
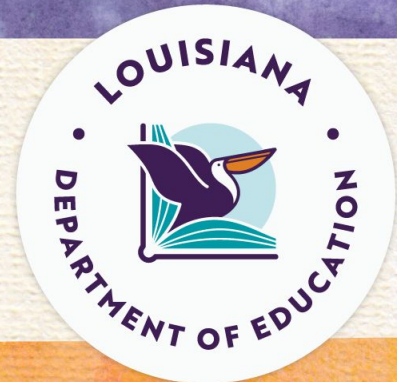


EARLY CHILDHOOD
CONFERENCE 2024
SHAPING LOUISIANA'S FUTURE



**Child Care Assistance Program (CCAP)
Payment Resources**



Agenda

- I. Welcome
- II. Calculating CoPayments
- III. Payments Based on Enrollment
- IV. Semi-Automated Invoices
- V. Non-Payment or Payment Discrepancies
- VI. Registration Fees
- VII. CCAP Payment Contacts
- VIII. Q & A

Calculating CoPayments



Full Time Copay Calculations

While CCAP will continue making payments based on enrollment indefinitely, parents are financially responsible for any difference between a provider's weekly charge and CCAP's weekly payment. Parent copays were reinstated on September 1, 2022 and will continue to be assigned according to household income. Providers may use American Rescue Plan Act (ARPA) grant funds to assist families with paying their weekly copays.

Type III Provider - Infant Rate (0-1 years old)				
State Max Daily Rate	Co-Pay	Agency Daily Rate	Equals	Agency Payment
\$68.00	\$0 Co-pay	\$68.00	\$68.00 x 22 days	\$1,496.00
\$68.00	\$2 Co-pay	\$66.00	\$66.00 x 22 days=	\$1,452.00
\$68.00	\$3 Co-pay	\$65.00	\$65.00 x 22 days=	\$1,430.00
\$68.00	\$8 Co-pay	\$60.00	\$60.00 x 22 days=	\$1,320.00
\$68.00	\$10 Co-pay	\$58.00	\$25.65 x 22 days=	\$1,276.00

Part Time Copay Calculations

Regular - ages 3 years and older part time rate calculations using state maximum rate \$31.50						
State Max Daily Rate	Co-Pay	Agency Daily Rate	Minus	Part-Time Hourly Rate	Equals	Agency Payment
\$31.50	\$0 Co-pay	\$31.50	$\$31.50 / 8 \text{ hrs} = \3.93	\$3.93	$\$3.93 \times 87 \text{ units} =$	\$341.91
\$31.50	\$2 Co-pay	\$29.50	$\$29.50 / 8 \text{ hrs} = \3.68	\$3.68	$\$3.68 \times 87 \text{ units} =$	\$320.16
\$31.50	\$3 Co-pay	\$28.50	$\$28.50 / 8 \text{ hrs} = \3.56	\$3.56	$\$3.56 \times 87 \text{ units} =$	\$309.72
\$31.50	\$8 Co-pay	\$23.50	$\$23.50 / 8 \text{ hrs} = \2.93	\$2.93	$\$2.93 \times 87 \text{ units} =$	\$254.91
\$31.50	\$10 Co-pay	\$21.50	$\$21.50 / 8 \text{ hrs} = \2.68	\$2.68	$\$2.68 \times 87 \text{ units} =$	\$233.16

Payments Based on Enrollment



Tracking Attendance

- While CCAP has extended payments based on enrollment indefinitely, providers are still required to use the new KinderConnect System to track attendance. Failure to properly track attendance may jeopardize provider payments based on enrollment.
- Authorizations must be utilized by families at the time child care services are rendered. KinderConnect attendance records are examined as part of the underutilization review of CCAP use.
- If future grants are available, providers failing to use KinderConnect for attendance tracking will not be considered for the grants.

