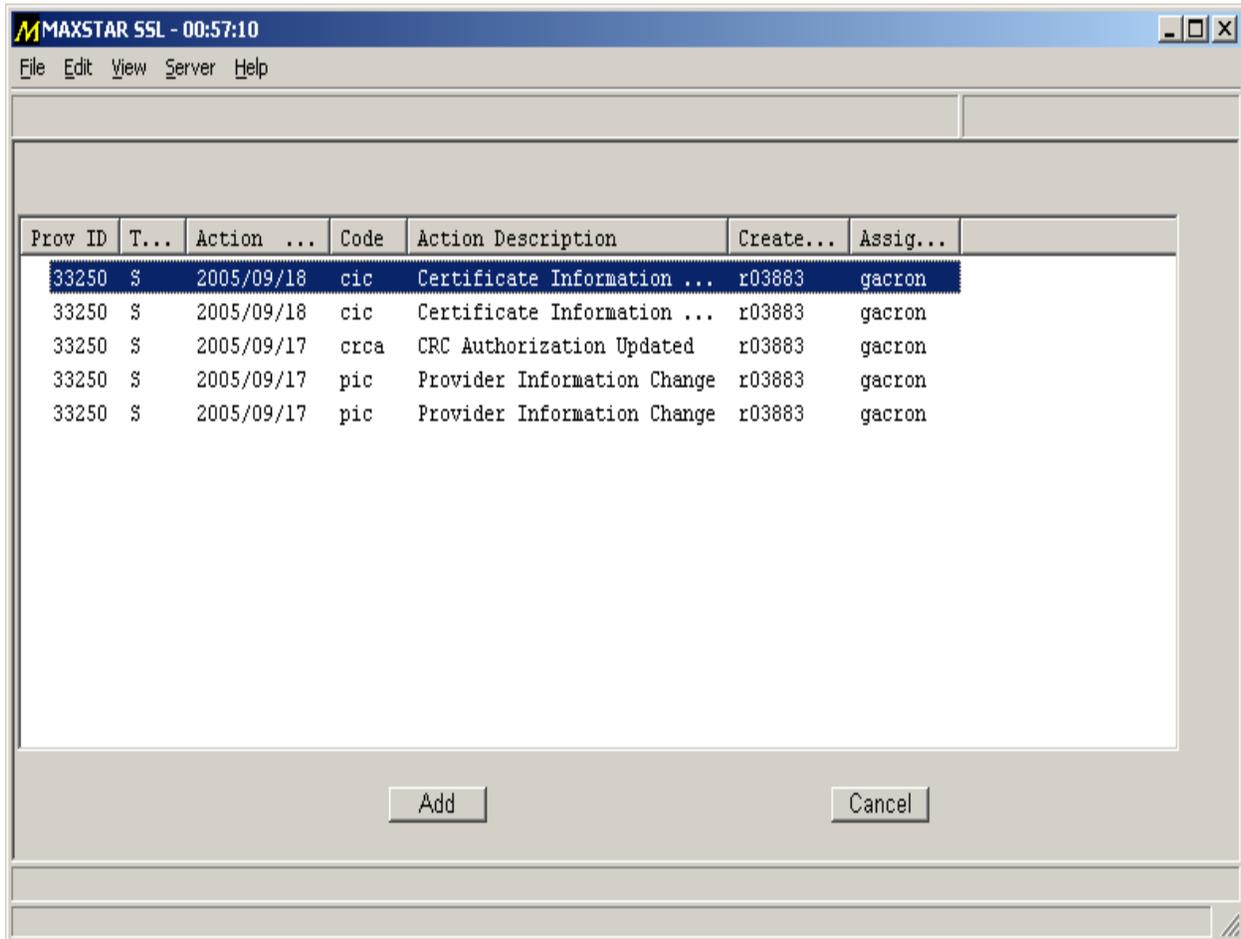
Screen 6 of 6

Screen 6

The **Provider Claim Information** allows the user to see at a glance if the provider owes any overpayment and the status of the overpayment recoupment. It will also show any **Levy Information** against the provider.

**This page cannot be updated.**

## Communicating with MAXIMUS



In order to send a message to MAXIMUS staff about a provider, access the activity log in the provider record and click "Add."

The screenshot shows the MAXSTAR SSL application window. The title bar reads "MAXSTAR SSL - 01:00:05". The menu bar includes "File", "Edit", "View", "Server", "Maxstar", and "Help". The toolbar contains icons for EXIT, save, print, help, and other functions. The main window title is "Data Entry Activity Log - Pro... Mon Sep 19, 03:57".

Provider: JOHNSON, AMANDA      CREATED BY: r03883  
Prov ID #: 33250      ON: 09/19/2005  
Phone: (404)652-9987      04:05p

Type Action: Calls4 Call from Provider - Other  
Action Date: 09/19/2005      Call Type: CALL  
Expected Action:   
Priority: 1 Low Client/Prov Call  
Action Assigned To: r  
Action Completed: N

060  
Parent/Prov:

Provider called regard

Call Disposition:  N/A  
Other Explanation:

Screen 1 of 1    Record 6 of 6    MM/DD/YYYY

**Select Action Completed?**

- C Completed
- L Sent to Local Office
- N Open
- S Sent to MAXIMUS**

OK    Cancel

1. Enter the Action type, for example Call from Provider.
2. Place cursor in the Action Completed field and press F5. This will display the drop down box with possible choices.
3. Highlight and select "S Sent to MAXIMUS."
4. Type your message in the Comment box. Press TAB to save.
5. This notification will appear on a report in the MAXIMUS office the following business day.

## **Attendance Policy/Holding Slots**

The child is expected to attend care on a regular basis.

The child must be in attendance at least one day during the negotiated period, usually 1 week, for the child care provider to claim reimbursement.

If the child attends one day during the negotiated period, the state's provider management agent may reimburse the provider as though the child attended the entire period.

The provider must notify the CM if the child is absent for three (3) consecutive days.

The CM can reimburse to hold a slot when providers have a written policy that requires payment for holding slots.

Payment can be made for:

1. Child's illness – 2 billable weeks per certification period
2. Mandatory work site closing – 2 billable weeks per certification period.
3. Supplemental Supervision children – 2 weeks per calendar year for child's illness, when the child is in respite care and cannot attend the regular child care setting or when other situations exist.

# CERTIFICATES



# PARTICIPANT GUIDE

## **Outline**

- I. Case Manager's Role
- II. Types of Care
- III. Child Care Settings
- IV. Issue Certification Screen
- V. Assessed Fee Waivers
- VI. Registration Fees
- VII. Reimbursement Rates
- VIII. Negotiated Rates
- IX. Cross County and Out of State Placement
- X. First Day of Service
- XI. Attendance
- XII. Holding Slots
- XIII. Variable Schedule Certificate
- XIV. Why Certificates End

## Objectives

At the end of this module, participants will:

- Understand the case manager's role in the selection of a provider.
- Be able to inform parents of the types of care.
- Be able to apply the policy regarding registration fees.
- Know how reimbursement rates are set.
- Understand the conditions under which to negotiate the child care rate.
- Know when to begin care.
- Know the CAPS attendance policy.
- Understand when paying to hold a slot is permitted.

## Case Manager's Role

- Case managers are to work with eligible families to arrange for the type of care and the amount of care that best meet the needs of the family and DHR.
  
- Case managers are to help parents evaluate whether the child care program will meet the family's needs.

## Types of Care

Full time	3 or more days per week.
Part time/occasional	1 or 2 days per week. Per day care needed for teacher workdays, snow days, holidays; used for school aged children.
Before/after school	Care for school age children before and/or after school.
Summer care	Full-time care per week for school age children during summer. Not for winter/spring breaks.

## Provider Search Screen

Case Manager can search for parent's choice of provider by name, license number, tax id or SSN, type, or county.

MAXSTAR SSL - 00:31:15

File Edit View Server Help

MaxWinClient

Characteristics Search Thu Jul 26, 04:17

ENTER ONE OR MORE PROVIDER IDENTIFIERS

Provider ID Number:

Center Name or Provider Last Name:

License Number:

Provider Tax ID / SSN:

Provider Type:

Provider Case Manager:

Active Y or N:

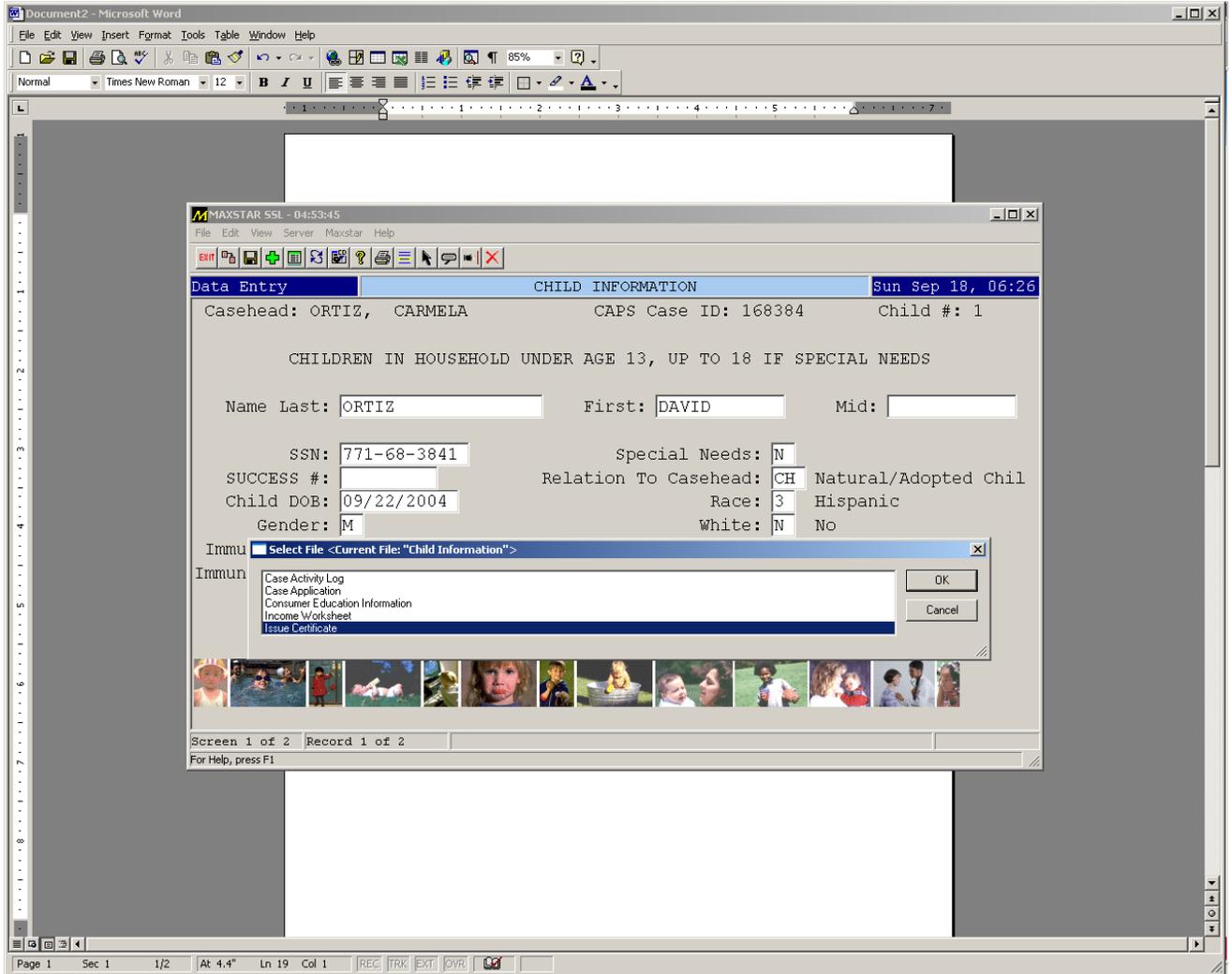
County:

Search Exit

Enter fields to search on.

## Issue Certificate Screen

From either of the Child Information Screens, press Ctrl + V or click on the Link icon and choose Issue Certificate from the drop down box.



MAXSTAR SSL - 00:33:45

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry ISSUE CERTIFICATE Mon Sep 19, 09:52

Casehead: ORTIZ, CARMELA CAPS ID: 168384 #2 Cert #: 1169547  
Child Name: AMANDA ORTIZ DOB: 12/12/1998 Sp Need: N

Begin Care: 09/19/2005 Date Expire: 09/10/2006 UAS Code: [ ]  
Provider ID: [redacted] Provider Name: [ ]  
Prov Relationship: [ ] Provider Type: N/A  
Care In Child Home?: [ ] Prov Reg Fee: N/A  
Authorize Regist Fee: \$0

Type of Care: [ ] Calendar: [ ] N/A  
N/A Full Time Part Time

Negotiated Rate/Override: 0 Prov Charge: 0  
# of Days Per Week: [ ] State Rate: 0  
# of Hours Per Day: [ ] Child Wkly Fee: 0  
Occasional Care/School Closing: N Amt to Prov: N/A  
Primary Certificate: N  
Waive Chld Wkly Fee: N  
Variations: [ ]

Variable Schedule Only

Screen 1 of 1

When creating a certificate for a child, enter the first Monday that care is authorized for the given provider. MAXSTAR® will automatically populate the certificate expiration date as the last Sunday of the current case certification period.

Enter the UAS code for this child and then choose the provider.

When choosing a formal provider, the Prov Relationship and Care in Child Home? Fields will automatically populate.

If choosing an informal provider, fill in the correct relationship and care setting.

Unrelated informal providers can only provide care in the provider's home.

If the provider is eligible for a registration fee, enter that amount in the **Authorize Regist Fee** field.

Enter type of care: **D - full time care; B - before and after school care; N- night time care; P - part time care**

Enter the provider's actual charge for care for this certificate.

MAXSTAR® will determine the rate paid to the provider by comparing the provider's charge to the DFCS rate and pay the lesser of the two.

If a Negotiated Rate is entered, this is the amount paid to the provider minus any fee.

Enter number of days of care per week. For part time care, this determines the provider's reimbursement when submitting their invoice.

The number of days authorized is the maximum number of days that provider will be paid for a given week.

The number of hours per day is based on the type of care.

These hours of care are used for Federal reporting.

## ASSESSED FEE WAIVERS

MAXSTAR SSL - 00:02:10

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry CASE MILESTONES Wed Dec 26, 05:32

Casehead: N/A CAPS Case ID: 279018 CM: FN2641

Date Income Verified: [ ] Record Created: 12/26/2007  
Case Active: 12/26/2007 Gross Fam Inc: \$0.00  
Application Received: [ ] Major Program: [ ]  
Missing Info Reason 1: [ ] N/A Care Priority: 0  
Missing Info Reason 2: [ ] N/A Subsidy Level: 1  
Application Complete: [ ] Fam Unit Size: 1 Old  
Case Disposition: [ ] Family Fee: \$0 \$0  
Denial Reason 1: [ ] N/A Waive Fam Fee: Y  
Denial Reason 2: [ ] N/A Waive End Date: 02/24/2008  
Eligible: N

Review Due Date: 06/30/2008 # Children Needing Care: [ ]  
Review Compl Date: [ ] Case Closed: [ ]  
Recert App Received: [ ] Close Reason: [ ] N/A  
Recert Completed: [ ] Change Reason 1: [ ] N/A  
Recert Due: 12/21/2008 Change Reason 2: [ ] N/A

Press <Ctrl V> To Link To Child Records and Issue Certificate.

Screen 8 of 8 MM/DD/YYYY  
For Help, press F1

Screen 8

Code the waive fee field on Screen 8, Case Milestones. The Waive End Date will automatically populate.

The case manager cannot issue a certificate past the “waive end date” in the system.

## Registration Fee



Applicable to regulated providers only.

Must be a part of the regulated provider's policies and procedures.

Maximum of \$50 per child per calendar year

- Exceptions:
- Supplemental Supervision cases.
- When good cause is established for changing providers.

Authorized on the Issue Certificate Screen.

## Reimbursement Rates

Established following federal regulatory requirements.

Based on a statewide child care market rate survey.

Based on type of care, age of child, and "zone" where care is provided.

The counties within the state are grouped into three zones.

Based on client's residence, if care is provided outside of Georgia.

County pays the difference between the DFCS rate and assessed fee.

Parent is responsible for the assessed fee.

Cannot exceed maximum DFCS rate.

Foster parents who may benefit financially from the ownership or operation of a child care facility cannot be reimbursed for care provided to foster children who live in the same home.

## **Negotiating Care/Rate**

Used for clients who work variable hours and might need more than one type of care to accommodate their schedules.

Case Managers are to negotiate for a flat full time rate with provider.

The negotiated rate for care 4-5 days can equal but not exceed the full time care rate per week.

If care exceeds 5 days per week, negotiated rate may exceed full time weekly rate but not full time care rate added to the per day rate.

The CM should explain how the rate was negotiated and what is included in the negotiated rate in the Case Activity Log.

Enter negotiated rate on the Issue Certificate Screen.

## **Cross-County and Out-of-State Placement**

County may link client with a provider in another county.

County may link client with a provider in a bordering state, as long as client remains resident of Georgia.

The client's county of residence makes the arrangements, linking the client with the provider, reimbursing the provider, and meeting reporting requirements.

Case manager must contact agency that licenses child care, if making an out-of-state placement.

Document on Case Activity Log that the child care provider meets (or is not required to meet) that state's regulations.

## **First Day of Service**

Begin care as promptly as possible.

The care should begin the Monday after certification unless there are extenuating circumstances.

The first day of service is \_\_\_\_\_.

## **Attendance**

The child is expected to attend the program on a regular basis. Therefore, the case manager should negotiate to purchase the type and amount of care that best meets the needs of the family.

The child must attend at least one day during the negotiated period for the provider to claim reimbursement. If the child is out 3 consecutive days, the provider should notify the case manager. The case manager should contact the parent to determine the cause for the child's absence.

## **Holding Slots**

The case manager can pay to hold a slot for a child when the child care provider has a written policy which requires payment for holding slots. There are two situations in which CAPS can pay to hold slots.

- o Personal illness of the child – two billable weeks per certification period if notified during the week of absence.
- o Mandatory site closings – not to exceed two billable weeks within the certification period if notified in advance.

\*\*Supplemental Supervision children – up to two weeks per certification period when child is ill, in respite care or some other situation exists.

