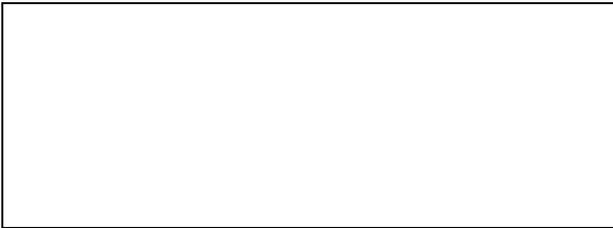


## INVOICE COMPLETION INSTRUCTIONS



### Child Care Provider:

You are listed with the Department of Education (LDE) as an eligible Child Care Assistance Program (CCAP) provider. LDE uses an electronic time and attendance process called Tracking of Time Services (TOTS) which automatically transmits to LDE the times of arrival and departure of each eligible child in your care. Parents and Household Designees are able to complete previous check-ins and previous check-outs for the current day plus six days in the past. A previous check-in/check-out is a way to record attendance for a prior day or time when the parent or their Household Designee was unable to check-in/check-out a child using TOTS. In rare instances, it may be necessary for an invoice to be submitted for care you may have provided for a child. This is to provide you with instructions for completing and submitting an invoice in that circumstance. Please keep a copy of this information for future reference.

As a LDE provider, you must maintain a daily attendance record anytime TOTS is unavailable or not used to track the arrival and departure time of a child in care. If you are a Type III Early Learning Center you must maintain a daily attendance record at all times. You may refer to form CCAP 15PR for instructions regarding requirements for your attendance records. Any invoice or request for manual payment of attendance not tracked through TOTS must be accompanied by the corresponding attendance log(s).

PAYMENT IS MADE BASED ON TIME ATTENDED. PAYMENT WILL BE MADE FOR UP TO TWO (2) ABSENCES ONLY. The client will be responsible for payment of absences if that is the provider's policy; however, a CCAP provider can never charge a Child Welfare client for absences.

In order to receive any absence payment for the prior month, child must have been in care for at least one (1) day that month.

If an invoice is necessary, it will be sent to you once care is authorized. To receive timely payment, the invoice must be accurately completed and returned to LDE along with the attendance logs. Invoices that must be returned to you for correction will delay your payment. Please refer to the following explanation of how care is paid and the proper way to complete an invoice. If you need assistance, you may contact your Regional Child Care Resource and Referral Agency listed on the Department's website at [www.louisianabelieves.com/early-childhood/CCAPProviderCertification](http://www.louisianabelieves.com/early-childhood/CCAPProviderCertification) or call 1-877-453-2721.

Days when you are closed or unable to provide care are considered absent days for the child.

### FULL-TIME CARE

If a child who is authorized for full-time care is in care for four hours or more in one day, this is counted as a full day and you will be paid that child's daily rate. **Attendance of (4) four or more hours a day = 1 day.**

If a child who is authorized for full-time care is in care for less than four hours in one day, this is counted as a half-day, and you will be paid half of that child's daily rate. **Attendance of less than (4) four hours a day = 1/2 day.**

Entry of full-time care

- Look at the dates authorized on the invoice, add the total number of days the child was in care during that time and enter that number in the 'DAYS REMAIN' section. Some may be half days.
- Subtract the number you just entered in the 'DAYS REMAIN' section from the number of days authorized for the period shown on the invoice and enter the result in the 'DAYS ABSENT' section.

PART-TIME CARE

Part-time care is paid in six minute increments. Each full six minute increment equals one-tenth of an hour. For every six minutes a part-time child is in care, you will be paid one-tenth of that child's hourly rate.

Payments are not made for absences for part-time care. The chart below shows a break down of how part-time care is paid.

<u>Increments</u>	<u>Hours Paid</u>
0-5 minutes	Zero
6-11 minutes	One-tenth of an hour
12-17 minutes	Two-tenths of an hour
18-23 minutes	Three-tenths of an hour
24-29 minutes	Four-tenths of an hour
30-35 minutes	Five-tenths of an hour
36-41 minutes	Six-tenths of an hour
42-47 minutes	Seven-tenths of an hour
48-53 minutes	Eight-tenths of an hour
54-59 minutes	Nine-tenths of an hour
60-65 minutes	1 hour

Entry of part-time care

- Add the total number of hours the child was in care during the time period shown on the invoice.
- Enter the number of hours the child was in care during that time in the 'HOURS REMAIN' section.

Check the invoice for accuracy and sign and date before returning it to the LDE for payment and attach the attendance log(s) for that time period.

Children receiving full-time care and those receiving part-time care will be identified as such on the invoice. The two lines of information for each child on the invoice are generated by CAPS and require no completion by the provider. To receive payment, the information under the headings: 'DAYS ABSENT', 'DAYS REMAIN', 'HOURS REMAIN', and 'SIGNATURE AND DATE LINES' must be completed.