CCAP Rates

Provider Type	Age 3 and up	Age 1-2 (Toddlers)	Age 0 (Infants)	Special Needs Age 3 and up	Special Needs Age 1-2 (Toddlers)	Special Needs Age 0 (infant)
Type III Early Learning Center	\$31.50	\$42.00	\$68.00	\$39.69	\$52.92	\$85.68
Family Child Care Provider	\$29.00	\$42.00	\$61.00	\$36.54	\$52.92	\$76.86
In-Home Providers	\$25.00	\$25.25	\$26.65	\$31.50	\$31.82	\$33.58
School Child Care Providers	\$24.00	\$24.00	\$24.00	\$30.24	\$30.24	\$30.24
Military Child Care Centers	\$30.00	\$31.05	\$35.65	\$37.80	\$39.12	\$44.92

Provider Payments for Full-Time Care

- Full-time care is calculated based on a 5-day work week. The state's maximum daily rate multiplied by 5 will give the weekly CCAP payment for a child.
- The Payment Resource Tool for full-time care helps providers calculate the amount paid by CCAP, and the out-of-pocket difference owed to the provider by the client.



Payment Resource Tool



As a provider you can utilize this tool to ensure you are knowledgeable of the process for calculating the monthly child care costs for full time children. The total amount found in Step 4 is the amount the parent is responsible for paying.

Month Oct. 2024 Child's Name Aaron Hall

Step 1		
\$ 35.00 Provider Daily Rate (Ex: \$30.00 per day the amount you charge)	X 15 Service Days for the Month (Ex: 21 Service Days in the month)	= \$ 525.00 Total for Step 1 (Ex: Provider daily rate multiplied by service days for the month)

Step 2		
\$ 31.50 State's Rate for the Child (State's amount covered for the child. Ex: \$21.50)	- \$ 2.00 Co-Pay (Ex: \$0, \$2, \$3, \$4, or \$10 based on CCAP 13)	= \$ 29.50 Total for Step 2 (Ex: State's Rate for the Child minus Co-Pay)

Step 3		
\$ 29.50 Total from Step 2	X 15 Service Days for the Month (Ex: Same Service Days used in Step 1)	= \$ 442.50 Total for Step 3 (Ex: Total from Step 2 multiplied by Service Days for the Month)

Step 4		
\$ 525.00 Total from Step 1	- \$ 442.50 Total from Step 3	= \$ 82.50 Total per Month (Parent's Responsibility)

*Co-pay amount can be found on the CCAP 15 form

*If you would like to find the daily amount owed: Total from section 4 and divide by service days for the month

**Co-pay will be \$0, \$2, \$3, \$4, or \$10 Please see graph below for an example.

Provider Payments for Part-Time Care

Part-time care is paid by an hourly rate. The Payment Resource Tool for part-time care, allows providers to calculate the amount paid by CCAP, and the out-of-pocket difference owed by the client.



Payment Resource Tool



As a provider you can utilize this tool to ensure you are knowledgeable of the process for calculating the monthly child care costs for part-time children. The total amount found in Step 3 is the amount the parent is responsible for paying.

Month Oct. 2024 Child's Name Candace Hall

Step 1: Provider's Monthly Charge for Part-Time Care

\$ 4.50	X 60 (4 x 15 days)	= \$ 270.00
Provider's Hourly Rate <small>(Ex: To calculate your hourly rate, take your daily rate and divide it by 8. CCAP considers 8 hours/units to be a regular business day)</small>	Service Hours/Units for the Month <small>(CCAP's customary part-time authorization calculation is 87 service hours/units per month (4.333 x 20 hrs. = 86.666; rounded to 87 units))</small>	Provider's Monthly Charge <small>(Ex: Provider Hourly Rate multiplied by Service Hours/Units for the Month = Provider's Monthly Charge)</small>
<small>Note: If a weekly rate is charged for a part-time child, complete the following steps to calculate hourly rate:</small> Weekly Rate _____ ÷ by child's weekly attending hrs. _____ = _____ Provider Hourly Rate		

Step 2: CCAP's Monthly Payment for Part-Time Care

\$ 3.68 (\$29.5 ÷ 8)	X 60	= \$ 231.60
CCAP's Hourly Payment Rate <small>(State's hourly payment covered for this child. If there's a co-pay, it's already included in CCAP's Hourly Payment Rate. Ex: \$ 2.68 an hour/unit)</small>	Service Hours/Units for the Month <small>(CCAP's customary part-time authorization calculation is 87 service hours/units per month (4.333 x 20 hrs. = 86.666; rounded to 87 units))</small>	CCAP's Monthly Payment <small>(Ex: CCAP's Hourly Payment Rate multiplied by Service Hours/Units for the Month = CCAP's Monthly Payment)</small>