## Issue Certificate Screen

Occasional Care/School Closing should only be marked with a “Y” if the certificate is for school holidays and vacations. It should also be used with Part time care. The Primary Certificate field should be marked with a “Y” for the main or primary certificate for each child. Primary certificates are used to distribute child weekly fees.

If you need to waive the weekly fee for this certificate, mark that field with a “Y.”

The Variations field is a text field to put notes about the care for the certificate. The certificate, which goes to the parent and provider, displays this field. Choose comments with that in mind.

System edits will not allow a certificate to run past a provider’s license expiration date, or after a child’s first or third birth month. For children crossing an age change at one or three, end the certificate on the Sunday following the last service week of the child’s birth month. Create a new certificate to continue past the child’s birth month through the end of the certification.



Enter the number of days of authorized care for the week. The Occasional Care/School Closing field will default to "N" and the Primary Certificate field will default to "Y." These fields CANNOT be changed when creating a Variable Schedule Certificate. The Variations field will default to read:

\*\*\*\*Variable Schedule Certificate\*\*\*\*.

Use the VSC for Georgia schools only. If a child attends school in a neighboring state, create a regular certificate.

## Why Certificates End

Some reasons a certificate would end before the certification period is over:

- A. Minor Parent date of birth  
Minor parents are not assessed fees. Once a minor parent reaches 18, fees may apply for any active certificates.
  
- B. Family Fee waived  
Family fees can be waived for 60 days. Certificates for that period will not have a fee, but will need to be re-created after the waiver period.
  
- C. Child's 1st or 3rd birthday  
DFCS rates to providers change when a child turns one and three. Because this changes the value of the certificate, the system does not allow the creation of a certificate past the end of the month the child turns one or three.
  
- D. Provider's License expiration  
A certificate cannot extend past the license expiration for a provider. A warning will flash at the bottom of the page. to the system will not allow creation of a certificate past the provider's license expiration date.
  
- E. Immunization due date  
The system will not allow creation of a certificate past a child's immunization due date.
  
- F. Child ages out of the program  
The system will not allow the creation of certificates past the month the child turns:
  - 5, for Grandparents Raising Grandchildren (GRG);
  - 13; or,
  - 18, if special needs.

# CHILD CARE CASE MANAGEMENT



## PARTICIPANT GUIDE

## **Outline**

- I. What is Case Management
- II. Recertification (MR 6903)
- III. Re-Application
- IV. Changes (MR 6904)
- V. Suspension (MR 6906)
- VI. Transfers (MR 6907)
- VII. Termination (MR 6910)
- VIII. Sanctions (MR 6405, 6807)
- IX. Notification (MR 6911)
- X. Provider Management (MR 6707, 6709)
- XI. Tracking
- XII. Fair Hearings (Appendix E)
- XIII. Improper payments (MR 6801)

## **Objectives**

At the end of the module, participants will:

- Understand what is entailed in completing the annual recertification process.
- Be familiar with how to handle reported changes.
- Understand the case transfer process.
- Be familiar with how to terminate cases.
- Understand the notification process.
- Understand when timely notice is required.
- Understand how to correctly process a re-application for benefits in MAXSTAR.
- Understand how to suspend a case in the system.
- Be able to locate the fair hearing process in the manual.
- Be able to identify the three types of child care claims.

## What is Case Management?

Case management is a systematic approach to assessing the needs of the family, coordinating the provision of services to meet those needs, and monitoring the progress being made in attaining the goals agreed upon by the parent and the case manager.

The goal of case management is to afford families opportunities for their children to receive quality child care services, and to assist families to become self-sufficient, so that child care assistance is no longer needed.

Case management activities begin with the family's inquiry for child care services and continue as long as the family remains eligible for CAPS.

Case management includes:

- Conducting annual recertification review
- Acting on reported changes
- Transferring cases
- Terminating service
- Sending official notification
- Processing appeal requests
- Determining overpayments and underpayments
- Maintaining records
- Tracking

## Recertification

Recertification is the reassessment of the client's eligibility and need for continued services.

MAXSTAR® produces a report of "Recertifications Due in Date Range." The report lists recertifications that are due in a specific period. Recertification dates in MAXSTAR® are 52 weeks from the Application/Recert complete dates.

Case managers and supervisors are able to pull this report to identify cases due for recertification for a caseload or for the county.

MAXIMUS sends a recertification letter to the provider that lists children whose certificates are expiring in the upcoming month.

The recertification process:

- A. Is due one year from initial certification.
- B. Does not require a face-to-face interview.
- C. Must begin in ample time before current certification expires so that the client can continue to receive services without interruption, or can be properly notified of ineligibility within the 12-calendar day notice period.
- D. Must be completed by the due date indicated on Screen 8, Case Milestones.
- E. The case manager should send a recertification letter to each client. The letter informs the client that:
  - 1. he/she is due for a recertification in the next month; and
  - 2. if they do not complete the recertification timely, their case will close on the certification expiration date.

- F. Print and mail the letter on the same day of printing, as a 12-day Adverse Action period is included on the letter. This is mandatory!
- G. Complete forms to re-enroll informal providers. (CRC not required.)
- H. Verify most recent earnings of employed clients.
- I. Verify attendance of clients in education and training activities for previous and current quarter or semester.
- J. Re-evaluate immunization status of child in an informal care setting.
- K. Request proof of training from informal providers.
- L. Review and verify any change in information.
- M. Key information into the system to update the client's record.
- N. Issue certificates for new certification period, if client is eligible.
- O. Provide timely notice on Form 62, if client is not eligible.
- P. Update Screen 8, Case Milestone.
  - **Enter current date in Date Income Verified field.**
  - **Enter current date in Recert App Received field.**
  - **Enter current date in Recert Completed field.**
- Q. Complete Consumer Education Screen.
- R. Document required verification in Case Activity Log.
- S. Obtain client's signature on Application for Child Care Services.

T. Determine if overpayment exists. Handle appropriately.

U. Notify related program CM of any changes.

### Completing Case Milestones

MAXSTAR SSL - 00:04:05

File Edit View Server Maxstar Help

EXIT [Icons]

Data Entry CASE MILESTONES Thu Jul 26, 04:30

Casehead: MATTHEWS, MARY M CAPS Case ID: 260320 CM: FN2641

Date Income Verified:	07/26/2007	Record Created:	07/26/2007
Case Active:	07/26/2007	Gross Fam Inc:	\$8,463.00
Application Received:	07/26/2007	Major Program:	Other Pub
Missing Info Reason 1:	<input type="checkbox"/> N/A	Care Priority:	2
Missing Info Reason 2:	<input type="checkbox"/> N/A	Subsidy Level:	3
Application Complete:	07/26/2007	Fam Unit Size:	3 Old
Case Disposition:	1 Accepted	Family Fee:	\$15 \$10
Denial Reason 1:	<input type="checkbox"/> N/A	Waive Fam Fee:	<input type="checkbox"/> N
Denial Reason 2:	<input type="checkbox"/> N/A	Waive End Date:	N/A
		Eligible:	<input type="checkbox"/> Y
Review Due Date:	01/31/2008	# Children Needing Care:	<input type="checkbox"/> 1
Review Compl Date:	<input type="text"/>	Case Closed:	<input type="text"/>
Recert App Received:	<input type="text"/>	Close Reason:	<input type="checkbox"/> N/A
Recert Completed:	<input type="text"/>	Change Reason 1:	<input type="checkbox"/> N/A
Recert Due:	07/20/2008	Change Reason 2:	<input type="checkbox"/> N/A

Press <Ctrl V> To Link To Child Records and Issue Certificate.

Screen 8 of 8

Screen 8

Enter the date you interviewed the client.

Enter the date that you completed the recert process here.

## Re-Application

Completed on a closed case in the same manner as the recertification.

- Enter the current date in the Date Income Verified field.
- Enter the current date in the Recert App Received field.
- Enter the current date in the Recert Completed field.
- Delete the case closure information.
- Update the eligible field.
- DO NOT change the Case Active Date unless the case has been closed for three years.

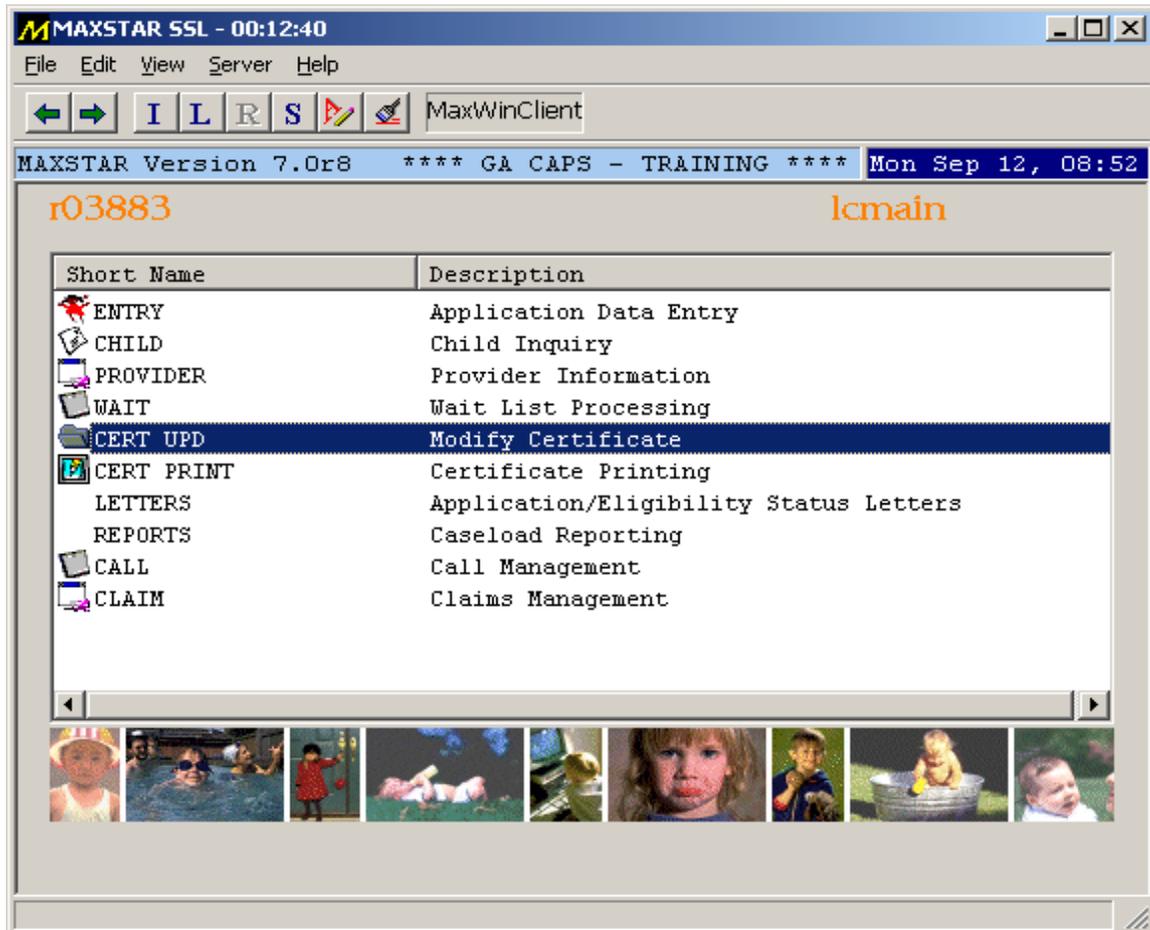
**NOTE: The Application Received Date, Case Active Date and the Application Complete Date are NOT changed on a re-application unless the case has been close for three years.**

## Changes

Review CAPS case whenever there is a change that may cause ineligibility or change in benefit level.

- A face-to-face interview is not required on reported changes.
- The client MUST report changes within 10 calendar days of the change.
- Take action within 10 calendar days of the notification.
- The 10-day period to act begins the day anyone in the agency becomes aware of the change.
- Document all changes, and when appropriate, verify.
- Use Form 62 to notify clients of changes that affect certification or use of services.
- Notify related CM of any reported change.
- Providers are to give DFCS a 30-day notice of change in rates.
- The county has 30 days to act on the rate change – with or without 30 days notice from the provider.

## How to Modify a Certificate



From the Main Menu, highlight Cert Upd/Modify Certificate and press Enter.

The screenshot shows a window titled "MAXSTAR SSL - 00:16:15" with a menu bar (File, Edit, View, Server, Help) and a toolbar with navigation and editing icons. The main area has a blue header "Characteristics Search" and a timestamp "Mon Sep 12, 08:55". Below this, the text "ENTER ONE OR MORE CERTIFICATE IDENTIFIERS" is displayed in orange. A form contains the following fields:

- Certificate Number: 1169523
- Case ID Number: (highlighted in green)
- Child Last Name: (empty)
- Child First Name: (empty)
- Casehead Last Name: (empty)
- Provider ID Number: (empty)

Buttons for "Search" and "Exit" are located at the bottom of the form area. A status bar at the very bottom contains the text "Enter fields to search on." followed by a text input field.

Enter the certificate number, and click on Search.

**Data Entry**      **MODIFY CERTIFICATE**      **Mon Sep 19, 09:56**

Casehead: ORTIZ, CARMELA      CAPS ID: 168384      #2      Cert #: 1169543  
 Child Name: AMANDA ORTIZ      DOB: 12/12/1998      Sp Need: N

Begin Care: 09/19/2005      Date Expire: 09/10/2006      UAS Code: 544  
 Provider ID: 33250      Provider Name: JOHNSON, AMAMNDA  
 Prov Relationship: AU      Provider Type: Informal  
 Care In Child Home?: N      Prov Reg Fee: \$0  
 Authorize Regist Fee: \$0      Last Paid S/W: N/A

Variable Schedule Only

Type of Care: B	Calendar: 3	Atlanta City (Tradition	
		B/A School Full Time	Part Time
Negotiated Rate/Override: 0	Prov Charge: 65	100	30
# of Days Per Week: 5	State Rate: 65	106	35
# of Hours Per Day: 5	Child Wkly Fee: 10	10	0
Occasional Care/School Closing: N	Amt to Prov: 39	90	30
Primary Certificate: Y			
Waive Chld Wkly Fee: N			

Variations: \*\*\* Variable Schedule Certificate \*\*\*

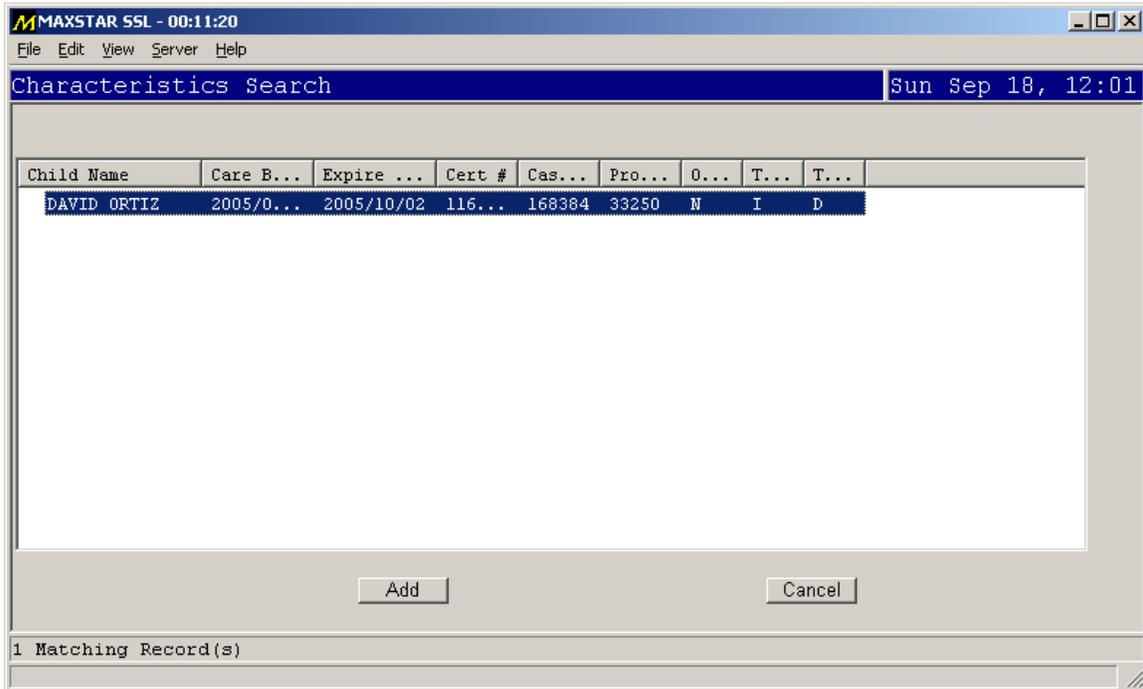
Screen 1 of 1

The most common reason to modify a certificate is to stop payments when a case closes before the end of the certification period. To stop payments, expire the certificate for the Sunday after the case closure date. When payments have been made for that service week, the certificate cannot be modified or expired.

If no payments have been made on the certificate, it can be expired back to the Begin Care date. This will cancel the certificate and no payments will be made.

\*TIP: If you are expiring a certificate back to the Begin Care date and it is a Primary Certificate, you must modify the Primary Certificate field from "Y" to "N" to allow the system to assess the fee to other Primary Certificates.

## Link to Update Certificate



By pressing CTRL + V, you can link to the Update Certificate screen.

Here you can see a list of all the certificates ever created for this provider's profile.

To see a particular certificate's information, highlight the certificate and press Enter.

## Certificate Information

MAXSTAR SSL - 00:12:05

File Edit View Server Maxstar Help

EXIT COPY PASTE ADD PRINT REFRESH HELP

Data Entry MODIFY CERTIFICATE Sun Sep 18, 12:02

Casehead: ORTIZ, CARMELA CAPS ID: 168384 #1 Cert #: 1169542  
 Child Name: DAVID ORTIZ DOB: 09/22/2004 Sp Need: N

Begin Care: 09/19/2005 Date Expire: 10/02/2005 UAS Code: 544  
 Provider ID: 33250 Provider Name: JOHNSON, AMAMNDA  
 Prov Relationship: AU Provider Type: Informal  
 Care In Child Home?: N Prov Reg Fee: \$0  
 Authorize Regist Fee: \$0 Last Paid S/W: N/A

Variable Schedule Only

Type of Care: D Calendar: N/A

	Day Care	Full Time	Part Time
Negotiated Rate/Override: 0	Prov Charge: 85		
# of Days Per Week: 5	State Rate: 125	0	0
# of Hours Per Day: 9	Child Wkly Fee: 15	15	0
Occasional Care/School Closing: N	Amt to Prov: 70	N/A	
Primary Certificate: Y			
Waive Chld Wkly Fee: N			

Variations: \_\_\_\_\_

Screen 1 of 1 Record 1 of 1

By clicking on the highlighted certificate, you can see all the information for the certificate, including case information, provider information, type of care authorized, dates for which the certificate is authorized and payment information.

