

# Columbiana County Child Care Information

Submit completed invoices to: Columbiana County Dept. of Job and Family Services, Business Office  
110 N. Nelson Ave., Lisbon, OH 44432

**\*\*PLEASE REFER TO THE SAMPLE INVOICE\*\***

## **All fields are required for Payment Processing**

1. **Provider Name:** Center/In-home Provider Name
2. **Begin Date:** First Day of Pay Period (See State Calendar)/Initial Date of Eligibility.
3. **End Date:** Last Day of Pay Period (See State Calendar)/last Day Services Were Provided/Date Terminated.
4. **Provider Id:** Social Security # or Tax ID Number.
5. **Parent/Caretaker's Last Name**
6. **Parent/Caretaker's First Name**
7. **Child Last Name**
8. **Child's First Name**
9. **Circle One: I T P S 5 YR OLD Preschooler**
  - I : Infant                      0 – 18 months
  - T: Toddler                      18 months – 3 yrs
  - P : Preschool                      3 yrs – 5 yrs
  - S : School Age                      5 yrs – 13 yrs
  - 5 YR OLD Preschooler: 5 yr old & still in preschool, NOT attending Kindergarten
10. **Co-Pay :** Amount of co-pay client is required to pay to you.
11. **O Abs:** Please fill in the dot next to Absent if BILLING for the Absent Day.  
**ABSENT DAY REQUIREMENTS:** All absent days must have a parent/caretaker signature & the Scheduled In & Out Time child was expected to attend. Absent days are to be billed regardless of the effect on reimbursement.
12. **Month/Day:** Enter the Month & Day Number for the corresponding billing date. All days are to be dated- even those that are unscheduled. Each week begins with Sunday and ends with Saturday.
13. **Time In/Out:** Enter exact time of arrival and departure, Please DO NOT Round times. **\*\*Overnight Hours: 3<sup>rd</sup>** shift providers must sign child out at 11:59 PM and sign child in on the next day at 12:00 AM.
14. **AM/PM:** Enter A for AM, Enter P for PM.
15. **Hours:** Enter the number of hours of care provided for the day. You do NOT need to round the numbers because CRIBS calculates minute-per-minute.

\*\* If you are billing in excess of the full time hours, please reference the example below. When the child reaches 50 hours (60 hrs. for centers/Type A homes), please drop down a line to continue the hours which would be calculated at the hourly rate.)

Day	Time	Hrs	
9/7	8:00 A 7:00 P	11	Caretaker's signature
9/8	8:00 A 7:00 P	11	Caretaker's signature

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9/9	8:00 A 7:00 P	11	Caretaker's signature
9/10	8:00 A 7:00 P	11	Caretaker's signature
9/11	8:00 A 2:00 P	6	Caretaker's signature
9/11	2:00 P 7:00 P	5	Caretaker's signature

**FT/PT/H                      Rate Code(s)**

FT/H                              W02/H02

16. **Signature:** The parent/caretaker or person authorized to pick up the child must sign each & every day of attendance. The names of the people authorized to pick up the child are listed on Page 1, item #3 on the Caretaker Provider Agreement. If an individual has been authorized to pick up the child, that person is to sign the invoice. This is a safeguard for you in case parent does not return for care. **\*\*Exception:** When parent does not return child for care and did not give a notice, up to 2 absent days may be billed without signatures. The agency must be contacted if child stops attending, NC/NS should be written in place of Parent/Caretaker Signature.

**NOTE:** If the child is in/out 3 times a day, you will drop down to the next line. Enter the same date as the one above it and then enter the "in" and "out" times accordingly. In this situation, you are to total the number of hours for each line. Please have the caretaker sign on both lines for the same date.

17. **# Absent:** Enter the number of Absent Days being billed for the week.

18. **# No School days:** Enter the number of days you are billing for a school age child when school was NOT in session.

19. **# of 2 hour delays:** Enter the number of days you are billing when there was school but it was on a delay.

20. **FT/PT/H:** Enter FT to bill Full Time Week (25-50 Hours per week)

Enter PT to bill Part Time Week (7-24.9 Hours per week)

Enter H to bill Hourly Week (<7 and >50 Hours per week)

\* If you are billing in excess of the Full Time Week hours, you must enter FT in the first set of boxes and H in the second.

21. **Rate Code(s):** Enter the letter-- either "W" for Week (full or part) or "H" for hourly in the first box. In the second and third boxes, enter the appropriate rate code (See Rate Sheet) for the type of care provided. If two rate codes are used in the same week, both the first and the second set of boxes would be completed. This would only occur if more than 50 hours (60 for centers/Type A homes) of care are provided.