Step 3: Parent's Payment Responsibility to Provider

\$ 270.00	-\$ 231.60	= \$ 38.40
Total from Step 1 <small>(Total amount the provider charges hourly)</small>	Total from Step 2 <small>(The total amount CCAP will pay per hour/unit for this child)</small>	Parent's Payment to Provider <small>(Ex: Total from Step 1 minus total from Step 2 = Parent's Responsibility to Provider)</small>

Provider Payments for Part-Time Care

For part-time care, each child enrolled is calculated for 20 hours paid per week. The monthly payments will vary depending on days care is needed and/or holidays.

Part-time payments will automatically switch to full-time calculations for the following holidays:

- Mardi Gras
- Easter
- Thanksgiving
- Christmas

Non-Attendance or Non-Enrollment

Providers **must** request the removal of children from their center capacity if children are not attending.

Providers **must** request the removal of children from their center capacity who never enrolled.

Semi Automated Invoices

The image features a central white rectangular area with a fine, grid-like texture. This area is set against a dark purple, mottled background. On the right side, there are three overlapping, L-shaped decorative elements. The topmost is a dark blue bar, the middle is an orange bar, and the bottom is a teal bar. Each bar has a thin white outline and is positioned to create a layered, 3D effect.

Semi Automated Invoices (SAI's)

P.O. BOX 260037
 BATON ROUGE, LA 70826
 DOC NUMBER: 10403946

CDD4090R6
 SEMI-AUTOMATED INVOICES
 FOR 09/09/2019
 VOID AFTER 7 BUSINESS DAYS



PROV NAME: DORA THE EXPLORER DBA
 TOTALLY AMAZING DAYCARE LLC
 PO BOX 123
 BATON ROUGE LA 77700

(225)123-4567

BIRD, BIG JOHNATHAN 09/03/2019 2

****CLAIMING FOR SERVICES NOT ACTUALLY PROVIDED CONSTITUTES FRAUD****
 I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

SIGNATURE _____ DATE _____

PROV NUMBER: 012345678
 PARISH: 03

FOR LDE OFFICE USE ONLY
 TOTAL DAYS INPUT: _____
 TOTAL HOURS INPUT: _____

PAYMENT ISSUED BY: _____
 SIGNATURE _____ DATE _____

RETURN FORM TO: CCAP ELIGIBILITY
 P.O. BOX 260037
 BATON ROUGE, LA 70826

THE EXPIRATION DATE FOR THIS DOCUMENT IS: 09/18/2019

***** FULL TIME *****

LINE	CLIENT#	CASE	MAJ	RATE	SERV DATES	DAYS	DAYS	DAYS
NUM	NAME	WRK#	SER		BEG - END	AUTH	ABSENT	PRESENT
001	649994234	WL1	41	21.50	09/01/2019			
	BIRD, BIG JOHNATHAN				09/03/2019	2		

****CLAIMING FOR SERVICES NOT ACTUALLY PROVIDED CONSTITUTES FRAUD****
 I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