Press Ctrl + U to get back to the provider's profile.

**\*TIP: Please do not modify any information on the certificate using this method to access the certificate. To make modifications to certificates, select the Modify Certificate option from the Main Menu.**

## Suspension

The CM can determine that child care may be suspended if:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Suspension cannot exceed 12 weeks per occurrence.

County must \_\_\_\_\_.

The county does \_\_\_\_\_.

The CM \_\_\_\_\_.

Payment of the fees \_\_\_\_\_.

The client must \_\_\_\_\_.

The CM should \_\_\_\_\_.

A desk review is needed if the client has resumed the activity to determine if the client remains eligible for services.

If no contact is made, or if the client has not resumed the activity, the case is closed.

The Form 62 is used to notify the client and provider indicating the beginning and ending date of suspension.

Document case record on Form 452 or other approved recording form.

## Transfers

Currently certified clients who move to a new county are NOT considered “new clients.” They are **NOT** to be put on a waiting list if they remain eligible. The county is to contact the Budget Office for funds, if needed.

- Continue services.
- Either the sending or receiving county can initiate the request – whichever receives the report of the change.
- No face-to-face interview with the client is required . However, the client is to provide requested verification.
- The former county will continue to pay for services until the transfer is completed.
- Case transfers must be initiated within five (5) calendar days of the client’s request for a transfer.

Use the below chart to help determine correct action:

<b>Sending county receives the request</b>	<b>Receiving county receives the request</b>
Verify client's new address. Update case record.	Verify client's new address.
Contact receiving county to notify them of transfer and negotiate the date the receiving county will begin to pay for care.	Confirm receipt of transfer request within five calendar days. Contact the county and negotiate an effective date of transfer.
Issue form 62 to client and provider notifying them of effective date of transfer and the last day the sending county will be paying for child care services.	Conduct a desk review once the record is received to ensure that the client remains eligible. Contact the client within 10 calendar days of receiving the required information to complete the eligibility determination.
Send the child care supervisor in the receiving county the Form 62, copies of the most recent application, verification of state approved activity and proof of citizenship for all children within 5 calendar days of the effective date of the transfer. <b>DO NOT MAIL THE ENTIRE CASE RECORD.</b>	Issue a new child care certificate, if the client remains eligible. Begin paying for child care services on the date negotiated. If the client selects a new provider, care is authorized with that provider. Issue Form 62 to client and provider authorizing care. Provide timely notice if client is ineligible.

## Termination

Termination may occur for a number of reasons:

The client is no longer eligible.

The need for service no longer exists.

There has been a violation of state policy and the penalty is termination of service.

The parent voluntarily withdraws from the CAPS program.

The parent abandons the program.

The client fails to respond to or honor the Child Care Claim and Repayment Agreement.

The client fails to provide eligibility information as requested by the agency.

The clients fails or refuses to cooperate with an investigation conducted by the Office of Investigative Services.

### **Procedures:**

1. Inform client that he/she is no longer eligible and indicate the reason.
2. Enter date case closed and close reason on Screen 8, Case Milestones. Change eligible field from "Y" to "N." Expire existing certificates.
3. Complete Form 62. Give 12 days timely notice, if required. Send a copy of Form 62 to the client, provider and related CM.
4. Document termination in case record on Case Activity Log.
5. Close case using local county procedures.

6. Termination is effective the Monday following the expiration of the 12 day adverse action period or the Monday following the completion of the action if timely notice or adverse action is not required.
  
7. If the parent signs a written waiver or Form 64, **Voluntary withdrawal**, a child can be voluntarily withdrawn from the program. The effective date is the same as the client's written request.

## **Sanction**

Clients who **fail to pay their assessed fees** are to have their CAPS case closed until meeting the following sanction periods:

1. For the first offense, until payment of back fees is made;
2. For the second offense, for three months or until payment of back fees is made, whichever is longer.
3. For the third offense, six months or until payment of back fees is made, whichever is longer.

**Nonpayment of fees that are not assessed by the county department is not grounds for termination.**

Close case on Screen 8 by entering case close date and reason.

- Change eligible field from “Y” to “N.”
- Expire existing certificates.
- Send Form 62 to client and provider.
- Notify related Case Manager.

## Notification

Applicants and clients are to be informed of any decision or action taken by the local county department that affects his/her certification process and use of child care.

**Adequate notice** - written communication that includes:

- a statement of the action the agency is taking, the reason for the action;
- the explanation of the individual's right to request an administrative hearing; and,
- The circumstances under which services may be continued if a hearing is requested.
- Give the applicant adequate notice of:
  - A. Approval;
  - B. Denial;
  - C. Fee decreases;
  - D. Service increase; and
  - E. Rate changes not previously reflected on Form 77.

**Timely notice** means that the notice shall be mailed or hand-delivered to the client at least 12 calendar days before the date the action is to become effective.

- Give the client adequate and timely notice of:
  - A. Fee increases;
  - B. Service reductions;
  - C. Change in eligible members;
  - D. Termination of services; and
  - E. Sanctions due to the client's failure to pay assessed family fee.

## Provider Management

The State's provider management agent is responsible for the management of all providers and maintaining necessary files.

For informal providers, CM must document on Case Activity Log:

1. That the provider attended the annual face-to-face I interview with CM;
2. That CM reviewed Brochure 59, In-Home Child Care, with parent.

CM must notify the child care provider in writing, using the Form 62, when a client's child care arrangement changes.

CM must submit complaints to proper authority.

NOTE: **Dismissal of provider does not affect the client's eligibility.** The client is to select another provider within 10 days.

Dismissed providers may re-enter the CAPS program when they comply with all state requirements.

## Tracking

CAPS does not have a state-wide automated case management system. The CM is responsible for manually tracking all actions that are required on cases.



SOME items that MUST be tracked:

- Six (6) days to respond to written notification of inquiry list status.
- Five (5) days to verify income from application/interview date.
- Thirty (30) days from enrollment to provide immunization verification.
- Sixty (60) day waiver of fees.
- Twelve (12) month TCC period.
- Follow up of citizenship verification.
- Follow up of immunization verification.



## **Fair Hearings**

All applicants/clients shall receive fair and equitable treatment and may question any decision made or action taken by the local county department concerning the family.

A request for a hearing is a clear expression by the applicant/client or his/her representative of the desire for an opportunity to present the case to a higher authority.

- A hearing request is made to either the county department or OSAH.
- The request may be made orally or in writing. Oral requests must be followed with a written request within 15 calendar days.
- Hearings are conducted by the Office of State Administrative Hearings (OSAH) and are granted to any applicant/client who makes a timely request.
- The agency is required to provide bilingual staff or interpreters, the agency must ensure that the hearing process is explained in a language understood by the individual.
- Hearings are conducted in the county office or another designated location.
- The hearing may be conducted by telephone from OSAH with speaker parties being present at the local hearing site using a speaker phone.
- The client can request a face-to-face hearing.
- Applicants may challenge a decision about denial of services or the failure of a local county department to act upon his/her request with reasonable promptness.
- Clients may challenge decisions about denials, reductions, terminations, or other issues related to their case.

**Exceptions**

These situations are not covered by this fair hearing process:

1. The denial of the client's choice of child care provider; and
2. Dissatisfaction with care provided by the client's chosen provider.

Child care providers are not clients or recipients of child care services and are not covered under the fair hearing process.

**Notification**

The CM shall advise applicants/clients of the right to a fair hearing and assist, if needed, in completing the necessary paperwork.

1. The CM should inform each applicant/client at the time of application and at the time of any action affecting service(s) being received:
  - a. He/she has the right to a hearing;
  - b. The method by which he/she might obtain a hearing; and
  - c. That he/she may be represented by legal counsel, a friend, or other spokesperson.
2. The written notice of the applicant's right to be heard is on Form 60 and Form 62.
3. The applicant must request a hearing within 30 calendar days of the date on the Form 62, Form 111, Form 113, or the effective date of any action resulting in the appeal.
4. Applicants/clients are to complete Form 62 as the written request for a hearing.

## Improper Payments

Occur when a family unit or provider receives benefits or payment to which they are not eligible or entitled (overpayment).

Includes payment to which they were eligible or entitled and did not receive (underpayment).

The agency must contact the client or provider to investigate if there is reason to believe an error was made.

Document the case record regarding the findings. If an error was made, a claim must be established. The type of claim must be determined.

### **Types of Claims:**

#### 1. Administrative Error (AE)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

#### 2. Inadvertent Error (IE)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

3. Suspected Intentional Program Violation (SIPV)

a. \_\_\_\_\_

b. \_\_\_\_\_

**Processing Client Administrative Errors/Inadvertent Errors**

- Client has 10 days to report change from the date of occurrence.
- Worker has 10 days to take action on the reported change.
- Determine the client's ongoing eligibility for child care.
- If eligible, make any required changes and send Form 62 to the client and the provider.
- Determine the date the change occurred.
- To calculate overpayment, begin the Monday after the expiration of the 20 days (10 for client to report, and 10 for worker to take action).

**NOTE: If applicant was totally ineligible from the beginning, we do NOT allow 20 days before beginning the claim.**

**Other programs allow 34 days which includes adverse action. CAPS only allows 20 days.**

Determine the service weeks in which the overpayment occurred, include registration fees when calculating the overpayment amount.

Use Form 112A to calculate the amount of the overpayment. If the overpayment is less than \$75, document the case and cancel the claim.

CM should completed the client section on the Form 111, obtain supervisory approval and mail to client.

Discuss the repayment agreement with the client to ensure they understand the penalty for failure to honor the repayment agreement.

If the client does not respond within 12 days, send Form 62 notifying the client of termination of child care at the end of adverse action. Attach a copy of the original Form 111.

If client responds to the Form 111, calculate the minimum payment. The claim must be repaid in 36 months. The minimum payment is \$10 per month.

The Form 111, 112, and 112A should be forwarded to the county claim's manager and to Regional accounting with a copy placed in the client's case file.

### **Processing Provider Administrative Errors/Inadvertent Errors**

The state provider management system is responsible for calculating, processing and collecting all claims the system caused.

The county is responsible for entering and documenting the provider overpayment information in the system.

The county is responsible for collecting on any claim that occurred prior to conversion to the SPMS.

To establish a provider claim follow the steps listed below:

- a. On the Main menu, highlight the Claims Management icon
- b. On the Characteristics Search menu, enter the number (or name) of the provider that has claim. Click on Search.
- c. After ensuring that this is the correct provider, CTRL+V to begin entry of claim. Select the Claims Update icon and enter.
- d. Choose the child/certificate when the claim initiates and press enter.

- e. The claims update screen shows the actual certificate information, including the case head, child and provider, and the begin and end dates of the certificate. Review the information to ensure this is the correct certificate and then enter.
- f. The CM must enter the correct rate, correct child fee and the correct amount to provider. Then enter the claim begin and end date for no more than one (1) month period.
- g. Print the screen and keep a running total of all service weeks affected in the claim for this certificate and enter.
- h. When the provider update screen appears, ensure that the claim is entered on the correct provider then enter.
- i. The CM will add this claim to the provider and enter documentation surrounding the claim for the child previously selected.

**NOTE:** This also allows the user to add additional months for the certificate if more than one month is involved.

- j. After the CM has entered all claim information for a child, press CTRL+V to enter claim into Claim Determination Log.
- k. Enter Claim Type and the total claim amount for all service weeks.

**NOTE: One claim determination must be completed for each certificate for each child affected by the claim.**

- l. If the claim is not complete, enter "O" for open. This allows the CM to go back in another time to complete action.
- m. If the claim is complete and awaiting supervisor approval, enter "W".

- n. After the Supervisor has reviewed the claim, s/he will sign off by entering "S" to send the claim to MAXIMUS.
  1. No Form 62 is required for provider claims.
  2. Document the Provider Case Activity Log in the SPMS. This documentation replaces the Form 112.

### **Suspected Provider/Client Intentional Program Violations**

The CM should determine on-going eligibility.

**ALL** Suspected IPV's should be referred to OIS.

Client SIPV's must be made on Form 5667.

Provider SIPV's must be made on Form 5667-B.

The worker should ensure prior to referral that the service could not have been provided under a different UAS code.

If the client/provider refuse to cooperate with OIS, the worker should take action to close the case.

If OIS establishes a claim, the claim should not be terminated until the claim has been paid in full. The case record should NEVER be destroyed.

### **Client Repayments**

The claim must be re-paid in the county in which the claim occurred.

The Form 113, Child Care Claims Collection Notice, should be sent for 3 consecutive months if:

- a. The client fails to sign the Form 111.
- b. The client signs the Form 111, but fails to honor the agreement.
- c. The client stops paying on the claim.

An applicant that fails to sign or honor a repayment agreement cannot be certified until the claim is paid in full.

A recipient who fails to sign or honor a repayment agreement will have their services terminated. With the following exceptions:

- a. TANF client who needs services in order to comply with Employment Services OR
- b. CPS clients that need child care in order to comply with their case/safety plan.

If the TANF or CPS client fail to pay on their claim three times, their child care will be terminated in 12 days unless the claim is paid in full.

### **Re-negotiating Payments or Deferring Payments**

AE and IE claims can be re-negotiated if the client or provider is unable to pay the agreed upon amount.

The re-negotiating or deferring of payments can only be done once.

The new payment amount should not be below the minimum payment rate of \$10.

A deferred payment period cannot exceed 90 days.

### **Client Underpayments**

Determine the date the change occurred.

Calculate the amount of the underpayment using Form 112A beginning with the first week it occurred.

Send Form 112, Authorizing reimbursement to Regional Accounting and file a copy in the C/R.

Send the client a Form 113 notifying them of the underpayment and DOCUMENT the case record.

**Provider Underpayments**

The county should document information related to the underpayment on the SPMS.

**All overpayments must be resolved.**

# MAXSTAR® REPORTS



## PARTICIPANT GUIDE

## Things to Remember About Reports

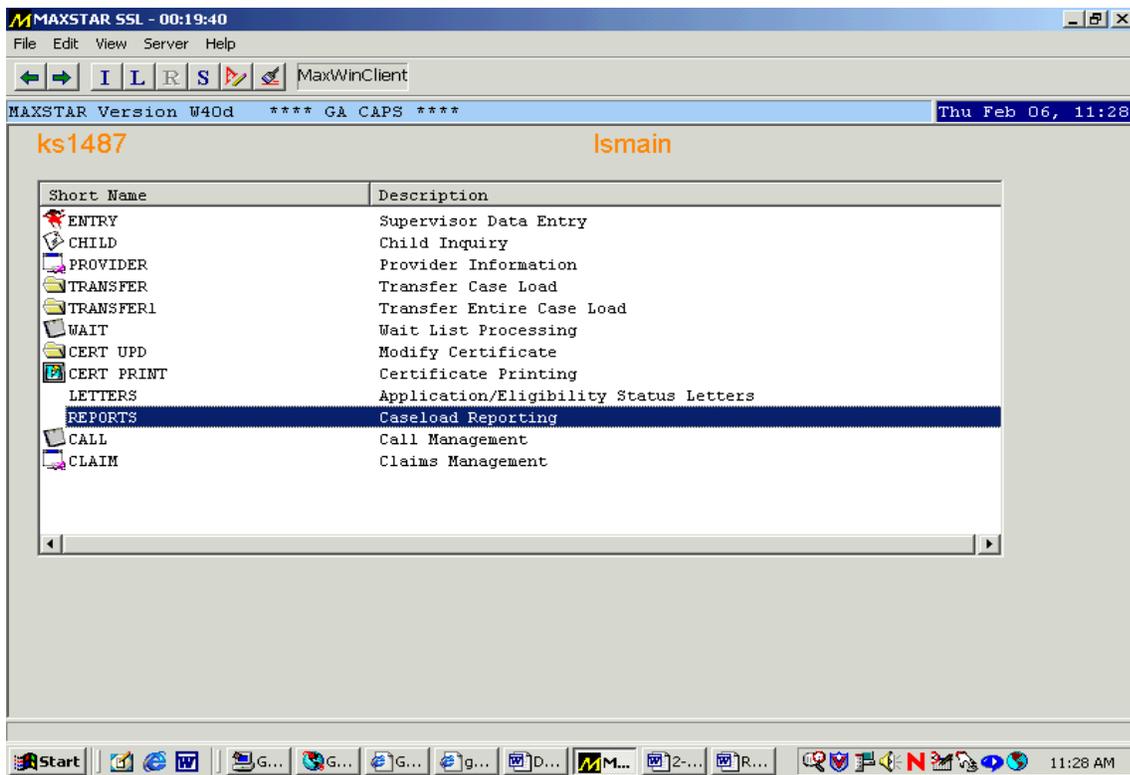
- County codes must be 3 digit numeric (example: 001)
- Any item entered with letters must be in all caps
- **ALL:** usually designates statewide lists
- **ALL:** under status means providers with both **N** and **Y** status
- Status **Y:** means a provider is currently in active status
- Status **N:** means a provider is not currently in active status
- Fiscal reports can be pulled by counties for their own county or region and state-level staff can pull for specific counties or for all counties
- Any county-level user can pull fiscal reports for their own county
- Many non-fiscal reports can be pulled by county users even if the provider is located outside the client's county
- On the computer screen, page numbers are listed. When you print, depending on the size of the font, your printer, etc, the page numbers may be different on the printed copy.
- Most reports need to be set up to print in font size 8, landscape setting. Some individual computer adjustments may need to be made before printing. To change font size, go under edit, preferences, and font. To change from "portrait" setting, change page setup and print configuration.
- **N/A** refers to "information not available" **NOT** to "information not applicable"!

## Report Summary

The following pages give a brief written summary of SOME reports that are currently available on MAXSTAR®. The listed reports will assist in case management. Other reports are available in the Reports menu from the Main Menu.

Examples of most system reports are available in the MAXSTAR User Desk Guide or may be viewed by pulling reports in the system.

To enter the report menu select “REPORTS” from the main menu.



Highlight the desired report. Press Enter. This will bring up the Report Parameters screen. Each report requires certain information as shown on the screen.