An explanation of each item on the invoice follows. Information identified by an asterisk must be completed. All other items are entered electronically. Please note: Although some months have 21 or 23 workdays, child care payments are based on 22 average workdays a month. Pages 2 and 3 have instructions of what to enter on the invoice. A sample invoice is attached.

Number	Item	Description
1	LINE NUM	Line Number that child is listed on

2	CLIENT #	Child's Social Security Number or ID Number
3	NAME	Child's last name followed by the first name
4	CASE WRK #	Worker number (identifies CCAP worker assigned to case)
5	SER MAJ	Codes with '4' as the first digit indicate full-time care. Codes with '2' as the first digit indicate child is authorized for part-time care.
6	RATE	Rate payable to the provider daily for full-time or full-day, hourly for part-time.
7	%	Percentage of child care costs paid by LDE (may not exceed maximum allowable).
8	SERV DATES BEGIN	This is the first day for which payment is authorized on this invoice.
9	SERV DATES END	This date is the last day payment is authorized on this invoice.
10	DAYS AUTH	Maximum number of days of care authorized.
11	HOURS AUTH	Maximum number of hours of care authorized.
12	DAYS ABSENT	Subtract the number entered in the 'DAYS REMAIN' section from the number of days authorized for the period shown on the invoice and enter the result in the 'DAYS ABSENT' section.
13	DAYS REMAIN	Looking at the dates authorized as shown on the invoice, add the total number of days the child was in care during that time and enter that number in the 'DAYS REMAIN' section. Some may be half days.
14	HOURS REMAIN	Add the total number of hours the child was in care during the time period shown on the invoice. Enter that number of hours in the 'HOURS REMAIN' section.
15	SIGNATURE/DATE	You must sign and date the invoice certifying that information entered is true and correct and attach the attendance log(s) in order for payment to be processed.
16	LDE WORKER/DATE	LDE worker who enters the invoice for payment or that person's supervisor, signs, and dates the invoice.

PARISH NAME

PAGE: 1  
PROVIDER INVOICES

FOR MONTH OF (MM/FF/YYYY)

DOC NUMBER:

PROV NAME:       XXXXXXXXX   DAY CARE CENTER

                  ADDRESS

                  ADDRESS

                  ADDRESS

  ZIP CODE

  PROVIDER-PHONE-NUMBER

                  PROV NUMBER:   XXXXXXXXXX

                  SUBMIT PARISH:   XXX

\*\*\*\*\* FULL-TIME \*\*\*\*\*

LINE NUM	CLIENT# NAME	CASE WRK #	SER MAJ	RATE %	SERV DATES BEGIN-END	DAYS AUTH	DAYS ABSENT	DAYS REMAIN
(1)	(2) (3)	(4)	(5)	(6) (7)	(8) (9)	(10)	(12)	(13)

SAMPLE ENTRIES BELOW

002	999999999 KING, ACE	998 V	41	11.00 85%	05/01/2001 05/31/2001	22	3	19
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\*\*\*\*\* PART-TIME \*\*\*\*\*

LINE NUM	CLIENT# NAME	CASE WRK #	SER MAJ	RATE %	SERV DATES BEGIN-END	HOURS AUTH	HOURS REMAIN
(1)	(2) (3)	(4)	(5)	(6) (7)	(8) (9)	(11)	(14)

SAMPLE ENTRIES BELOW

00	888888888 KING, JOKER	076 Q	21	1.38 85%	05/01/2001 05/31/2001	65	60
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PARISH NAME

PAGE: 2  
PROVIDER INVOICES

FOR MONTH OF (MM/FF/YYYY)

DOC NUMBER:

PROV NAME: XXXXXXXX DAY CARE CENTER  
ADDRESS  
ADDRESS  
ADDRESS

ZIP CODE

PROVIDER-PHONE-NUMBER

PROV NUMBER: XXXXXXXX  
SUBMIT PARISH: XXX

\*\*\*\*\* FULL-TIME \*\*\*\*\*

LINE NUM	CLIENT# NAME	CASE WRK #	SER MAJ	RATE %	SERV DATES BEGIN-END	DAYS AUTH	DAYS ABSENT	DAYS REMAIN
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CLAIMING FOR SERVICES NOT ACTUALLY PROVIDED CONSTITUTES FRAUD.  
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

(15) \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

FOR LDE OFFICE USE ONLY

TOTAL DAYS INPUT: \_\_\_\_\_  
TOTAL HOURS INPUT: \_\_\_\_\_

LDE WORKER: (16) \_\_\_\_\_  
SIGNATURE DATE

RETURN FORM TO: **CCAP Provider Certification**  
**P.O. Box 2510**  
**Baton Rouge, LA 70821**

IF THERE ARE ANY QUESTIONS, CALL 1-877-453-2721.