Examples:

**W01**-- Full time week, traditional hours

**W02/H02**-- Full time week plus hourly (more than 50 hours of care) during non-traditional hours

**W03**-- Part week, traditional hours for a special needs child

**H05**-- Hourly (less than 7 hrs.) school age summer during traditional hours

22. **Total # hrs (week):** Enter the total number of hours that care was provided for the week.

23. **Total reimbursement (week):** Enter the total amount that you are to be reimbursed for the week.

# Columbiana County Child Care Invoice Instructions

## **\*\*REPEAT FOR ALL WEEKS IN BILLING CYCLE\*\***

24. **Registration Fee:** Enter the Registration Fee Amount.  
**\*\* If you charge the public a registration fee, up to \$25.00 may be billed annually.**
25. **Total reimbursement (month):** Total all weeks of the reimbursement period and enter the total amount to be reimbursed for the month in the boxes. (Subtract the family co-payment or add the registration fee, if applicable.)
26. **Parent/Caretaker Signature:** Parent/Caretaker **MUST** sign on or after the LAST day of care.
27. **Parent/Caretaker Signature Date:** Parent/Caretaker must enter the date he/she signed the time sheet. The date must be the last date of care or after.
28. **Provider Signature:** Provider Signature required on or after the date of the Parent/Caretaker's Signature.
29. **Provider Signature Date:** Provider **MUST** sign after Parent/Caretaker has signed for care. The date must be the same as the Parent/Caretaker signature or after.
30. **Invoice Ordering/Numbering:** You need to determine how many sheets you are submitting to CCDJFS. The invoices will need to be counted; this number will be entered on the second line of the Invoice \_\_\_ of **10**.
31. **Invoice Numbering:** Each Invoice will then need to be numbered based on its location alphabetically by the parent/caretaker's last name.  
Ex: **1** of **10**

## **General Information:**

- ONLY ORIGINAL FORMS WILL BE ACCEPTED
- FORMS MUST BE SUBMITTED IN BLUE INK (Forms submitted in PENCIL or BLACK ink will be returned)
- DO NOT USE WHITE-OUT!** If an error is made, place a line through the incorrect information and make the change. The parent must initial by each change.
- Please print the child's full name on top of page 2.
- When submitting invoices to the agency in alphabetical order according to the caretaker's last name, please place the youngest child in that family first.
- Invoices are to be submitted to the Business Office.
- DO NOT turn in other paperwork with the Invoices.
- The invoice must be numbered as follows: Invoice \_\_\_ of \_\_\_ ( Ex. **1** of **8** ) Invoices for 8 children
- Please print the child's full name on top of page 2.
- Before Submitting Invoices check the final signatures and dates for Parent/Caretaker and Provider (only original signatures (client and provider) will be accepted on the time sheets!) It should NEVER be signed before the last day of care.
- PLEASE PRINT ALL INFORMATION LEGIBLY
- Complete the Provider & Child Information on each Invoice prior to the beginning of the pay period.

# Columbiana County Child Care Invoice Instructions

--All Type B provider invoices are due to the department within four (4) days following the last day of each billing period in accordance with department procedures. Child care center and Type A home invoices are due within (10) days following the last day of each billing period. All checks will be mailed/direct deposited on the last business day of each month. Deadlines for Child Care Invoice submissions will be strictly enforced. Any Child Care Invoice received in an untimely manner will not be processed until the following month. Invoices must be physically in the office on the due date.

--Time sheets may be dropped off at our satellite office located in East Liverpool City Hospital. That office is only open on TUESDAY, WEDNESDAY AND THURSDAY of each week. Please make sure the receptionist date stamps your time sheets and provides you with a receipt.

--Please make copies of the Invoice Sheets before they are turned in, no copies will be returned. Please remember, you MUST keep records for at least 3 years.

--Review invoices for accuracy. An invoice that is late, contains multiple errors, non-covered services, unauthorized services including no parent/caretaker signatures may result in your invoice being returned to you for corrections. Any corrections to be made will be processed the following month.

--If a client is using you as a secondary provider, the client must call their assigned eligibility worker to have you added as an authorized provider. If you are not authorized in the computer, you can not be reimbursed.

-- A provider may not bill the Department when the children were not in the provider's care and/or the parent/caretaker was not eligible for hours (i.e. If the child leaves the provider's home to attend school or other services/programs, the provider may NOT bill the Department for those hours that the child was away from the home).