**A. Active Case Load Report I**

This report shows by county and case manager all children for each case head in the month selected. This report can be pulled for a specific supervisor or all supervisors, a specific case manager or all case managers, or a specific county or all counties. Identifying information is listed for quick reference and includes the case head name, child name, child age, and the begin care and end care dates for the current active certificates.

This report is useful to case managers and supervisors as a complete reference document and can be used to review all active cases as well as all of the children and any corresponding certificates. A case head total is given at the end of the report for each case manager. When the report is pulled for all supervisors and all case managers, a county total is given at the end of the report.

**B. Active Case Load Report II**

This report is an unduplicated list of cases for a particular case manager. Case head names are listed in alphabetical order by last name. Although not as detailed as the “Active Case Load Report I”, this report can provide a more accurate count of caseloads and can be used for identifying cases for accuracy reviews. A case head total is given at the end of the report for each case manager. When the report is pulled for all supervisors and all case managers, a county total is given at the end of the report

**C. Budget Summary Report – By County**

This management-level report is an abbreviated version of “Budget Summary Report – by UAS.” It shows by county or state, the number of children in care, the number of active certificates, the UAS allocations (based on State fiscal entries

for the county), obligations (based on all active certificates in system) and amount spent (based on payments recorded in the system) as of the date the report is pulled for the requested fiscal year.

This report will list all summary information on one page whereas the “Budget Summary Report – by UAS” lists each UAS code on a separate page. Counties can only pull their data but State level consultants can pull county or statewide data. This report is an important tool for managers to use to stay within their allocations.

**C. Budget Summary Report – By UAS**

This management-level report shows by county or state, the number of children in care, the number of active certificates, the UAS allocations (based on State fiscal entries for the county), obligations (based on all active certificates in system) and amount spent (based on payments recorded in the system) as of the date the report is pulled for the requested fiscal year. Counties can only pull their own data but State-level consultants can pull county or statewide data. This report is an important tool for managers to use to stay within their allocations.

**D. Case Head-Children SSN Report**

This report lists the case head and all children in the case social security numbers. This report can be used to identify SSN discrepancies that exist in cases that cause possible errors in reports, including SSN’s that contain entries other than numerical data. This report can be pulled by county or statewide. It can also list children with active or inactive certificates.

**E. Cases with Missing Disposition Report**

This report gives a list of all cases that do not have a proper disposition on Page 8 (Case Milestones) of the case head application screen. This report will identify cases showing as active on Caseload Reports because they were not closed properly or given a case disposition. This report can only be pulled by county.

**F. Cases with Missing or Multiple High Fee**

This report is pulled by county gives a listing of any cases that have an error concerning the assignment of the highest assessed fee. For example a case may be listed on this report when a the highest fee has not been assigned to any of the children in the case or when the highest fee has been assigned to more than one child.

**G. Cases with No Children or Missing Certs**

This report shows by county or statewide the cases with no child data entered or which contain a child not linked to a provider with a certificate. It is a good supervisory tool and lists all cases, sorted by specific case managers.

**If cases appear on this list, follow up is needed to determine if there is a problem with the case. For instance, you may have children in the family unit for whom it is appropriate to have no certificates attached at this time, or it may mean there is an error with a certificate the worker thought was in place. If a case is listed on this report, review the data entered for all children.**

There are some cases on the statewide report that will still show up without a county number. If no numeric county code was entered (during conversion when the system edits were off), and the error was never corrected when the system edits

went back on, the possible errors that are reflected in this report may never appear on a county generated report, since the report is pulled by numeric code. *For your information, all cases listed at the end of the statewide report with either an alpha county code or with no numeric county code will be reviewed and corrected (when possible) by CAPS Field Program Specialists.*

**H. Cases with Supervisor as Case Manager**

This caseload report shows by county any cases managed by a person with supervisor access in MAXSTAR® as well as cases in the process of being transferred from another county. It may be useful to counties to show caseloads covered by a supervisor in a worker's absence, or to show the extent the supervisor is involved in direct caseload activities.

**I. Certificates Invoiced – Payments**

This report shows all payments in a specific county for a particular service month as of the date the report is pulled. It is sorted by case manager then alphabetically lists case head, child, provider, and payment data, such as how many weeks were paid during the service month and the amount paid. It provides the certificate number, authorized period, the type of care, invoice weeks, the number of weeks paid, and the amount paid. This report may be useful to case managers in establishing claims because of an overpayment.

**J. Child Enrollment Report**

This report shows all children placed with a provider by client county and caseload for the reporting month. A number of choices are available to give the breakdown that is most helpful. This report can be pulled for a specific case manager or all case managers, a specific supervisor or all supervisors, a specific county or all counties. This report can be a good management tool for supervisors or for the specific case manager.

**K. Child Ineligible Next Month**

This report lists all children with active certificates who have a certificate that expires the month the report is pulled. The report can be pulled for a specific county or all counties or for a specific supervisor or all supervisors.

**Note:** Since this report is pulled based on when children's certificates end, it is not the same as the report that lists cases with a recertification due. Examples of other situations that will cause a child to be listed on this report include: a child's birthday during the report month results in a weekly rate change; the start or finish of the school year causing a change in the type of care authorized.

**L. Child Listing – Duplicate Certificate**

**Note: this report, when pulled, is titled “Child Listing – Duplicate Payments / Duplicate Cert Exists for \_\_\_\_\_ County”**

This report shows some potential problem cases for all case managers in a county. It may be appropriate, based on policy, for some children to have duplicate certificates, so those children on the report may not need to have anything changed in the system. However, in reviewing this report, the case manager can see at a glance all children for whom duplicate certificates were issued, along with the certificate number, the care begin and end dates, the amount to the provider and the type of care. This report can be useful in determining if errors exist which need correction.

**M. Formal Provider List by County**

This report is different from the Provider List by County in that informal providers are not included and because the case manager can pull the report for a specified period for a particular county. This report can be a useful management tool such as if you are interested in identifying new providers entered into the system within specified period.

**N. Informal Provider Name/Address**

This report shows, by county or statewide, all active and inactive informal providers. Depending on the information requested there are numerous options for the report format. It is helpful for counties to have complete lists of informal providers who are being used and helpful for DECAL to have the lists in order to complete health and safety monitoring visits.

**O. Informal Provider New/Dismissed**

This report shows, by county or statewide, new or dismissed for a specific month. This report is useful for showing those informal providers that have been dismissed from the program or who have just begun giving care during the given month. This report can pull all informal providers or just the new or dismissed providers.

**P. Invoice Payment Report by Service Month**

This report lists, by service month and fund category (UAS code) the payments made to providers. It can be pulled for selected counties or all counties. This report is good for general information or as a starting point for looking at overpayments or underpayments.

**Q. Provider Action Report**

This report details the provider actions sent by MAXIMUS to county staff. When MAXIMUS becomes aware of changes to a provider's information, a provider action log will be created to notify the county. County staff should pull this report periodically to see if there are any provider actions requiring county action.

R. **Provider Invoice Status**

***Note: This report, when pulled is titled "Provider Inquiry Check"***

This report provides a payment history by provider number and service month, along with payment date for specific weeks of service and lists children alphabetically by first name. The report can be pulled for a specific service month or for all months.

S. **Provider List by county**

This report lists all providers providing care *in* the indicated county. Since it is generated based on the provider's location, when a client uses a provider located in another county, the provider will show up on that other county report. This comprehensive list can be pulled for active and/or inactive providers, by a specific county or statewide. It also shows the total number of providers providing care in the county.

T. **Provider Listing Active Certificates**

This report list all active certificates for a provider with case head name, certificate begin and end dates, and type of care. The user will be able to identify duplicate and/or overlapping certificates, the number of certificates issued per child for a particular period, and the number of active certificates for a provider in a given month. This report can be pulled by county or statewide, by provider and by service month.

**NOTE: Although there is an option to enter ALL providers, this is discouraged since is will produce a list of ALL providers in the MAXSTAR® database with active certificates.**

**U. Recertifications Due in Date Range**

This report will show all recertifications that are due within a specific date range entered by the user. The user will enter a case manager ID or county code, along with starting and ending dates for the recertification list to be pulled. This report will give basic case information including the recertification date, case ID #, case head name, child name, the begin and end care dates for the current certificate, and the date the last recertification was completed.

**V. Standard of Promptness - County**

This report will show all applications and re-certifications not completed within the standard of promptness.

**W. Statewide Provider Listing-Alpha Sort**

This report lists all providers included in the statewide database in alphabetical order.

# EXERCISES



## PARTICIPANT GUIDE

## CHILD CARE EXERCISES

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## UAS CODE EXERCISE

Assign the UAS code based on the client's eligibility. Some funding sources have special requirements that the client must meet in order to use that UAS code.

Situations:

1. Mom and Dad both work and the family receives Food Stamps. They have not applied for nor do they receive TANF (cash assistance).
2. A 15 year old mom is a full-time student in high school and needs child care for her two children. This young mom receives TANF. She lives with her own mother, who is disabled and cannot care of the children.
3. A two parent family has a special needs child. Both parents work. They need child care because the cost of care is so high for their child. The family does not receive TANF or Food Stamps.
4. Dad is a single parent, does not receive TANF, works 24 hours per week earning a little more than minimum wage, and goes to night school 3 nights per week to earn his GED.
5. A two parent family receives Child Protective Services (CPS). The risk to their children is great unless the children can be out of the home some of the time. They need childcare to support CPS rather than working, in school or in training.

6. Single mom just applied for TANF, and was assigned to Applicant Services. She really does not want to receive TANF – she just wants to work! She has not found a job yet, because she cannot begin looking for work until she finds child care for her baby. There is nobody to keep the baby free of charge while she looks for work.
  
7. Single dad just completed his TANF applicant job search. He found a job and was approved for TANF for himself and his 5 children. He will not be able to keep the job without subsidized child care.
  
8. Single mom is enrolled full time in a technical school. She began receiving child care assistance for this activity in 8/2007. It is now 8/2008 and time for recertification. She is not a TANF recipient.
  
9. Single mom applied for and was approved for TANF. She then found a job. Her income required the TANF case to close, but she must have child care to continue working.
  
10. Single mom receiving TANF benefits has found employment at minimum wage. Although her income is not enough to close her TANF case, her earnings and child support combined with make her ineligible. She will need child care to continue her employment.
  
11. A 17 year old mom is a full-time student in high school and needs child care for her child. This young mom does not receive TANF. She lives with her parents, who are both employed and cannot look after their daughter's child.

12. A two parent family has three young children. The husband is employed and working 35 hours a week. The wife is looking for employment. They need child care so that she can find a job. This family does not receive TANF.
  
13. Single dad has two children and attends Moultrie Technical College full time. The family receives TANF and Food Stamps. The employment services worker states that this is the only activity listed on his TFSP.
  
14. Grandmother has her two grandchildren living with her. She has stated that she does not know where the parents of the children reside. She receives TANF as a payee only for her two grandchildren. She is employed and needs child care to continue her employment.

## FAMILY UNIT EXERCISE

Identify the family unit(s) in each scenario and answer the questions.

1. Mr. Morris Grey, his wife Emma, their three children, Mary age 2, Sam, age 5, and Carrie, age 9 live with Mrs. Grey's sister and her twins, Gordon and Grace, age 6.
  - a. How many family units are there?
  - b. List the family unit(s):
  
2. Mrs. Charlotte Harris, her child, Anna age 8 (from a previous relationship), her husband, Matthew, his child, Joe age 6 (from a previous marriage) and Mrs. Harris' niece, Courtney age 10, live in the same household.
  - a. How many family units are there?
  - b. List the family unit(s):
  
3. Tammy, age 16 and her 3 month old baby, Eric reside with her parents, Mr. and Mrs. Ben Brown. The couple is raising their 4 year old niece, Jessica Jones.
  - a. How many family units are there?
  - b. List the family unit(s):

4. Beth Cornel and Thomas Smith live together with their daughter, Katie age 2.
  - a. How many family units are there?
  - b. List the family unit(s);
  
5. Dino Smith, age 38, and his partner in life, Tom Snead, age 36 live together. Dino's 9 year old son, Carl Smith lives with them.
  - a. How many family units are there?
  - b. List the family unit(s):
  
6. Betty Stamps and her three children Fred, Frannie and Felipe (ages 3, 5, and 7) live with her parents, John and Nancy Brown; her brother, Andy age 15; her sister, Mary age 16; Mary's son Mark, age 8 months and her grandmother, Martha, age 65 all live in the home.
  - a. How many family units are there?
  - b. List the family unit(s):
  
  - c. Which family unit is potentially eligible for child care?

7. Jamie age 18 and her brother, George age 19, live with their parents, Bill and Joyce Cummings and their younger twin siblings, Todd and Ed age 6.
  - a. How many family units are there?
  - b. List the family unit(s):
  
8. Kathy and her boyfriend Aaron live at 123 Main Street. Kathy has 2 children, ages 3 and 6. Aaron has a daughter age 4. Kathy receives child support of \$50 per week from her children's father. Aaron gets no support from his daughter's mother.
  - a. How many family units are there?
  - b. List the family unit(s):
  
  - c. Which family unit is potentially eligible for child care?
  
9. James and Evelyn Brooks live in Rome GA and say they are common law married since June 2005. Each has one child and considers the children to be siblings since they are married. They need child care because they both work fulltime.
  - a. How many family units are there?
  - b. List the family unit(s):
  
  - c. Which family unit(s), if any, is potentially eligible for childcare?

10. Amos, Kyle, and Jackson Lane are brothers and in foster care. They are living in a regular per diem foster home. The foster family, Jack and Susan Ray have three children of their own. The Rays work fulltime and need help with child care.
- a. How many family units are there?
  - b. List the family unit(s):

Exercises

**MAXSTAR Exercise #1**

This is **NOT** an application for child care services.

*Georgia Department of Human Resources*

**Division of Family and Children Services  
Inquiry/Screening for Child Care Services**

Date Received by DFCS

Today's Date

Name: Julie (your last name)      Date of Birth: 03/11/85      Social Security # (not required) Unknown

Mailing Address: 642 Old Holmesville Rd      Home or Cell Phone Number:

City State Zip      Work Phone Number:  
Your City, GA Your Zip

Email Address:

Number in Family	2	3	4	5	6	7	8	9
Maximum income in a year (before taxes)	\$21,120	\$26,560	\$32,000	\$37,440	\$42,880	\$48,320	\$53,760	\$59,200

A. If you need child care, tell us about your family situation. If you are applying for child care for someone else, tell us about his/her situation. We can help you fill out this form if you ask.

4. Does anyone under age 21 in the family need help with child care to go to middle school, high school or GED classes?  Yes  No
5. Are there any children under age 18 who have a special need or a disability and need child care?  Yes  No
6. Is anyone in the family applying for Temporary Assistance for Needy Families (TANF) now?  Yes  No
7. Does the family receive TANF now for any children who live in the household?  Yes  No
8. Did TANF end within the last 60 days?  Yes  No
9. Is the person requesting child care a grandparent age 60 or older, or receive SSI or RSDI disability **and** raising a grandchild who is under age five (5)?  Yes  No
10. Is there a child in the family who is now enrolled in Georgia Pre-Kindergarten or Head Start who needs before/after school care?  Yes  No
11. Are there any children under the age of 13 who need child care?  Yes  No  
 If so, how many need child care? 3
12. What are the ages of the child (ren) who need child care? 9, 4, 2
13. Has the family who needs child care received help with child care costs from DFCS before?  Yes  No If yes, which county? \_\_\_\_\_ County
14. How many children in the family are under 18 years old? 3

**Exercises**

Each parent, guardian or responsible adult(s) must participate in working, attending school or training an average 24 hours per week.

**B. If you need child care, tell us about your family income. If you are applying for child care for someone else, tell us about his/her family income.**

Parent's Name Julie

Child care is needed:  Working  Yes  No 24 hours per week  
 because:  In school  Yes  No \_\_\_\_\_ hours per week  
 (check all that apply)  In training  Yes  No \_\_\_\_\_ hours per week

Income from working before taxes \$ <u>628.80</u>	This income is received: <input checked="" type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.
Other income (child support, etc.): \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.

**C. If there is another adult in the home who is the spouse of the person who needs child care or the other parent of one of the children, tell us about that person's income.**

Other Parent's Name \_\_\_\_\_

Child care is needed because:  Working  Yes  No \_\_\_\_\_ hours per week  
 (check all that apply)  In school  Yes  No \_\_\_\_\_ hours per week  
 In training  Yes  No \_\_\_\_\_ hours per week

Income from working before taxes \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.
Other income (child support, etc.): \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.

**I understand that this is a request for service. It is not a guarantee that the child(ren) will be accepted in the program.**

\_\_\_\_\_  
 Signature Date

**C. For DFCS Use Only**

Screened By:	Date:	Reported Income:	Reported # in Family:
Date put on waiting list:	Notes:		

- We have reviewed your information and the result of the review is checked below.**
- You may be eligible but we need more information. The county will contact you to get this information.
  - An appointment to meet with \_\_\_\_\_ has been set for: \_\_\_\_\_ at \_\_\_\_\_. **A page is attached to this form that tells you what to bring and who to call if you cannot come.**
  - Your name will be added to \_\_\_\_\_ County's inquiry list. When funds become available, you will be contacted to set up an interview. Your eligibility for child care will be established based on your family situation at that time. **If you move to another county, you should ask about child care in your new county.**
  - You do not appear to be eligible because: \_\_\_\_\_. You may ask for child care help again **if your circumstances change** or if you believe this decision is not correct.

Exercises

**MAXSTAR Exercise #2**

This is **NOT** an application for child care services.

*Georgia Department of Human Resources*

**Division of Family and Children Services  
Inquiry/Screening for Child Care Services**

Date Received by DFCS

Today's Date

Name: Jimbo (your last name)      Date of Birth: 01/21/79      Social Security # (not required) Unknown

Mailing Address: 2863 Mac James Rd      Home or Cell Phone Number:

City State Zip      Work Phone Number:  
Your City, GA Your Zip

Email Address:

Number in Family	2	3	4	5	6	7	8	9
Maximum income in a year (before taxes)	\$21,120	\$26,560	\$32,000	\$37,440	\$42,880	\$48,320	\$53,760	\$59,200

**B.** If you need child care, tell us about your family situation. If you are applying for child care for someone else, tell us about his/her situation. We can help you fill out this form if you ask.

