



# COMMUNITY ACTION PARTNERSHIP OF KERN MIGRANT CHILDCARE AP PROGRAM

Provider Reimbursements

Presented by:  
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# PROGRAM OVERVIEW

- I have been with the Migrant Childcare AP Program since 2004. I started as a Subsidized Reimbursement Specialist, then quickly moved into the Subsidized Reimbursement Coordinator position and in January 2016, I became the Program Manager.
- Community Action Partnership of Kern is the only contractor that administers the CMAP contact in the State
- Our Regional office is in Bakersfield, CA in Kern County
- Our program has 6 entry county offices in: Kern, Tulare, Kings, Fresno, Merced and Madera, but we reimburse providers in up to 20 counties any given month
- Our program serves migrant families that move from place to place following agriculture work. Once enrolled, services can continue anywhere they move throughout CA
- Our program is divided into two departments the Family Services Department & the Subsidized Reimbursement Department
- On staff we have 8 Family Services Specialist, 3 Subsidized Reimbursement Specialists, a Family Service Coordinator and a Subsidized Reimbursement Coordinator, a Clerk and the Program Manager.

# PROVIDER REIMBURSEMENTS

- In July 2005

- Our program began the transition from calculating provider payments to processing provider reimbursements based on provider invoices.

- July 2005 to Dec 2005

- We conducted provider meetings in all our service counties to provide technical assistance to participating providers on the new requirement of submitting Statement of Services/invoice, along with each attendance log
- Standardized our method of determining the family's Maximum Benefit Level
- Standardized our method of reimbursement using the rate noted on the family childcare certificate
- Standardized the way we answered questions regarding the Maximum Benefit Level & provider reimbursements
- Provided extensive training to reprogram staff to understand the correlation between the Maximum Benefit Level and the Provider Reimbursement

- January 2006

- The program requirement that all attendance logs must have a Statement of Services/invoice in order to be reimbursed became effective January 1, 2006. We have been processing reimbursements in this manner for 11 years.

# BENEFITS

- The responsibility of “calculating” the provider payment shifted from program to the provider
- Helped to clearly define that participating providers are independent contractors
- Volume of provider calls inquiring about their reimbursement was cut by more than half, which allowed staff to focus more on maintaining high level of compliance instead of being inundated with irate provider calls
- Helps provider know exactly how much to charge for the co-payment, if they choose to collect that
- Provider contracts and rate sheets are now less convoluted

# BENEFITS CONTINUED

- Parents know exactly what the family's Maximum Benefit Level is for each child so they are able to “shop around” for childcare that best fits their needs and budget
- The Maximum Benefit Level is determined the same for any given family, no matter which Family Service Specialist processes the application. All families with the same need will be granted the same subsidy amount.
- Providers know exactly the Maximum Benefit Level rate they will be reimbursed for each child based on authorized schedule.
- The reimbursement process will yield the same dollar amount, no matter which Subsidized Reimbursement Specialist processes the reimbursement.
- Super easy to defend your staff's work during a State audit, because your method in determining the Maximum Benefit Level is uniform and consistent.

# CHALLENGES

- Any change takes time to adjust
- Re-training staff, parents, and providers may take a large time investment upfront and requires constant support
- We have some exempt providers that are not able to read or write; so this requirement is difficult for them. Throughout the years we have experience a steady decline in exempt providers. This makes it hard for parents to find providers in very rural areas of the state.
- Many providers have children from different subsidized programs with different participation requirements, so at times the providers are hesitant to comply with the invoice requirement

# SUGGESTIONS FOR IMPLANTATION

- Using your own program policies and procedures and staying within the mandates of Title 5, standardize your method of determining the family Maximum Benefit Level
- Implement that every NOA sent to the family and any service notice sent to the provider, will include a family certificate that clearly delineates the Maximum Benefit Level
- Using your own program policies and procedures and staying within the mandates of Title 5, Subchapter 2.5 Utilization of the Regional Market Rate Ceiling, standardize your method of reimbursement.
- Seek assistance from fellow CAPPAs members that are processing reimbursements using invoices to see how different programs are undertaking this. There is no one right way of doing this.

# STANDARDIZED ANSWERS

- Our program retrained our staff learn the program's Parent and Provider Handbook; to be able to use this as a reference to answer questions in a standardized and uniform manner
- During our staff development sessions we provide our staff role playing opportunities to practice answering common and not so common questions. This builds their confidence.



# A FEW EXAMPLES OF OUR STANDARDIZED MAXIMUM BENEFIT LEVELS

**Hourly**-The hourly rate category is selected for those children that have a certified need for less than 6 hours per day and less than 20 hours per week

**Daily**-The daily rate category is selected for those children that have a certified need for 1-3 full time days per week and does not exceed 14 days in the month (MB 09-18)

**Weekly**- The weekly rate category is selected to authorize 1-3 weeks. At the time of authorization you must have a start date and a stop date.

**Monthly**- The monthly rate category is selected for those children that have a certified need for 20 hours or more total per week and the schedule is open-ended

# CONTACT INFORMATION

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