--The invoices shall serve as the required attendance records (Daily Sign In & Out Sheet) and will also serve as the absent sheet authorization.

## **DEFINITIONS:**

**Limited AI Provider:** Limited Agency Inspected Home, limited to children of family members or children of one family. Agency inspects one time per year.

**Limited PPI Provider: Parent Provider Inspected Home,** limited to the children of family members or one family. Caretaker and Provider inspect the provider's home.

**Type B Professional: Home Provider,** May care for up to 6 children from multiple families. Fully inspected at least twice per year.

**Absent Day:** Any day the child was scheduled to be in care and the provider was prepared to provide care, but the child was not in care. Absent days are to be billed according to the child's **usual attendance**. Providers are to bill for the absent days regardless of the effect on reimbursement. For example, if you usually provide care for a child 4 days a week, you are to bill for 4 absent days in the same week--do not bill one absent day a week for 4 weeks. The CCDJFS will reimburse up to 10 absent days per child during each 6 month period (January 1st-June 30th and July 1st- December 31st.) Absent days follow the child. Unused absent days do not roll over into the next 6 month period

**No Call/No Show (NC/NS) Loss of Contact – absent day:** This should be used to denote when a parent fails to call, cannot be reached to confirm any problem or illness. This is limited to 2 days in a row, and provider must inform the CCDJFS of the loss of contact.

**Family Fee/Co-pay:** The amount the Parent/Caregiver is responsible to pay for their child's care. This is not prorated and is to be deducted from the cost of care before the County renders payment for the balance.

**Registration Fee:** If a child care provider charges a registration fee as a customary fee to the public, the CDJFS may reimburse either a the amount customarily charged to the public or \$25.00, whichever is less.

# Columbiana County Child Care Invoice Instructions

**Deposits, Advances, Activity Fees, Transportation Fees, etc.:** These are NOT reimbursed on top of your customary charge. These fees must be incorporated into your customary charge.

**Note:** The CCDJFS pays the provider's customary charge to the public (private pay clients) or the State reimbursement ceiling (market rate), whichever is lower. (Rule 5101:2-16-41 and items 4A and 18 on your contract.)

--If discounts are given to private pay clients, the CCDJFS must also honor those discounts to County eligible clients.

**5% Increases**-- A provider, if properly documented within the provider's customary charges, may receive an additional increase of 5% above their weekly, part weekly or hourly rate (up to a maximum of 15%) if the following circumstances are met:

**Non-traditional hours**- 7:00pm to 6:00am weekdays and from 6:00am on Saturday to 6:00am on Monday. The new rate shall apply to the child for all hours of care during a week when any non-traditional hours of care are provided.

**Special Needs**- providing child care services to a child who is under eighteen years old who does not function according to age appropriate expectations in one or more of the following areas of development: social/emotional, cognitive, communication, perceptual-motor, physical, or behavioral development, or the child has chronic health issues. The child's delays/conditions(s) affect development to the extent that the child requires special adaptations, modified facilities, program adjustments or related services on a regular basis in order to function in an adaptive manner.

The CCDJFS must receive verification of the child's special needs. The child care provider must regularly charge more for providing care to special needs children in order to receive the higher reimbursement rate and the CCDJFS must have a copy of the provider's customary charges to verify this. The total reimbursement shall not exceed the provider's customary charge to the public. The new rate shall apply only to the hours of care for the child with special needs.

**Accreditation**- providers having the following SPECIFIC accreditations (memberships not included) or a step up to quality (SUTQ) rating. The new rate shall apply to all publicly funded children. Acceptable accreditations are limited to the following:

- (a) National association for the education of young children (NAEYC).
- (b) National early childhood program accreditation (NECPA).
- (c) National accreditation commission for early care and education programs(NAC) managed by the national association of child care providers (NACCP).
- (d) National association for family child care (NAFCC).
- (e) National afterschool association (NAA).
- (f) A rating earned through the state quality rating system.

**Step Up to Quality:** Providers with two star or three star SUTQ ratings shall be reimbursed an additional five per cent for a two-star rating or an additional ten per cent for a three-star rating. The provider's customary charge to the public and the maximum reimbursement rate may be exceeded with the addition of these amounts.

**Type A Home**- a permanent residence of the administrator in which child care is provided for seven to twelve children at one time. Type A homes are licensed by the state.

**Child care center**- any place that is not the permanent residence of the licensee or administrator in which child care is provided, with or without compensation, for seven to twelve children at one time, or any place in which child care is provided for thirteen or more children at one time. Child care centers are licensed by the state.