1. Does anyone under age 21 in the family need help with child care to go to middle school, high school or GED classes?  Yes  No
2. Are there any children under age 18 who have a special need or a disability and need child care?  Yes  No
3. Is anyone in the family applying for Temporary Assistance for Needy Families (TANF) now?  Yes  No
4. Does the family receive TANF now for any children who live in the household?  Yes  No
5. Did TANF end within the last 60 days?  Yes  No
6. Is the person requesting child care a grandparent age 60 or older, or receive SSI or RSDI disability **and** raising a grandchild who is under age five (5)?  Yes  No
7. Is there a child in the family who is now enrolled in Georgia Pre-Kindergarten or Head Start who needs before/after school care?  Yes  No
8. Are there any children under the age of 13 who need child care?  Yes  No  
 If so, how many need child care? 2
9. What are the ages of the child (ren) who need child care? 4, 2
10. Has the family who needs child care received help with child care costs from DFCS before?  Yes  No If yes, which county? \_\_\_\_\_ County
11. How many children in the family are under 18 years old? 2

**Exercises**

Each parent, guardian or responsible adult(s) must participate in working, attending school or training an average 24 hours per week.

**C. If you need child care, tell us about your family income. If you are applying for child care for someone else, tell us about his/her family income.**

Parent's Name Jimbo

Child care is needed:  Working  Yes  No 33 hours per week  
 because:  In school  Yes  No \_\_\_\_\_ hours per week  
 (check all that apply)  In training  Yes  No \_\_\_\_\_ hours per week

Income from working before taxes \$ <u>1056.00</u>	This income is received: <input checked="" type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.
Other income (child support, etc.): \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.

**D. If there is another adult in the home who is the spouse of the person who needs child care or the other parent of one of the children, tell us about that person's income.**

Other Parent's Name \_\_\_\_\_

Child care is needed because:  Working  Yes  No \_\_\_\_\_ hours per week  
 (check all that apply)  In school  Yes  No \_\_\_\_\_ hours per week  
 In training  Yes  No \_\_\_\_\_ hours per week

Income from working before taxes \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.
Other income (child support, etc.): \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.

**I understand that this is a *request* for service. It is not a guarantee that the child(ren) will be accepted in the program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***D. For DFCS Use Only***

Screened By:	Date:	Reported Income:	Reported # in Family:
Date put on waiting list:	Notes:		

- We have reviewed your information and the result of the review is checked below.**
- You **may** be eligible but we need more information. The county will contact you to get this information.
- An appointment to meet with \_\_\_\_\_ has been set for: \_\_\_\_\_ at \_\_\_\_\_. **A page is attached to this form that tells you what to bring and who to call if you cannot come.**
- Your name will be added to \_\_\_\_\_ County's inquiry list. When funds become available, you will be contacted to set up an interview. Your eligibility for child care will be established based on your family situation at that time. **If you move to another county, you should ask about child care in your *new* county.**
- You do not appear to be eligible because: \_\_\_\_\_. You may ask for child care help again **if your circumstances change** or if you believe this decision is not correct.

Exercises

**MAXSTAR Exercise #3**

This is **NOT** an application for child care services.

*Georgia Department of Human Resources*

**Division of Family and Children Services  
Inquiry/Screening for Child Care Services**

Date Received by DFCS
Today's Date

Name: Christy (your last name)      Date of Birth: 05/22/82      Social Security # (not required) Unknown

Mailing Address: 639 Tanner Dr.      Home or Cell Phone Number:

City: Your City,      State: GA      Zip: Your Zip      Work Phone Number:

Email Address:

Number in Family	2	3	4	5	6	7	8	9
Maximum income in a year (before taxes)	\$21,120	\$26,560	\$32,000	\$37,440	\$42,880	\$48,320	\$53,760	\$59,200

C. If you need child care, tell us about your family situation. If you are applying for child care for someone else, tell us about his/her situation. We can help you fill out this form if you ask.

1. Does anyone under age 21 in the family need help with child care to go to middle school, high school or GED classes?  Yes  No
2. Are there any children under age 18 who have a special need or a disability and need child care?  Yes  No
3. Is anyone in the family applying for Temporary Assistance for Needy Families (TANF) now?  Yes  No
4. Does the family receive TANF now for any children who live in the household?  Yes  No
5. Did TANF end within the last 60 days?  Yes  No
6. Is the person requesting child care a grandparent age 60 or older, or receive SSI or RSDI disability **and** raising a grandchild who is under age five (5)?  Yes  No
7. Is there a child in the family who is now enrolled in Georgia Pre-Kindergarten or Head Start who needs before/after school care?  Yes  No
8. Are there any children under the age of 13 who need child care?  Yes  No  
 If so, how many need child care? 2
9. What are the ages of the child (ren) who need child care? 3, 2
10. Has the family who needs child care received help with child care costs from DFCS before?  Yes  No      If yes, which county? \_\_\_\_\_ County
11. How many children in the family are under 18 years old? 2

**Exercises**

Each parent, guardian or responsible adult(s) must participate in working, attending school or training an average 24 hours per week.

**D. If you need child care, tell us about your family income. If you are applying for child care for someone else, tell us about his/her family income.**

Parent's Name Christy

Child care is needed:  Working  Yes  No 38 hours per week  
 because:  In school  Yes  No \_\_\_\_\_ hours per week  
 (check all that apply)  In training  Yes  No \_\_\_\_\_ hours per week

Income from working before taxes \$ <u>1140.00</u>	This income is received: <input checked="" type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.
Other income (child support, etc.): \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.

**E. If there is another adult in the home who is the spouse of the person who needs child care or the other parent of one of the children, tell us about that person's income.**

Other Parent's Name \_\_\_\_\_

Child care is needed because:  Working  Yes  No \_\_\_\_\_ hours per week  
 (check all that apply)  In school  Yes  No \_\_\_\_\_ hours per week  
 In training  Yes  No \_\_\_\_\_ hours per week

Income from working before taxes \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.
Other income (child support, etc.): \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.

**I understand that this is a request for service. It is not a guarantee that the child(ren) will be accepted in the program.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**E. For DFCS Use Only**

Screened By:	Date:	Reported Income:	Reported # in Family:
Date put on waiting list:	Notes:		

**We have reviewed your information and the result of the review is checked below.**

- You **may** be eligible but we need more information. The county will contact you to get this information.
- An appointment to meet with \_\_\_\_\_ has been set for: \_\_\_\_\_ at \_\_\_\_\_. **A page is attached to this form that tells you what to bring and who to call if you cannot come.**
- Your name will be added to \_\_\_\_\_ County's inquiry list. When funds become available, you will be contacted to set up an interview. Your eligibility for child care will be established based on your family situation at that time. **If you move to another county, you should ask about child care in your new county.**
- You do not appear to be eligible because: \_\_\_\_\_. You may ask for child care help again **if your circumstances change** or if you believe this decision is not correct.

## PARTICIPATION EXERCISE

Clients participating in the CAPS program must be participating in a state approved work activity. Determine if the following clients meet participation requirements.

1. Mr. Masters works at a fast food restaurant. His shifts vary every week. He brings in four check stubs for review. During week one, Mr. Masters worked 30 hours; week two, he worked 9 hours; week three, he worked 32 hours; and week four he worked 17 hours. Does Mr. Masters meet the participation requirements?
  
2. Mr. & Mrs. Kasper have applied for child care for their two children. Mr. Kasper makes \$7.00 per hour. His gross weekly pay is \$230.00 per week. Mrs. Kasper is paid \$10.00 per hour. Her gross weekly pay is \$190.00 per week. Do they meet the two parent participation requirement?
  
3. Ms. Checkers has three children, Tommy age 6, Priscilla age 9, and Jasper age 2. Her check stubs showed the following gross earnings. January 5 - \$203.05, January 12 – \$193.47, January 19 - \$131.00, January 26 - \$229.25, and February 2 - \$209.60. She is paid \$6.55 per hour. What were the participation hours for each week? Was she eligible, based on participation?

4. Ms. Baker began working on April 14<sup>th</sup>. She applied for help with child care for Hanna 10, and Bryan 5 on May 19<sup>th</sup>. Ms. Baker is paid weekly and brought in check stubs as follows: April 21 - \$183.40, April 28 – \$207.96, May 5 - \$222.70, May 12 – \$196.50, May 19 - \$198.07. Ms Baker is paid \$6.55 per hour. What were the participation hours for each week? Was she eligible for childcare based on the hours?
  
5. Mr. Dawson attends technical school. He has scheduled classes on Monday-Thursday from 8:30 am until 1:30 pm. He studies on Friday from 9:00 am until 11:00 am and then goes to writing lab from 11:30 am until 12:30 pm. What are his participation hours for each week? Does he meet participation requirements?

## **CHILD PROTECTIVE SERVICES EXERCISES**

1. The CAPS CM in county ABC receives a Form 713 from the SSCM. The referral indicates that there is an open CPS case on the client and child care is needed so that the client can keep an appointment for a two-day psychological evaluation.
  - a. Does this case qualify for CAPS services?
  - b. Why or why not?
  
2. Form 713 from SSCM indicates there is an open CPS case on a client and the 4 year old child has been placed with the client's sister. The aunt works 20 hours per week and needs regular, ongoing child care.
  - a. Is the aunt eligible for CAPS services?
  - b. Why or why not?
  - c. What options are available for this child if CAPS services are unavailable?
  
3. A child is in DFCS custody but not eligible for Supplemental Supervision. There is an open placement case in Georgia. The adult with whom the child lives works 35 hours per week and needs help with child care costs. She lives in South Carolina.
  - a. Does this case qualify for CAPS services?
  - b. Why or why not?

4. A child in an open CPS case has been reunited with her mother. The SSCM feels the child care is needed in order to make this reunification work. The mother does not work, but attends parenting classes as part of her case/safety plan.

Based on the above scenario, which of the following statements is NOT true?

- a. Fees are based on the family's income?
- b. The client must participate in a state approved activity 30 hours per week.
- c. The adult must meet income and residence requirements.
- d. Child care must be identified in the case/safety plan.

## INCOME EXERCISE

Read each scenario and record the correct response.

1. Mrs. Jane Smith receives TANF, Medicaid, and Food Stamps for herself and her daughter Darla. Other income includes: a utility check of \$90 per month, which Mrs. Smith receives from the Atlanta Housing Authority; approximately \$70 per month paid by Mrs. Smith's mother directly to AT&T for the phone bill and \$100 per month child support from Mr. John Smith. What income should be used in the CAPS budget?
  
2. Mr. and Mrs. Harry Cross have three children, Samantha (15), Pamela (14), and George (7). They need help with after school care for George and apply for CAPS. All the children attend school full time. Samantha works part-time earning \$95 per month. George receives SSI of \$442 per month, due to his disability. Mrs. Cross receives 100% VA Disability of \$350.00 per month. Mr. Cross earns \$1200.00 per month. What income would be budgeted in the CAPS case?
  
3. Ms. Beth Norris is the TANF payee for her two grandchildren. One absent parent (AP) pays \$45 per month in direct child support and the other AP pays \$70 per month through CSS. Ms. Norris works 40 hours per week and earns \$15/hr. What income would be budgeted in the CAPS case?

4. Mrs. Carver has applied for child care for her children, Joey age 3, and Margaret age 7. Mrs. Carver provider a statement from her employer, that states she works 38/hrs per week and earns 6.55/hr. She is paid weekly.
  - a. What is Mrs. Carver's average weekly pay?
  - b. What would be the monthly income?
  - c. What would be the yearly income?
  
5. Ms. Metcalf applied for child care for her daughter Rosie on Oct. 30. Ms Metcalf is paid weekly and provides her previous five check stubs. September 29 - \$196.50, October 6 - \$203.05, October 13 - \$235.8, October 20 - \$183.40, October 27 - 216.15. She states these are representative of what she normally earns.
  - a. What is Ms. Metcalf's average weekly pay?
  - b. What is her monthly income?
  - c. What is her yearly income?
  
6. Ms. Yomen applied for child care on March 8. She verified the following check stubs: March 3 - \$137.55, February 25 - \$196.50, February 18 – \$203.05, February 11 – \$183.40. She states she was sick the week of March 3<sup>rd</sup> and earned less than normal.
  - a. Which check(s) is not representative of Ms. Yomen's pay?
  - b. What is Ms. Yomen's average weekly pay?
  - c. What is her monthly income?
  - d. What is her yearly income?

7. Ms. Sanders applied for child care on July 13, for her child Mary age 6 years. Ms Sanders' attends technical school. She receives child support for Mary. She does not have a court order for support. She states Mary's father sends money each week, but it fluctuates from week to week. She never knows how much to expect. She provided verification for the last four weeks as June 17 - \$80, June 24 - \$50, July 1 - \$30, July 8 - \$100.
- What is Ms. Sander's weekly income?
  - What is her monthly income?
  - What is her yearly income?
8. Mrs. Evans will no longer be eligible for TANF effective June. She began working on April 14. Ms. Evans applied for help with child care for Darrah age 10 and Boomer age 5 on May 19. Ms. Evans is paid weekly and brings in check stubs as follows: April 28 - \$203.50, May 5 – \$235.80, May 12 - \$314.40, May 19 - \$209.60. Mrs. Evans states that the pay stub for the week of May 12 includes overtime that she doesn't usually make. The CM verifies that Ms. Evans works overtime one week in each month.
- What is Ms. Evans average weekly pay?
  - What is her monthly income?
  - What is her yearly income?

9. Mrs. Danvers applied for child care for her niece Joni age 4 on Feb 21. Mrs. Danvers is paid bi-weekly and provided the following income verification: December 31 – \$400, January 14 - \$479, January 28 – \$465, February 11 - \$459. Mrs. Danvers also receives \$155 per month TANF as payee only for Joni.
- What is Mrs. Danvers average bi-weekly income?
  - What is her monthly income?
  - What is her yearly income?
10. Mac and Donna Clem applied for child care on March 15 for Jerris (5) and Davis (18 mos). Mac provided a statement from his employer indicating he makes \$230 per week and donna provides a statement from her employer verifying she make \$198 per week.
- What is Mac's monthly income?
  - What is Donnas' monthly income?
  - What is the total monthly income for the Clem's?
  - What is the yearly income for the Clem's?
11. Jenny Binder is a hair stylist. She has a booth at Snip or Cut.
- Ms. Binder verifies the cost for her booth is \$50/wk. She also states that she buys at least 4 dye kits per week at a cost of \$6/ea. Ms. Binder signs a statement to the effect that she works 40 hours per week and makes \$200.
- What would be considered a deduction (if any) for Ms. Binder?
  - How much would be deducted from her gross income?
  - What would her monthly income be after deductions?

12. Janice Spence delivers the Georgia Tribune. She states the following: She is paid 25¢ for each paper she delivers. Ms. Spence provides a \$100 gas bill for the previous month and states she uses her own car to make her deliveries. Her insurance premium is \$695/yr based on the bill she has provided. She also states that she makes 2 deliveries each day – from 4:30 am – 8:30am and again from 4:00pm – 8:00pm. Included in her verification are the 4 previous weeks check stubs that verify she is paid \$250/wk for delivering papers.
- a. What are the deductions (if any) that should be allowed for Ms. Spence?
  - b. Is she meeting the participation requirement?
  - c. What is her monthly income after any deductions?

## MAXSTAR Exercise #4 – Case Entry

Sherrie (your last name) came in to apply for childcare for her children. Also in the home with her are her niece Jodi (age 13), her friend Johnny Dean (age 21, no relation to children) and his brother David Dean (age 25). Sherrie needs childcare for her children so that she can continue working. Sherrie is employed by Tyre Timber works 8 hrs./day Monday – Friday during the hours of 7:30-5:00 for a total of 40 hours per week.

Sherrie's address is: 425 Browntown Road, your town/zip  
Phone #: 912-256-9010  
Mailing address is: PO Box 1205 (your town and zip)  
SUCCESS ID #: 210345431

Sherrie provided her check stubs for the last 6 weeks. Sherrie states that she was out of work with a sick child the week of January 28<sup>th</sup>. There was an audit during the week of January 14<sup>th</sup> and she had to work over to get reports ready.

January 7	33 hours	\$231.00,
January 14	39 hours	\$273.00
January 21	35.18 hours	\$246.26
January 28	25.75 hours	\$180.25
February 4	30.27 hours	\$211.89
February 11	37.40 hours	\$261.80

In addition to her wages, Sherrie receives TANF as a payee only for Jodi in the amount of \$155 and \$98 in FS benefits.

Sherrie provides B/C's and SSN's for herself and the children. Their birthdates are as follows:

Sherrie	10/31/82
Will (son)	10/12/04 (will be attending pre-k in the fall)
Becca (dau)	08/11/06
Annie (Niece)	09/14/95 (attends Miller Junior High)

Sherrie has chosen Kidz Way as her provider.

## MAXSTAR exercise: #5 – Case Entry

Celia (your last name) came into the office today to apply for childcare for her children. She needs childcare to continue working. Celia is currently employed by Ginga Metal Works and works 8 hours/day Monday – Friday for a total of 40 hours per week.

Celia's address is: 1201 S. Marriott Dr., your town/zip  
Phone #: 912-366-1010  
Mailing address is: 129 N. Dreen St. (your town and zip)  
SUCCESS ID #: 579021029

Celia states she is paid bi-weekly. She verifies her last 4 pay stubs for you.

July 3	69 hrs	\$483.00
July 17	72 hrs	\$504.00
July 31	77 hrs	\$539.00
Aug. 14	69 hrs	\$483.00

In addition to her wages, Celia is currently receiving \$186 in FS.

Celia has provided Birth Certificates for herself and the children. She doesn't have their SSN's. Their birthdates are as follows:

Celia	01/31/83
Chesnee	03/16/07
Amanda	05/25/03

Celia has chosen Little Tots as the provider for her children.

## **MAXSTAR Exercise: # 6 – Case Entry**

Ava (your last name) came in to apply for childcare today.. Ava explains that she and her children live alone. She states that she needs childcare in order to be able to continue working. Her mother has been keeping the children, but due to health reasons, she can no longer provide the care.

Ava's address is: 109 Jonas Ave., Your town, GA your zip  
Phone #: 912-294-6019  
Mailing address is: same as above  
SUCCESS ID #: None

Ava states she is employed by Sonic Industries where she 7 hours per day M-F for a total of 35 hours per week at a rate of \$6.55/hr. She is paid weekly. She provides a statement from the employer to verify the above information.

Ava has 2 children and provided Birth Certificates for herself and the children. She also provides copies of their SSN's. Their birthdates are as follows:

Ava	09/23/79
Erica	2/2/08
Danny	9/23/06

Ava has chosen Kidz Way as her provider.