SIGNATURE _____ DATE _____



Attendance Logs

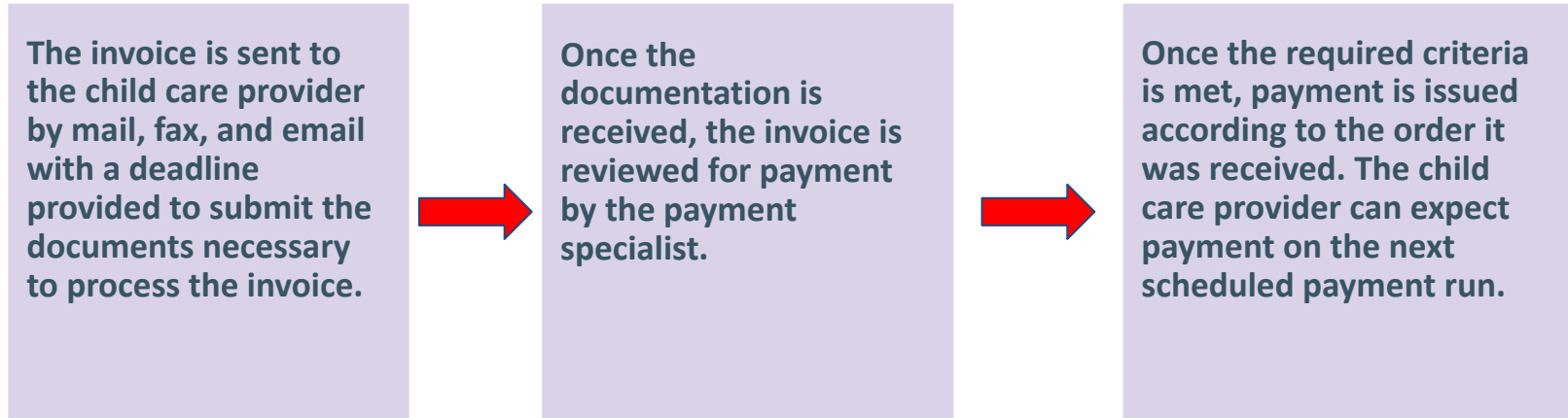
Attendance logs are required for payment of Semi Automated Invoices. Attendance logs must include:

- The date(s) child care services were provided
- Arrival and departure times
- Child's first and last name
- The first and last name of the person to whom the child is released
- The name and location of services
- Properly signing child in/out if the child leaves and returns during the day



Semi-Automated Invoice Flow Chart

Semi-automated invoices are created by CCAP analyst in CAPS. Listed are the steps that are taken once the invoice is authorized by the CCAP analyst:





Non-Payment or Payment Discrepancies

Non-Payment or Payment Discrepancies

Providers must notify the Department of any discrepancy in payment within 30 days of the date of payment or non-payment. Acceptable ways to request a payment review are:

1.

Submit request for review in writing through certified mail or overnight courier service. Also, LDE accepts written payment inquiries submitted by facsimile or email.

2.

Submit a ticket via the [Provider Ticket System](#).

Email:

CCAPPHD@la.gov

3.

Provider's may report verbal payment discrepancies by phone.

Phone Number:
1-877-453-2721

Non-Payment or Payment Discrepancies

- The Department will only review discrepancies that occurred within 30 days of the Department's receipt of the notice of discrepancy.
- The Department will not review or pay on any discrepancy reported beyond the 30 day timeline.
- Payments will not be disbursed outside the Department's fiscal year.



Registration Fees

Registration Fees

- TYPE III centers, schools, and military providers receive \$110 maximum registration fee and In-Home and Family Child Care providers receive \$65 maximum registration fees.
- When a family changes providers during the certification period, another fee will not be issued to the new provider until the next annual registration fee date.
- When changes occur during a certification period, including the addition of new children, another registration fee will not be paid until the annual date of the certification period.

Registration Fees

Registration fees are paid approximately 60 days after the initial certification month for regular CCAP cases, only if attendance is recorded. The payments are released on or after the 15th of the month. Child Welfare children are paid registration fees annually, 2 months after the month of their birthday.

Examples:

- Client is certified March 2, and begins attending care and receiving payments for CCAP. Provider is sent registration fee payment on or around May 15.
- Child Welfare client's birthday is March 11. Client has been at the same provider for several months. The registration fee will be paid on or around May 15.



CCAP Payment Contacts

Payment Team Supervisor

Robin Camel Johnson

Payment Specialists

Nanette McCann

Camille Fontenot

Christina Potter

LaKiesha Butler

Roy Walker

Contact Options

Fax: 225-376-6056

General Payment email:

CCAPpayments@la.gov

Child Welfare email:

CCAPChildWelfare@la.gov

Mailing Address:

CCAP Household Eligibility

P.O. Box 260037

Baton Rouge, LA 70826

Contact Information

Presenter:

Roy Walker

Payment Specialist

CCAPpayments@la.gov

CCAPChildWelfare@la.gov





Thank you