

CHILD CARE PROVIDER RATE AGREEMENT

Please read the reverse for additional information.

Provider/Facility's Name: _____ Provider ID No.: _____

Instructions to Child Care Provider:

1. Check (✓) only one
 Initial Rate Notification
 Rate Revision (*ALL RATE REVISIONS MUST BE EFFECTIVE ON THE FIRST DAY OF THE MONTH.*) Provider must submit the Child Care Provider Rate Agreement a minimum of 30 days before to the proposed effective date of any changes to the Child Care Provider's rates.
2. Enter the month and year your proposed rate revision will begin: _____
 (*Month and year entered may not be the same month and year DES makes rates effective.*)
3. Enter your rates in the "PROVIDER'S RATE" columns below. Rates entered must be your normal and customary charges. **DO NOT LIST HOURLY, WEEKLY, OR MONTHLY RATES. RATES ENTERED BELOW SHOULD BE A FULL DAY DAILY RATE AND/OR A PART DAY DAILY RATE.**

DO NOT ENTER INFORMATION TO SHADED AREAS. DES USE ONLY				
AGE GROUPS	PROVIDER'S RATES		*RATES AUTHORIZED BY DES	
Do not change the age groups below.	Full Day (6 hrs or more)	Part Day (Less than 6 hrs)	Daily Rate (15 minutes or more)	BP Eligibility (P Kind)
Infants: Birth (0 through 12 months)				
Toddlers: One (1) and Two (2) years-old				
Preschool: Three (3), Four (4), Five (5) years-old				
School Age: Six (6) through Twelve (12) years-old				
National Accreditation/ Quality First Star Rating			Expiration Date	

Information Regarding the DES Reimbursement Rates:

1. The DES will pay the rates indicated in the shaded area entitled RATE AUTHORIZED BY DES minus any DES required customer copayment. (*Copayment: An amount established by DES requiring families to pay to the provider.*)
2. The DES must review the provider's rates, complete the shaded areas, sign this Agreement and return the canary copy to the provider. DES must maintain the original in the provider's file.
3. Reimbursement rates authorized by DES under this agreement may be revised through a fully executed Child Care Provider Rate Agreement or upon thirty (30) days written notice to the provider of the revised reimbursement rates established by DES.
4. *Incentive rates are subject to change.

Child Care Provider's Signature: _____ **Date:** _____

Complete and submit original and canary copy of this agreement (faxed copies are unacceptable).

FOR DES USE ONLY: Month and year entered to this section indicate the actual month and year DES made the provider's rate revision effective: _____.

DES Authorized Representative's Signature: _____ Date: _____

Distribution: Original to DES Provider File – Copy to Provider

COPAYMENT/RATE INFORMATION

A Provider/Parent/Guardian's Agreement for Child Care Charges (CCA-0208A) must be completed for all DES children in care. A new agreement must be completed before changing child care rates, copayment amounts or additional charges.

1. DES eligible parents may be required to pay a portion of their child care costs.
2. DES copayment amounts are indicated on the Certificate of Authorization. The part day co-payment amount is one half the full day co-payment.
3. The client pays the required copayment directly to the child care provider.
4. The provider must maintain copayment balances separately from any other monies the client owes. All money paid by the DES eligible parents will be applied to the copayment balance.
5. When the client has not paid the copayment for two (2) or more weeks, and satisfactory arrangements have not been made, the provider will complete the Unpaid Copayment Worksheet (CCA-1021A) and forward it to the client's Child Care Specialist.
6. DES may terminate client benefits when copayments in arrears are not paid or satisfactory arrangements to pay have not been made with the provider.
7. DES will not process outstanding copayment balances more than 180 days old.
8. In some cases, clients may have fees in addition to the DES established copayment (*additional child care charges*). Note: DES will not become involved in disputes regarding outstanding additional fees owed by clients.
9. The provider must not bill DES for more than the maximum number of units authorized. The client is responsible for payment of any additional services used. The actual units utilized by the client are not to exceed the maximum number of units authorized.
10. When requested, provider must give the client an itemized, dated receipt for copayments and other fees paid, if requested.