## MAXSTAR Exercise: # 7 – Case Entry

Teneka (your last name) came into the office today to apply for childcare. She states she and the children are the only ones living in the home. Teneka states that she needs childcare in order to finish her studies at the Tech school and while she's working.

Teneka's address is: 1920 Sycamore St., Your town, GA your zip  
Phone #: 912-429-7896  
Mailing address is: same as above  
SUCCESS ID #: None

Teneka is studying to be a Computer Technician at Ogeechee Tech. She states is in class 25 hours per week and works part time at Chucky Cheese. Her class schedule is as follows:

Technology	M, T, W	8 – 11:50
Technology Lab	Th, F	8 – 11
Industrial Maintenance	M, T, F	1 – 3
Programming	W, Th	1 – 3:50

She is paid weekly at Chucky cheese and brings in the following pay stubs:

June 27	12 hrs	\$76.80
June 20	9 hrs	\$57.60
June 13	17 hrs	\$108.80
June 5	10 hrs	\$64.00
May 30	12 hrs	\$76.80

She states that she also receives \$100/month child support from the boy's father.

Teneka provides you with copies of Birth Certificates for herself and the children as well as copies of their SSN's.

Their birthdates are as follows:

Teneka	09/30/83
Arnold	3/16/08
Ben	12/24/05

Teneka has chosen Kidz Way as her provider.

## MAXSTAR Exercise #8 – Case Entry

Sandra (your last name) is a single parent and lives with her children.

Sandra's address is: 2879 Jake Tyre Rd., Your town, GA your zip  
Phone #: 912-423-8796  
Mailing address is: same as above  
SUCCESS ID #: 371502581

Sandra is employed by Better Landscaping 8 hours a day, M-F from 7 until 3. She has provided verification of her last 5 check stubs.

March 7	32 hrs	\$240.00
March 14	31 hrs	\$232.00
March 21	35 hrs	\$262.50
March 28	24.25 hrs	\$181.86
April 4	30 hrs	\$225.00

She states she receives \$98 in FS benefits.

Sandra also provides you with copies of Birth Certificates for herself and the children and copies of their SSN's.

Their birthdates are as follows:

Sandra	09/30/83
Linda	04/04/09
Jaris	07/02/04

Sandra has chosen Little Tots Daycare in Eden, GA as her provider.

## **MAXSTAR Exercise # 9 – Case Entry**

Rachel (your last name) came in to apply for childcare for her children. She needs childcare for her children so that she can continue working. She is employed by Rayonier (912-427-5200) and works 8 hours/day Monday – Friday for a total of 40 hours per week.

Rachel's address is: 523 S. Wayne St. (your town and zip)  
Phone #: 912-366-1010  
Mailing address is: same as above  
Her SUCCESS ID # is: 731254690

Rachel provided her check stubs for the last 4 weeks and states that all are representative of her usual pay.

5/15 - 650.00  
5/22 - 721.00  
5/29 - 780.00  
6/5 - 625.00

In addition to her wages, Rachel reports that she also receives \$100/mo. Child support. She provides a statement from the absent parent to verify child support amount.

Rachel provides B/C's and SSN's for herself and all 4 children. She states she is currently receiving Medicaid for all 4 children and \$21 in FS each month.

The birthdates are as follows:

Rachel	05/25/80	
Reilly (son)	03/31/09	
Weslynn (dau)	03/30/08	
Christopher (son)	04/30/05	(will be attending pre-k in the fall)
Chase (son)	02/14/00	

Rachel has chosen Little Tots Daycare in Eden, GA as her provider.

## **MAXSTAR exercise: #10 - Change**

Celia (your last name) stopped by the office today to let you know that her hours have now increased to 40 per week. She has also gotten a raise in pay. She will now be making \$7.25/hr. Celia has brought you a statement from her employer to verify the information she's provided.

## **MAXSTAR Exercise #11 – Change**

Sherri (your last name) reports that she has decided her children would do better at Dogwood Day Care and she wants to move them next Monday.

## **MAXSTAR Exercise #12 – Add Provider**

Johnnie (your county) is going to start providing care for her neighbor, Sandy Myers. Sandy has two children. Fancy is 2 yrs old and Fronnie is 5 wks old.

Johnnie provides you with a copy of her SSN and her DL. The following is Johnnie's personal information:

Birth date: 07/31/48

Address: 312 Basic Street, your town, GA, your zip

Phone: 229-215-8698

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## **PROVIDER RATE INFORMATION**

### **KIDZ Way**

Infants	Birth – 12 months	\$100	
Toddler	13 months – 3 yrs	\$90	
School Age	4 yrs – 12 yrs	\$60	before/after school rate
		\$80	summer care
		\$32	part time/daily rate
Annual Registration Fee		\$50	

---

### **Little Tots Daycare**

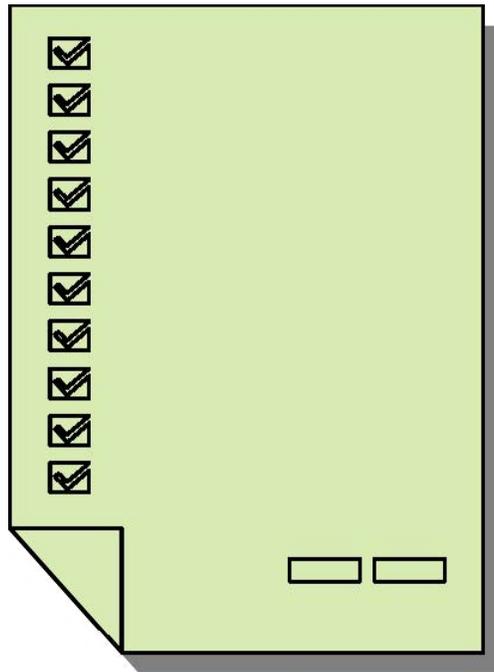
Infants	birth – 12 months	\$85	
Toddler	13 months – 3 yrs	\$75	
School Age	4 yrs – up	\$70	before/after school rate
		\$45	summer care
		\$23	part time/daily rate
Annual Registration Fee		\$50	

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### **Dogwood Day Care Center**

Infants	birth – 12 months	\$139	
Toddlers	13 months – 3 yrs	\$129	
School Age	4 yrs – up	\$65	before/after school rate
		\$110	summer care
		\$37	part time/daily rate
Annual Registration Fee		\$20	

# FORMS



# PARTICIPANT GUIDE

## CHILD CARE FORMS

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Date Received by CAPS

**Georgia Department of Human Resources  
CHILD CARE REFERRAL & APPLICATION FOR SUPPLEMENTAL SUPERVISION  
County Department of Family and Children Services**

**A. FOSTER CHILD INFORMATION (To be completed by SSCM)**

First Name	MI	Last Name	Sex	Date of Birth	Social Security Number	Child in School	Child in Pre-K	Child in Head Start	Child a dis
						Y N	Y N	Y N	Y

Ethnicity (check one):  Hispanic  Not Hispanic  
 Race (check one):  White  Black/African American  Asian  
 American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander

**B. FOSTER CARE PLACEMENT INFORMATION (To be completed by SSCM)**

Foster Parent's Name	Address	Home Phone #
		Work Phone #

If an informal childcare provider has been chosen, check all that apply:

- |                                            |                                                           |                                                  |
|--------------------------------------------|-----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Relative of Child | <input type="checkbox"/> Care provided in child's home    | <input type="checkbox"/> CRC completed           |
| <input type="checkbox"/> Non-Relative      | <input type="checkbox"/> Care provided in provider's home | <input type="checkbox"/> CPS screening completed |
|                                            |                                                           | <input type="checkbox"/> Approved by Foster Care |

**All changes in the child's placement and child care arrangements MUST be reported to the child care case manager working days.**

\_\_\_\_\_  
**Signature of Foster Care Case Manager**                      **Date**                      **Case Load ID #**

**Child Care Provider Information (TO BE COMPLETED BY THE SSCM OR FOSTER PARENT)**

Reason Care is Needed: <input type="checkbox"/> Work Days and Hours Care is Needed: _____ Date to begin CAPS: _____	Name, Address and Phone # of Childcare Provider: _____ _____ Phone # (_____) _____ - _____
---------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

**D. ELIGIBILITY DETERMINATION (To be completed by the CAPS case manager)**

- |                                                                                                                                                                                                                                 |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 1. Family Unit Size <u>    1    </u>                                                                                                                                                                                            | 4. Rate Within DFCS Maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 2. UAS Code (check one):<br><input type="checkbox"/> 555 (Pre-K) <input type="checkbox"/> 557                                                                                                                                   | Cost of care if not within maximum \$ _____                                                   |
| 3. Provider is:<br><input type="checkbox"/> Licensed, Commissioned, or Exempt<br><input type="checkbox"/> Registered<br><input type="checkbox"/> Informal- Relative of Child<br><input type="checkbox"/> Informal- Non-Relative | 5. Application Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
|                                                                                                                                                                                                                                 | 6. Official Certification Period:<br>_____ to _____                                           |

Comments:

\_\_\_\_\_  
**Signature of CAPS Case Manager**                      **Date**                      **CAPS Case Load ID#**

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Name of Informal Provider		Telephone Number
Mailing Address		
City	State	Zip

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**The Informal Provider Understands:**

1. I must be 18 years of age or older in order to keep child(ren).
2. I must be physically able to care for child(ren).
3. Only persons authorized by the parent/client can care for the child(ren).
4. Only persons authorized by the parent/client can pick up the child(ren).
5. I can care for only two (2) unrelated children for pay.
6. That the Division of Family and Children Services reserves the right to refuse to enroll individuals as informal subsidized child care providers or to discontinue this enrollment when there is any reason to suspect or believe that the individual has neglected or mistreated a child.
7. That the Division of Family and Children Services will not enroll any person as an informal subsidized child care provider and will discontinue the enrollment of any individual who has an unsatisfactory criminal records check.

**The Informal Provider Agrees:**

1. To have a working smoke detector and fire extinguisher at the location where care is being provided.
2. To attend eight (8) clock hours of health and safety training in the first six (6) months of each enrollment period.
3. To be monitored for health and safety compliance.
4. To have a criminal records check done. There is a fee for the criminal records check.
5. To authorize the County Department acting through the Office of Regulatory Services of the Division of Family and Children Services (DFCS) to release the results of the criminal records check to GA CAPS so that they may confirm that I qualify to receive payments for the child care services provided.
6. To contact the Office of Regulatory Services, Child Care Licensing, **before** I care for more than two (2) children who are related to me. The phone number for Child Care Licensing is 404-657-5562.
7. To take daily attendance and write down the daily attendance for children in care. To keep the attendance records for at least three years after the month that care was provided.
8. That the client, DFCS, or I may end subsidized child care services at any time for any reason by giving written notice. The termination will be effective immediately when written notice is received unless a different time is stated in the termination notice.

**I certify that I do not have felony charges pending and that I have not been convicted of a crime that would lead to an "unsatisfactory" Criminal Records Check. I certify that I do not have any pending allegations of maltreatment or neglect and that I have no findings of substantiated maltreatment by Child Protective Services.**

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PROVIDER'S AUTHORIZED SIGNATURE	DATE SIGNED
Address where care is provided (if different from	City State Zip

---

above)

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***CASE MANAGER'S SIGNATURE***

***DATE SIGNED BY CASE MANAGER***

**Georgia Department of Human Resources  
APPLICATION FOR CHILD CARE SERVICES**

Client's SUCCESS I.D.	Case Number	Case Worker's Name/Caseload No.	Date Received in County Dept.
-----------------------	-------------	---------------------------------	-------------------------------

**A. (Please Print) PLEASE FILL IN THE FOLLOWING INFORMATION**

Your Name:	First Name	Middle Initial	Last Name	Social Security No.	Telephone Numbers	
					Home	Work
Residential Address:	Street	Apt.	City	County	Zip Code	
Mailing Address:	Street	Apt.	City	County	Zip Code	
Why do you need child care?	<input type="checkbox"/> Working	<input type="checkbox"/> Training	<input type="checkbox"/> School	<input type="checkbox"/> Other:		
Do both the Parents of the child(ren) needing care live in this same home? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you received subsidized child care (CAPS) before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what county were you living in when you received CAPS?						

**B. PLEASE LIST ALL PERSONS LIVING AT YOUR ADDRESS INCLUDING YOURSELF**

Do you receive a Housing Assistance check: <input type="checkbox"/> Yes <input type="checkbox"/> No						Check if this person receives:		Specify if this person is			Does this person receive TANF / SSI		DFCS USE ONLY Family Unit	
Check amount: \$ _____														
First Name	M I	Last Name	SEX M/F	Relationship to you	Date of Birth	Food Stamps	Medi-caid	In School	Working	In Training	No	Yes	No	Yes

**C. EDUCATION AND TRAINING**

Do you have a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you working toward a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name and address of Program/School you are enrolled in:					Are you enrolled at least half time? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Course of Study is:			Course of Study Leads to Employment in:			What is your employment goal?			
Scheduled hours of Education/Training:			Number of Months Needed to Completed Education/Training:			Date you expect to complete Education/Training:			

**D. CURRENT EMPLOYMENT INFORMATION**

First Name, Middle Initial, Last Name	Employer's Name and Address	Telephone No. of Employer	Days Worked	Weekly Work Schedule	Total No. Hours per Week

**E. INCOME INFORMATION (DFCS USE ONLY)**

**Child Care Basic Policy and MAXSTAR PG  
Forms**

**July 24, 2009**

SOURCE OF INCOME	N O	Y E S	HOUSEHOLD MEMBER'S NAME	INCOME BEFORE DEDUCTIONS	HOW OFTEN PAID	MONTHLY GROSS INCOME	UPDATED INCOME INFORMATION
EMPLOYMENT WORK OR SELF EMPLOYMENT							
EMPLOYMENT WORK OR SELF EMPLOYMENT							
EMPLOYMENT WORK OR SELF EMPLOYMENT							
EMPLOYMENT WORK OR SELF EMPLOYMENT							
ALIMONY / CHILD SUPPORT							
VETERAN'S BENEFITS							
UNEMPLOYMENT BENEFITS							
WORKER'S COMPENSATION							
SOCIAL SECURITY BENEFITS							
TANF, SSI, OR ADOPTION SUPPLEMENT							
OTHER (SEE SECTION 304.5 ITEMS 10-20)							

**F. YOUR RIGHTS AND RESPONSIBILITIES**

- The information you share with your case manager is confidential. This means that what you tell your case manager cannot be shared with anyone other than the Department of Human Resources without your permission except for officially designated program review agents.
- You have a right to see your case file unless this is prohibited by Federal or State law or regulations.
- You have a right not to be discriminated against because of political affiliation, religion, race, color, sex, handicap, national origin or age. Should a problem arise about your application, placement or change in service, the County Department will address it promptly. If you are still not satisfied, you may call 1-800-869-1150 (this is a free call) or file for an Administrative Hearing.
- You have a right to file an appeal if your fee increases or your assistance is stopped and you do not agree with this decision. Your case manager will help you file an appeal if you wish to do so.
- I understand that I may receive child care service as long as funds are available and I remain eligible and have complied with all CAPS program requirements.
- I certify that the Application For Child Care Services has been examined by me and that the information given is true and correct to the best of my knowledge and belief.
- I agree to provide such information as I can to the County Department of Family and Children Services and, when requested, to the Representatives of the State Department of Human Resources for the purpose of determining eligibility for assistance.
- I agree to provide the County Department with information to verify any statements given in this application and hereby give permission to obtain such verification. I will cooperate fully with State and Federal personnel in a quality control review.
- I understand that I am receiving child care because I low income, am working, in school, or training and need child care. It is my responsibility to report any changes in my circumstances to the case manager within 10 days of becoming aware of the change.
- I understand that child care in support of education and training requires me to be enrolled in an approved program, attend and to make satisfactory progress.
- I agree to pay my child care fees to the provider, if applicable.

**F. (Continued)**

**YOUR RIGHTS AND RESPONSIBILITIES**

- I understand that my child should attend the child care program regularly. If my child must be absent, I should give the provider as much advance notice as possible. I also understand that some providers may request signed statements of absences.
- I agree to report within 10 days if my child(ren) is no longer enrolled in child care or moves out of my home, or if the absent parent(s) of the child(ren) returns to the home.
- I understand some child care providers charge for extra services, such as late pick-ups. The County DFCS does not pay for these extra services.
- I understand that I will have to pay the provider if I receive child care during a period in which I am ineligible or for any child care that DFCS did not authorize.
- I understand that the child care provider is NOT affiliated with or an agent of the Department of Human Resources; that DHR in no way warrant the services rendered and the provider acts solely as an independent contractor in its capacity as a child care provider.
- Under Georgia Law, any person who by false statements, withholding information, impersonation or other fraudulent device, obtain or attempts to obtain, or any person who intentionally aids or abets such person in obtaining any public assistance payments, food stamp allotment or medical assistance to which he is not entitled or greater amount than that which he is entitled, shall be punished for a misdemeanor unless the amount obtained exceeds \$500 in which event he may be punished for a felony. (See Georgia Code OCGA 49-4-45 for the full reference.) I understand the meaning of this paragraph.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness or Person Helping to Complete this form

\_\_\_\_\_  
Date

**G. RACE / ETHNIC AFFILIATION FOR HEAD OF HOUSEHOLD ONLY**

The following information is being collected only to be sure that everyone receives assistance on a fair basis. This information will not affect your eligibility, and is optional. Ethnicity (check one):  Hispanic  Not Hispanic  
Race:  White  Black/African American  Asian  American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander

**H. FOR AGENCY USE ONLY**

1. Family Unit Size: \_\_\_\_\_
2. Monthly Family Income \$ \_\_\_\_\_
3. UAS Code \_\_\_\_\_
4. Maximum Allowable income for UAS Code ( \_\_\_\_\_ )
5. Need for Child Care:
  - Working  Training  In School
  - Open CPS Case  Court Ordered Supervision
  - Child in DFCS custody
6. Child(ren) within age limit?  Yes  No  Yes
7. Provider is:
  - Licensed / Commissioned  Registered
  - Relative  Non-Relative

8. Weekly Family Assessed Fee:
 

_____	=	_____	=	_____ \$
First Child		Fee for First Child		
If family fee remains after paying for care for the 1st child, list other child(ren) and fees assigned.				
_____	=	_____	=	_____ \$
2 <sup>nd</sup> Child		Fee for 2 <sup>nd</sup>		
_____	=	_____	=	_____ \$
3 <sup>rd</sup> Child		Fee for 3 <sup>rd</sup>		
		Total Family Weekly Fee	\$	_____
9. Disposition of Application:
  - Approved  Denied  Withdrawn
10. Official Certification Period:
 

from \_\_\_\_\_ to \_\_\_\_\_

**COMMENTS:**

Tracking of Client Eligibility During the Official Certification Period:  
 UAS 516 – Applicant Job Search from \_\_\_\_\_ to \_\_\_\_\_  
 UAS 517 – TANF Recipient from \_\_\_\_\_ to \_\_\_\_\_  
 UAS 535 – Transitional Child Care from \_\_\_\_\_ to \_\_\_\_\_  
 UAS 539 – Food Stamp E & T from \_\_\_\_\_ to \_\_\_\_\_  
 UAS 544 – CCDF from \_\_\_\_\_ to \_\_\_\_\_  
 UAS 545 – CCDF (Eligible Exceptions) from \_\_\_\_\_ to \_\_\_\_\_  
 UAS 555 – Non-TANF Pre-K from \_\_\_\_\_ to \_\_\_\_\_  
 UAS 556 – TANF Pre-K from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date

\_\_\_\_\_ **County Department of Family and Children Services**

\_\_\_\_\_ Case Manager \_\_\_\_\_ Date  
 \_\_\_\_\_ Caseload Number \_\_\_\_\_ Telephone Number  
 \_\_\_\_\_ Child Care Provider

**PROCEDURES FOR REQUESTING A FAIR HEARING ARE ON THE BACK OF THIS FORM.  
 FOR FREE LEGAL SERVICE CALL: \_\_\_\_\_**

**A. DISPOSITION**

- You are receiving child care because you are: \_\_\_\_\_
- You were **determined eligible** for the period \_\_\_\_\_ to \_\_\_\_\_ at a family weekly fee of \$\_\_\_\_\_ for \_\_\_\_\_ the following child(ren): \_\_\_\_\_ Payments to provider will begin \_\_\_\_\_.
- You were determined **ineligible or were denied**.
- Child care services **reduced or increased**.
- Weekly Fee **decreased** from \$\_\_\_\_\_ to \$\_\_\_\_\_ effective \_\_\_\_\_.
- Weekly Fee **increased** from \$\_\_\_\_\_ to \$\_\_\_\_\_ effective \_\_\_\_\_.
- Child Care is temporarily **suspended** from \_\_\_\_\_ to \_\_\_\_\_. DFCS will not make payment during this period.
- Child care **terminated** effective \_\_\_\_\_ for \_\_\_\_\_. The last day your child care may be subsidized is \_\_\_\_\_.
- Reporting Code change(s): Effective \_\_\_\_\_ UAS: \_\_\_\_\_ Type of Care: \_\_\_\_\_.
- Reimbursement** of \$\_\_\_\_\_ due for the period \_\_\_\_\_ through \_\_\_\_\_.
- Other:** \_\_\_\_\_.

**B. FOR COUNTY OFFICE USE ONLY - REGULATIONS/COMMENTS**

**C. PARENT INFORMATION**

**You must report to DFCS changes in your financial or living arrangements within ten (10) working days of becoming aware of them (see the list below). FAILURE TO REPORT CHANGES MAY RESULT IN LOSS OF CHILD CARE OR CAUSE YOU TO HAVE TO REPAY DFCS FOR CHILD CARE YOU RECEIVED.**

- Employment/Job (money, hours, location)
- School or training program (ends, hours change)
- Change of address
- Change in family size (child moves in, parent comes home, marriage, new baby, etc.)
- Child care is no longer needed
- Income changes (increase or decrease)
- Job loss (whether fired, quit, etc.)
- Receipt of Child Support
- Change in benefit such as Food Stamps or Medicaid
- Child goes to live with relative for vacation period

Your child should attend the child care program regularly. If your child must be absent, give the provider and the case manager as much advance notice as possible. Some providers may request signed statement of absences. Fees are paid IN ADVANCE. Please pay on time. If you are unable to pay your fee, contact your case manager. Help may be available. Otherwise, your child may be suspended and terminated for a specific period of time and/or until all past due fees are paid. Some programs charge for extra services, such as late pick-ups. The DFCS does not pay for these extra charges.

**MAKE SURE YOU KNOW WHAT IS COVERED BY ANY FEE YOU PAY.**

The child care provider you have chosen is a private business. It is not affiliated with, nor is it an agent of the Department of Human Resources. The Department does not guarantee the provider's service.

DISTRIBUTION: White-Client Yellow - Child Care Provider Gold -Case Record  
 (Rev. 10/03)

Form 62

**D. ADMINISTRATIVE HEARINGS**

You have a right to be heard and not to be discriminated against. Should a problem arise about your application placement, or change in service the county DFCS will address it promptly. If you are still not satisfied, you may call 1-800-869-1150 (this is a free call) or file for an administrative hearing. The child care provider will handle other complaints and grievances.

**IF YOU WANT AN ADMINISTRATIVE HEARING, FILL OUT THIS FORM WITHIN THIRTY (30) DAYS AND MAIL IT TO YOUR DEPARTMENT OF FAMILY AND CHILDREN SERVICES.**

\_\_\_\_\_  
Requesting Hearing Today's Date \_\_\_\_\_ Signature of Person

\_\_\_\_\_  
Telephone Number Where You Can Be Reached

Use this space to tell us why you want an administrative hearing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I wish to continue receiving benefits at the current level pending an administrative hearing determination. I understand I will be required to repay the Department of Human Resources any overpayment in child care benefits to which I was not entitled to receive as determined by the Administrative Law Judge.**
- I do not wish to continue receiving benefits at the current level pending an administrative hearing determination.**

If your eligibility changes you will be advised in writing. If, for any reason, you think proper consideration has not been given your situation, you have the right to appeal to the State Department of Human Resources for an administrative hearing. Procedures for requesting an administrative hearing are below.

If you request an administrative hearing within 10 days from the date on the top of the form, your benefits can be continued or your case returned to the same status it was in before this action unless the Administrative Law Judge decides the sole reason is one of state or federal law or policy.

You must request an initial hearing within **thirty (30)** days of notification of the decision with which you disagree. Your request for a hearing may be denied if you do not request it promptly.

**HEARING PROCEDURES**

You may request an administrative hearing either orally or in writing by notifying the County Department of Family and Children Services. You have thirty days from the date on the form to request a hearing. If you request a hearing orally, you have fifteen days from the date of your oral request to submit your request in writing. A representative of the Office of State Administrative Hearing would hold the hearing in your county. Any member of the staff will be glad to furnish the necessary forms and help you file your appeal, and assist you in every way possible to prepare for the hearing. An authorized representative such as legal counsel, a relative, friend, or other spokesman may represent you at the hearing or you may represent yourself. Free legal services may be available to you in your community. If you are interested in legal services, call the number for free legal services listed on the front of this form. You can get information about hearings on the Internet at <http://www.ganet.org/osah/>

**APPOINTMENT LETTER AND VERIFICATION CHECKLIST**

\_\_\_\_\_  
Parent/Guardian/Responsible Person's Name Case Number

\_\_\_\_\_  
County and Caseload Number Caseworker's Name

\_\_\_\_\_  
Telephone Number Date Given/Mailed

You have an appointment on:  
\_\_\_\_\_ at \_\_\_\_\_  
Date

\*\*\*\*\*  
The items checked below must be received by  
\_\_\_\_\_ Date Due  
**If this is not done, your application may be denied  
or your child care case may be terminated.**

\_\_\_\_\_  
Office Address

**IMPORTANT:** If you cannot keep your appointment, call your caseworker **BEFORE** your scheduled appointment date. If you cannot get the requested information and/or need more time, contact your caseworker by phone or mail by \_\_\_\_\_. Your caseworker may give you more time and may be able to help you get the information you need.

**The following is needed to complete your:**

- Application       Six Month Review       Annual Review       Other \_\_\_\_\_

Client	Child Care Provider
Check Stubs or Statement from employer for last 4 weeks for:	Copy of License/Registration/Exemption Letter
Social Security Card ( <b>optional</b> )	Copy of Rules and Regulations
Proof U.S. Citizenship/Alien Status for child	Copy of Rates
Immunization Record for:	Form 704
Proof of Child Support	W-9
Form 77 – Child Care Certificate	Social Security Card
Copy of most recent grades	Other ID
Copy of class schedule	Proof of attending 8 hours of health and safety training
Form 60 – application completed by you	Criminal Records Check
If you have chosen an Informal Provider, bring him/her with you to your appointment with items checked in provider column.	\$24.00 Money Order Made Payable to Department of Early Care and Learning – DECAL
HIPAA Notices of Privacy Practices Signed by you	HIPAA Business Associate's Agreement - signed by provider
Other	Other

**CHILDCARE AND PARENT SERVICES  
MAXIMUM ALLOWABLE FAMILY INCOME AND FEE SCALE  
EFFECTIVE 10/01/07  
(\*Applies to all UAS Codes)**

**Table 1**

<b>Maximum Allowable Family Income for CAPS Eligibility</b>	
<b>Number in the Family Unit</b>	<b>Gross Annual Income Limit*</b>
<b>1</b>	<b>\$ 15,680</b>
<b>2</b>	<b>\$ 21,120</b>
<b>3</b>	<b>\$ 26,560</b>
<b>4</b>	<b>\$ 32,000</b>
<b>5</b>	<b>\$ 37,440</b>
<b>6</b>	<b>\$ 42,880</b>
<b>7</b>	<b>\$ 48,320</b>
<b>8</b>	<b>\$ 53,760</b>
<b>9</b>	<b>\$ 59,200</b>
<b>10</b>	<b>\$ 64,640</b>
<b>11</b>	<b>\$ 70,080</b>
<b>12</b>	<b>\$ 75,520</b>

**CHILDCARE AND PARENT SERVICES  
MAXIMUM ALLOWABLE FAMILY INCOME AND FEE SCALE  
EFFECTIVE 10/01/07**

**Table 2  
Weekly Assessed Family Fee**

Annual Income	Number of Children in the Family Unit Receiving Care											
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
<b>0 - 3,600</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>3,601 - 6,000</b>	9	12	14	16	17	18	18	18	18	18	18	18
<b>6,001 - 9,600</b>	15	18	22	26	28	30	30	30	30	30	30	30
<b>9,601 - 12,000</b>	18	23	28	32	35	37	37	37	37	37	37	37
<b>12,001 - 14,400</b>	22	28	33	39	42	44	44	44	44	44	44	44
<b>14,401 - 16,800</b>	26	32	39	45	48	52	52	52	52	52	52	52
<b>16,801 - 19,200</b>	30	37	44	52	55	59	59	59	59	59	59	59
<b>19,201 - 21,600</b>	33	42	50	58	62	66	66	66	66	66	66	66
<b>21,601 - 24,000</b>	37	46	55	65	69	74	74	74	74	74	74	74
<b>24,001 - 26,400</b>	41	51	61	71	76	81	81	81	81	81	81	81
<b>26,401 - 28,800</b>	44	55	66	78	83	89	89	89	89	89	89	89
<b>28,801 - 31,300</b>	48	60	72	84	90	96	96	96	96	96	96	96
<b>31,301 - 33,600</b>	52	65	78	90	97	103	103	103	103	103	103	103
<b>33,601 - 36,000</b>	55	69	83	97	104	111	111	111	111	111	111	111
<b>36,001 - 42,000</b>	65	81	97	113	121	129	129	129	129	129	129	129
<b>42,001 - 48,000</b>	74	92	111	129	138	148	148	148	148	148	148	148
<b>48,001 - 50,000</b>	77	96	115	135	144	154	154	154	154	154	154	154
<b>50,001 - 55,000</b>	85	106	127	148	159	169	169	169	169	169	169	169
<b>55,001 - 60,000</b>	92	115	138	162	173	185	185	185	185	185	185	185
<b>60,001 - 65,000</b>	100	125	150	175	188	200	200	200	200	200	200	200
<b>65,001 - 72,000</b>	111	138	166	194	208	222	222	222	222	222	222	222
<b>72,001 - 76,000</b>	117	146	175	205	219	234	234	234	234	234	234	234

**ZONE ONE**  
**(Effective 7/2006)**

**Childcare and Parent Services (CAPS) Maximum Reimbursement Rates**

(Rates allowed, not to exceed provider's charge or as defined by CAPS policy)

<b>Zone 1</b>		Formal Child Care Arrangements (Regulated)		Informal Care Arrangements (Unregulated)
(See List of Counties on Back of Page)		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Full Time Care (Per Week)  (Care for 3 or more days per week)	Infants (newborn-12 months)	\$139.00	\$110.00	\$90.00
	Toddlers (13-36 months)	129.00	100.00	85.00
	Pre-School (3-5 years)	114.00	96.00	75.00
	School Age (6 years and up)	110.00	80.00	75.00

<b>Zone 1</b>		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Part-Time Care (Per Day)  (Care for 1 or 2 days per week)	Any age allowed in CAPS	\$37.00	\$27.00	\$23.00

<b>Zone 1</b>		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Before & After School Care (Per Week) (Includes Pre-K, Head Start, or Kindergarten Wrap-Around or Ages 6 and up)		\$65.00	\$51.00	\$50.00

Negotiated Rate (Per Week)	Child care for one child with one provider that occurs over more than one time period (some weekdays and a weekend day, for example) but is 4 to 5 days per billable week should have rate negotiated rather than two separate rates with separate certificates. The negotiated rate for care 3 to 5 days can equal the full time care rate, but should not exceed the full time care rate per week. If care exceeds 5 days per week, negotiated rate may exceed full time care rate but should not exceed the full time care rate added to the per day rate.
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**Zone 1**  
**(Effective 7/2006)**

<b>Camden</b>	<b>Forsyth</b>
<b>Cherokee</b>	<b>Fulton</b>
<b>Clayton</b>	<b>GWINNETT</b>
<b>Cobb</b>	<b>HALL</b>
<b>DeKalb</b>	<b>HENRY</b>
<b>Douglas</b>	<b>PAULDING</b>
<b>Fayette</b>	<b>ROCKDALE</b>

**ZONE TWO**  
**(Effective 7/2006)**

**Childcare and Parent Services (CAPS) Maximum Reimbursement Rates**

(Rates allowed, not to exceed provider's charge or as defined by CAPS policy)

<b>Zone 2</b>		Formal Child Care Arrangements (Regulated)		Informal Care Arrangements (Unregulated)
(See List of Counties on Back of Page)		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Full Time Care (Per Week)  (Care for 3 or more days per week)	Infants (newborn-12 months)	\$94.00	\$80.00	\$61.00
	Toddlers (13-36 months)	88.00	75.00	60.00
	Pre-School (3-5 years)	83.00	75.00	58.00
	School Age (6 years and up)	83.00	75.00	60.00

<b>Zone 2</b>		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Part-Time Care (Per Day)  (Care for 1 or 2 days per week)	Any age allowed in CAPS	\$26.00	\$22.00	\$20.00

<b>Zone 2</b>		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Before & After School Care (Per Week) (Includes Pre-K, Head Start, or Kindergarten Wrap-Around or Ages 6 and up)		\$55.00	\$53.00	\$50.00

Negotiated Rate (Per Week)	Child care for one child with one provider that occurs over more than one time period (some weekdays and a weekend day, for example) but is 4 to 5 days per billable week should have rate negotiated rather than two separate rates with separate certificates. The negotiated rate for care 3 to 5 days can equal the full time care rate, but should not exceed the full time care rate per week. If care exceeds 5 days per week, negotiated rate may exceed full time care rate but should not exceed the full time care rate added to the per day rate.
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**Zone 2**  
**(Effective 7/2006)**

<b>BALDWIN</b>	<b>DAWSON</b>	<b>LOWNDES</b>	<b>PEACH</b>
<b>BARROW</b>	<b>DOUGHERTY</b>	<b>LUMPKIN</b>	<b>PIKE</b>
<b>BARTOW</b>	<b>EFFINGHAM</b>	<b>LEE</b>	<b>PULASKI</b>
<b>BIBB</b>	<b>FLOYD</b>	<b>LIBERTY</b>	<b>PUTNAM</b>
<b>BRYAN</b>	<b>GLYNN</b>	<b>MADISON</b>	<b>RICHMOND</b>
<b>BULLOCH</b>	<b>GORDON</b>	<b>MCDUFFIE</b>	<b>SPALDING</b>
<b>BUTTS</b>	<b>HARRIS</b>	<b>MERIWETHER</b>	<b>TIFT</b>
<b>CATOOSA</b>	<b>HART</b>	<b>MORGAN</b>	<b>TROUP</b>
<b>CHATHAM</b>	<b>HOUSTON</b>	<b>MURRAY</b>	<b>WALTON</b>
<b>CLARKE</b>	<b>JACKSON</b>	<b>MUSCOGEE</b>	<b>WHITFIELD</b>
<b>COLUMBIA</b>	<b>JONES</b>	<b>NEWTON</b>	
<b>COWETA</b>	<b>LAMAR</b>	<b>OCONEE</b>	

**ZONE THREE**  
**(Effective 7/2006)**

**Childcare and Parent Services (CAPS) Maximum Reimbursement Rates**

(Rates allowed, not to exceed provider's charge or as defined by CAPS policy)

<b>Zone 3</b>		Formal Child Care Arrangements (Regulated)		Informal Care Arrangements (Unregulated)
(See List of Counties on Back of Page)		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Full Time Care (Per Week)  (Care for 3 or more days per week)	Infants (newborn-12 months)	\$74.00	\$70.00	\$50.00
	Toddlers (13-36 months)	70.00	65.00	47.00
	Pre-School (3-5 years)	70.00	65.00	46.00
	School Age (6 years and up)	69.00	65.00	45.00

<b>Zone 3</b>		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Part-Time Care (Per Day)  (Care for 1 or 2 days per week)	Any age allowed in CAPS	\$21.00	\$19.00	\$15.00

<b>Zone 3</b>		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Before & After School Care (Per Week) (Includes Pre-K, Head Start, or Kindergarten Wrap-Around or Ages 6 and up)		\$39.00	\$35.00	\$34.00

Negotiated Rate (Per Week)	Child care for one child with one provider that occurs over more than one time period (some weekdays and a weekend day, for example) but is 4 to 5 days per billable week should have rate negotiated rather than two separate rates with separate certificates. The negotiated rate for care 3 to 5 days can equal the full time care rate, but should not exceed the full time care rate per week. If care exceeds 5 days per week, negotiated rate may exceed full time care rate but should not exceed the full time care rate added to the per day rate.
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**Zone 3**  
**(Effective 7/2006)**

<b>APPLING</b>	<b>COOK</b>	<b>HEARD</b>	<b>POLK</b>	<b>TWIGGS</b>
<b>ATKINSON</b>	<b>CRAWFORD</b>	<b>IRWIN</b>	<b>QUITMAN</b>	<b>UNION</b>
<b>BACON</b>	<b>CRISP</b>	<b>JASPER</b>	<b>RABUN</b>	<b>UPSON</b>
<b>BAKER</b>	<b>DADE</b>	<b>JEFF DAVIS</b>	<b>RANDOLPH</b>	<b>WALKER</b>
<b>BANKS</b>	<b>DECATUR</b>	<b>JEFFERSON</b>	<b>SCHLEY</b>	<b>WARE</b>
<b>BEN HILL</b>	<b>DODGE</b>		<b>SCREVEN</b>	<b>WARREN</b>
		<b>Jenkins</b>		
<b>BERRIEN</b>	<b>DOOLEY</b>	<b>JOHNSON</b>	<b>SEMINOLE</b>	<b>WASHINGTON</b>
<b>BLECKLEY</b>	<b>EARLY</b>	<b>LANIER</b>	<b>STEPHENS</b>	<b>WAYNE</b>
<b>BRANTLEY</b>	<b>ECHOLS</b>	<b>LAURENS</b>	<b>STEWART</b>	<b>WEBSTER</b>
<b>BROOKS</b>	<b>ELBERT</b>	<b>LINCOLN</b>	<b>SUMTER</b>	<b>WHEELER</b>
<b>BURKE</b>	<b>EMANUEL</b>	<b>LONG</b>	<b>TALBOT</b>	<b>WHITE</b>
<b>CALHOUN</b>	<b>EVANS</b>	<b>MACON</b>	<b>TALIAFERRO</b>	<b>WILCOX</b>
<b>CANDLER</b>	<b>FANNIN</b>	<b>MARION</b>	<b>TATNALL</b>	<b>WILKES</b>
<b>CARROLL</b>	<b>FRANKLIN</b>	<b>MCINTOSH</b>	<b>TAYLOR</b>	<b>WILKINSON</b>
<b>CHARLTON</b>	<b>GILMER</b>	<b>MILLER</b>	<b>TELFAIR</b>	<b>WORTH</b>
<b>CHATTAHOOCHEE</b>	<b>GLASCOCK</b>	<b>MITCHELL</b>	<b>TERRELL</b>	
<b>CHATTOOGA</b>	<b>GRADY</b>	<b>MONROE</b>	<b>THOMAS</b>	
<b>CLAY</b>	<b>GREENE</b>	<b>MONTGOMERY</b>	<b>TOOMBS</b>	
<b>CLINCH</b>	<b>HABERSHAM</b>	<b>OGLETHORPE</b>	<b>TOWNS</b>	
<b>COFFEE</b>	<b>HANCOCK</b>	<b>PICKENS</b>	<b>TREUTLEN</b>	
<b>COLQUITT</b>	<b>HARALSON</b>	<b>PIERCE</b>	<b>TURNER</b>	

## CAPS Case Documentation

\*DATE OF CONTACT:

\*TYPE OF CONTACT (OFFICE VISIT/ OV, HOME VISIT /HV,  
TELEPHONE/ TC, OR MAIL):

\*IF FACE TO FACE IS HIPPA IN THE CASE RECORD:

\*REASON FOR CONTACT ( APPLICATION,  
ANNUAL REV, OR SPECIAL):

\*CLT RESIDES IN \_\_\_\_\_ COUNTY (YES OR NO):

\*NEED FOR CARE:

\*CLT ALSO RECEIVES (TANF, MA, FS):

\*SUCCESS PRINT IN THE C/R:

\*CLT HAS WHAT TYPES OF INCOME:

\*\*MAXSTAR BG IS IN THE CASE RECORD.

\*TYPE OF UAS CODE CLT IS ELIG UNDER :

\*TYPE OF CHILDCARE REQUESTED :

\*PROVIDER'S NAME :

\*PROVIDER TYPE :

\*IF UNREGULATED, IS IMMUNIZATION IN C/R (y or n) :

\*CITIZENSHIP VERIFIED BY:

**Initial Case Disposition (Initia)**

DATE OF CONTACT: \_\_\_\_\_

NEED:

#hours working per week \_\_\_\_\_  
#hours in school per week \_\_\_\_\_  
Hours care is needed \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
\_\_\_\_\_

INCOME CATEGORIES:

Public Assistance FS \$ \_\_\_\_\_  
TANF \$ \_\_\_\_\_  
Load # \_\_\_\_\_  
Explanation: \_\_\_\_\_

Verification \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INCOME: (Check all applicable)

\_\_\_ Wages \_\_\_ Child Support \_\_\_ RSDI \_\_\_ Other

Explain \_\_\_\_\_

Verification: \_\_\_\_\_  
\_\_\_\_\_

Fee explanation: \_\_\_\_\_

Change effective: \_\_\_\_\_

UAS CODE: (Check One)

\_\_\_ 516 \_\_\_ 517 \_\_\_ 535 \_\_\_ 544 \_\_\_ 545 \_\_\_ 554 \_\_\_ 555 \_\_\_ 556

Explain: \_\_\_\_\_  
\_\_\_\_\_

PROVIDER'S NAME: \_\_\_\_\_

Date of SUCCESS Screening \_\_\_\_\_ SUCCESS caseload # \_\_\_\_\_

Type of Provider: (Check One) \_\_\_ Center-based \_\_\_ Group Home \_\_\_ Family Child  
Care Home \_\_\_ Relative/In Home \_\_\_ Relative/Out of Home \_\_\_ Non-Relative/ Out of  
Home

If Formal, copy of rates:

If Informal: Social Security Card \_\_\_\_\_ Picture ID \_\_\_\_\_  
CPS Screening \_\_\_\_\_ # of children in care \_\_\_\_\_  
Explain if over 2 \_\_\_\_\_

FAMILY UNIT: \_\_\_\_\_ CHILD \_\_\_\_\_ RATE/S \_\_\_\_\_  
Family Unit Size: \_\_\_\_\_

Two Parent \_\_\_\_ Single \_\_\_\_  
Rates within limit for ages: \_\_\_\_

Date immunizations due: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHECKLIST:

\_\_\_\_ 60 \* #                      \_\_\_\_ 77 \* #  
\_\_\_\_ 62 \* #                      \_\_\_\_ Notification to Eligibility Worker  
Other HH members/relationship to HH:

\_\_\_\_\_  
\_\_\_\_\_

Comments:

**Recert Completed (Recert)**

DATE OF CONTACT: \_\_\_\_\_

NEED:

#hours working per week \_\_\_\_\_

#hours in school per week \_\_\_\_\_

Hours care is needed \_\_\_\_\_

Other (specify) \_\_\_\_\_

Verification \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INCOME: (Check all applicable)

\_\_\_ Wages \_\_\_ Child Support \_\_\_ RSDI \_\_\_ Other

Explain

\_\_\_\_\_

Verification:

\_\_\_\_\_

Fee explanation: \_\_\_\_\_

Change effective: \_\_\_\_\_

UAS CODE: (Check One)

\_\_\_ 516 \_\_\_ 517 \_\_\_ 535 \_\_\_ 544 \_\_\_ 545 \_\_\_ 554 \_\_\_ 555 \_\_\_ 556

Explain:

\_\_\_\_\_

PROVIDER'S NAME: \_\_\_\_\_

Date of SUCCESS Screening \_\_\_\_\_ SUCCESS caseload # \_\_\_\_\_

Type of Provider: (Check One) \_\_\_ Center-based \_\_\_ Group Home \_\_\_ Family Child  
Care Home \_\_\_ Relative/In Home \_\_\_ Relative/Out of Home \_\_\_ Non-Relative/ Out of  
Home

If Formal, copy of rates:

If Informal: Social Security Card \_\_\_\_\_ Other ID \_\_\_\_\_

Forms

CPS Screening \_\_\_\_\_  
Explain if over 2 \_\_\_\_\_

# of children in care \_\_\_\_\_

FAMILY UNIT:

CHILD

RATE/S

Family Unit Size: \_\_\_\_\_

Two Parent \_\_\_\_ Single \_\_\_\_

Rates within limit for ages: \_\_\_\_\_

Date immunizations due: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECKLIST:

\_\_\_\_\_ 60 \* #  
\_\_\_\_\_ 62 \* #

\_\_\_\_\_ 77 \* #

\_\_\_\_\_ Notification to Eligibility Worker

Other HH members/relationship to HH:

\_\_\_\_\_

\_\_\_\_\_

Comments:

## Foster Care Placement (fp)

Date of Contact \_\_\_\_\_

Checklist:

\_\_\_\_\_ Form 57

\_\_\_\_\_ Date of Contact with Foster Parent

Foster Parent's employer: \_\_\_\_\_

Work hours: \_\_\_\_\_

Second Parent's employer: \_\_\_\_\_

Work hours: \_\_\_\_\_

Hours care is needed: \_\_\_\_\_

Date Certificates created: \_\_\_\_\_

Date Certificates mailed to Foster Parent/Provider: \_\_\_\_\_

Comments:

**Suspend Case (suscas)**

Date of Contact \_\_\_\_\_

Last day client worked: \_\_\_\_\_

Reason for suspension:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Period of suspension: \_\_\_\_\_ thru \_\_\_\_\_

Date F62 mailed: \_\_\_\_\_

Timely notice allowed: \_\_\_\_\_

**Case Closure (FCClo)**

On-Going Case

Date of Contact: \_\_\_\_\_

Reason For Termination

( ) Family Unit Failed To Provide Required Information As Follows;

Date 66A was given / mailed: \_\_\_\_\_ Due Date: \_\_\_\_\_

Information Requested: \_\_\_\_\_

\_\_\_\_\_

( )Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date F62 Mailed: \_\_\_\_\_ Timely Notice Allowed: \_\_\_\_\_

Explain: \_\_\_\_\_

Comments:

## **Case Accuracy Review Completed (Carcom)**

Date Review Completed: \_\_\_\_\_

Person Completing Review: \_\_\_\_\_

Date Corrections are Due: \_\_\_\_\_

Case finding: ( ) Correct ( ) Deficiency ( ) Error

Documentation of Findings:

**Notes (Notes)**

Contact: ( ) Office ( ) phone ( ) mail ( ) other – explain

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Who reported information:

Date of Report:

---

Document reported information:

Document Action taken:

**Reported Change (Chang3)**

Reason for Contact: Change

Date of Report: \_\_\_\_\_

Timely: \_\_\_\_\_

Information Provided:

Date Action Taken:

Action Taken

F62 required: \_\_\_\_\_

Date Sent: \_\_\_\_\_

10 AA allowed: \_\_\_\_\_

## Administrative Hearing (FAHI)

Date on F62: \_\_\_\_\_  
\_\_\_\_\_

Date of Hearing Request:

Was request within 10 days: \_\_\_\_\_  
\_\_\_\_\_

Are benefits being continued:

Date request was submitted to OSFH: \_\_\_\_\_ Documentation Sent:  
\_\_\_\_\_

Withdrawal requested: \_\_\_\_\_ Withdrawal Submitted:  
\_\_\_\_\_

Date of Hearing: \_\_\_\_\_

Date Hearing Decision received: \_\_\_\_\_

Results of Hearing:

---

## Denied Application (Fden)

\*\*\*\*\* DENIAL \*\*\*\*\*

Application

Reason For Denial

( ) Family Unit Failed To Provide Required Information As Follows;

Date 66A was given / mailed: \_\_\_\_\_ Due Date: \_\_\_\_\_

Information Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# RESOURCES



## PARTICIPANT GUIDE

## Where is Information Documented or Verified?

### **Case Activity Log**

Use the Case Activity Log to document:

- Marital status of family members
- Relationship among family members
- The number of persons in the family unit
- Ages of children
- Residence
- Need for child care
- Provider status (licensed, registered, exempt, etc.)
- Date UAS codes change
- Income verification
- Foster parent information
- School information for children
- Immunization status of children
- Citizenship status
- Provider status information
- Provider rates

### **Changes:**

- Addresses
- Adding children to child care case
- Removing children from child care case
- Client beginning a new job

### **Narratives, such as:**

- Client contact
- Recertification
- Interagency contact
- Provider contact
- Receipt of provider training information
- Notification of TANF ineligibility

### **Other forms of documentation**

Disposition and Parent Information, Form 62 – shows actions taken in case records

Child care Certificate – documents number of children in care; authorized rates

SUCCESS screen print – verifies receipt of public assistance

Income Worksheets – documents income used in computing budget.

## **Helpful Hints on Using Form 452**

- A. Always record the worker's name, date, type, and purpose of contact and with whom the contact was made.

Example: Tommy Case Manager, 12/20/06, telephone call. Ms. Clem Called regarding an appointment letter.

- B. Record any information on the 452 that is important to the case but cannot be captured on another form.

Examples: Ms. Franklin has two children – she only receives child support for one; the other child's father is deceased. She receives RSDI for that child. Ms. Connor's, the informal provider, receives Medicaid and food stamps; worker reported information to her food stamp worker.

- C. Explain any information on the 452 that is captured on another form but needs clarification.

- D. Record any information required by policy but cannot be captured on another form.

Examples: Verification of training for informal providers ID for informal providers (provider presented social security and State issued picture ID.) First day of service (worker should explain why care was started in middle of week for Ashley but not for Robin) Verification of Medicaid eligibility. (Copy of SUCCESS printout is appropriate.)

## **Informal Provider Policy**

- A. CAPS will subsidize a MAXIMUM of SIX children at a registered Family Day Care Home.
- B. CAPS will subsidize a MAXIMUM of SIX RELATED children with a RELATIVE informal provider.
- C. The provider must be related to the child as his or her aunt, uncle, grandparent, great-grandparent, or adult sibling.
- D. The provider may ALSO keep a combination of related and non-related children as long as they DO NOT keep more than two unrelated children for pay and the combination does not exceed six children.
- E. CAPS will subsidize a MAXIMUM of TWO children with a non-relative informal provider.

**THESE MAXIMUMS APPLY REGARDLESS OF THE NUMBER OF “SHIFTS” THE PROVIDER IS OPEN OR OPERATING.**

## Child Care Case Record Organization



Case records should be organized and maintained in a uniform way throughout the Field Area. They should be maintained in such a way that all CAPS case managers, supervisors or other authorized reviewers are able to identify that initial and continued eligibility requirements are met and there is communication and documentation to support all actions relating to the case. The case record organization should be implemented at the next action taken on the case i.e. recertification, 6-month review, special, etc. The forms should be implemented from this date on April 18, 2006.

The client case records have designated sections, utilizing tab dividers to divide the sections. If you do not have tabs use can use colored paper to divide sections. Cases should be maintained in the "Paris" folders. The tabbed sections should be as follows: **Permanent Documentation; Certificates (form 77); Certification; and Miscellaneous.** The case record should be divided into sections based on the order listed below. Material in each section should be maintained in chronological order with most current information on top.

**Permanent Documentation - Section**

Form 452/ Maxstar Case Narrative  
Verification of Social Security Numbers  
Verification of Immunization  
Verification of Citizenship  
HIPPA Form

**Certificates Section** -

Form 62 (optional copy)  
Form 77 (Certificate)

**Certification Section** -

(Application and Recertification)  
Form 66 (Inquiry Form)  
Appointment Letter & Checklist(Form 66A)  
Childcare Referral/Communication Form  
Report Timely Form & Parental Choice  
Supporting Verification (Wage Verification, SUCCESS Print, Informal Provider (Information)  
Child Care Eligibility Checklist (optional)  
Form 58 (Informal Provider Enrollment)  
Form 60 (Application)  
Form 62 (Disposition) – Copy should be used as Communication to related case record with 62 being Notated as documentation of communication.  
CCRS Print (Case Summary and Child Exp. Screens)  
\*\*Subsequent recertifications would be filed on above information with verification and forms in the same order as above.

**Miscellaneous Section** -

Hearing Information  
Claims  
Case Accuracy Reviews

## **Tips for Navigating the MAXSTAR® System**

- A. Remember to use lower case letters when entering user ID and password. The system will not accept upper case letters in these fields.
- B. Some fields on the Reports menu require all upper case letters. Follow what is shown on the screen.
- C. Press Enter to save the data in fields.
- D. Press Tab to save text on comments in activity logs or directions to informal provider locations.
- E. Do not put any dashes in the SSN, dates, phone numbers, etc. The system will automatically generate these.
- F. When on the menu screens, pressing the first letter of the selected option will bring up that selection. For example, if on the main menu the 'Reports' selection is desired, press the letter 'R' and the cursor will move to the letter "R". Scroll to "reports."
- G. On the Search screens, certain letters in functions are underlined. Pressing Alt + the underlined letter will allow the user to perform that function. For example, when searching for a particular case, after entering the identifiers, pressing Alt + a will allow the user to search.
- H. Many of the fields in the system have look-up options. If unsure of what to enter in a given field, while the cursor is in that particular field, press the F5 button on the keyboard.
- I. Make sure the screen is positioned so that all the warning edits, which flash in red at the bottom of any screen, can be read.

## **How to Color in the Field Where the Cursor is Located**

(This can be done from any screen that has the EDIT option at the top)

- A. Click on EDIT
- B. Then click on preferences and the properties box will pop up
- C. Using the drop down arrow change the LABEL FIELD TO EDIT FIELD
- D. Under TYPE change from TEXT to BACKGROUND
- E. Then click on SET under field color and this brings up a color box, select your color and click OKAY
- F. At the properties box click OKAY

Once you begin data entry the box your cursor is in will be highlighted with the color you selected.

## MAXSTAR® SCREEN ORDER

Case Head Information Employment Screen 1	Program Activities School/Training Screen 2	Case Head Employment Screen 3	Case Head School/Training Screen 4	Other HH Members Screen 5	Other Parent Screen 6	Other Parent Screen 7	Milestones Screen 8
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To move between these screen **Pg UP** or **Pg Dn**. To access the screens below, **CTRL V**. To get back to the screens above from the screens below, **CTRL U**.

Case Activity Log	Child Information	Consumer Education Information	Income Worksheet	Issue Certificates
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To create a certificate from the Child Information screen 2, **CTRL V**. Create certificate, if more than one certificate is needed for the child **PG DN** to issue 2<sup>nd</sup> certificate.

To create a certificate for the next child **CTRL U** back to child information, **PG DN** to the next child and repeat above.

Remember that you **MUST** enter to save information in the field.