CHEROKEE NATION
CHILD CARE SUBSIDY PROGRAM

Basic Billing Guidelines for Contracted Providers
Our Purpose

• To provide Child Care providers with the basic information to accurately complete billing forms.

• To assist providers with questions concerning billing forms.
Processing time for any Child Care documents can take up to:

- **30 days for the Eligibility Process**
  - The time it takes to process the client’s agreements, having approval letters and billing forms mailed to the provider.

- **15 days for the Billing Process**
  - From the date Batches are received in our office (not when they are mailed from the provider), processing time for billing staff and on to Finance for checks and direct deposits.
Approval notice

• Client/Provider will both receive an approval notice for each child approved at the time a complete application is taken.

• The approval letter will inform the Client/Provider of the effective date, copayment, # of days eligible, the rate (FT or PT) and the expiration date.

• Clients will be approved for a 12 month period.

• Client/Provider are encouraged to keep the approval notices for further reference.
CLIENT APPROVAL NOTICE PROVIDER COPY

CHEROKEE NATION CDC
PO BOX 948
TAHLEQUAH, OK 74465

EXAMPLE

Today’s Date: 10/03/2018
Office: Cherokee
County of Residence: Cherokee
Phone Number:
Caseworker: Andrea Cloud
Primary Guardian: Jane Doe
Secondary Guardian:

Child Care Subsidy has been approved for Charlie Doe, date of birth; 10/01/18 beginning on 10/01/18.

Services approved: 5 FT Monday-Friday
Copay per child per month: $28.00
Agreement expiration date: 04/30/19

NO FURTHER SERVICES WILL BE PAID AFTER EXPIRATION DATE

Decisions are made in accordance with Cherokee Nation and federal funding guidelines. If you disagree with any decision, you have the right to appeal. Appeals must be received within 20 days of the date of notice. If you have questions regarding this notice, please contact the office listed above.
Client Responsibilities

- Clients must notify their child care caseworker within 5 days if there are any changes with:
  - The child care provider (parents must notify their caseworker PRIOR to changing providers)
  - If child is no longer in need of services
  - Family status (family size, marital status, etc.)
  - Employment
  - Income
  - Address and/or phone
Client Responsibilities

- Recertify their child care case as scheduled. (Notices are mailed to the client)

- Client is responsible for paying any days or charges that are not approved.

- Reviewing all billing forms to ensure they are accurate and complete before signing.

- Keep approval notices for their records.

- NEVER sign a blank or incomplete billing form.
Provider Responsibilities

- For relative providers: care must be provided in the home of the relative provider.

- **Children must be supervised at all times.**

- Provider should claim all days/hours of care provided. You will only be compensated for approved days of care.
  - Do not use generic times (ex: 8:00 – 5:00, must be exact times such as 8:12am – 5:32pm.)

- Notify the Subsidy and Licensing programs of any changes in rates, star status, address, phone #, change in ownership or director, physical location of the business and any information that will effect your eligibility.

- Provider is encouraged to request the copayment from the client at the beginning of each month.

- Notify the Child Care Caseworker if child(ren) are no longer attending your facility.

- **It is a violation of the contract to have a parent sign and date a blank or incomplete billing form.**
Monthly Contract Billing Form

• Valid dates are listed at the top of the monthly billing form. Only days claimed within the valid dates will be paid.

• The child’s name is listed on each billing form.

• The Provider’s name is listed on each billing form.

• Provider must always record the time in/time out or absent for each day claimed.
  • No generic times are allowed, the provider is required to document the exact time of arrival and departure (ex: 8:13 a.m. – 5:32 p.m.)

• Provider is responsible for deducting the copayment before submitting the monthly billing form for payment.

• Provider is responsible for completing the math portion of the billing form.
  • Billing forms with the math portion left blank or partially completed will be returned to provider for corrections, thus causing a delay in your payment.

• Copies of billing forms will not be accepted when dropped off in the office. The original billing forms are required for processing.
# MONTHLY CONTRACT BILLING FORM

**Date Valid:** 10/1/18  
**Expires:** 10/31/2018  
**Claim #:** 10/1/2018  
**Copay:** $29.00  
**Approval:** SF5 Monday-Friday  
**Provider Name:** CHEROKEE NATION LC  

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**Part-Time Daily:** # days X $10.00  
**Full-Time Daily:** # days X $15.00  
**Weekly:** # days X $15.00  

**Total minus Copayment Amount (Total which Cherokee Nation would pay):**  

| Amount per day | $ |  
| Amount per day | $ |  
| Amount per day | $ |  
| Minus Copayment | $ | $29.00 |

I certify that the above information accurately documents the days and hours services were rendered. I certify that I have signed and dated the form after receipt of services for the month indicated in the "for month of" section of the form. I certify that I have paid or made arrangements to pay my copayment (if applicable). I affirm under penalty of perjury that the information contained on this form is correct to the best of my knowledge and belief. I understand that any false statements on my part may result in prosecution for fraud.

Jane Doe,

**PARENT’S NAME:**

Signature of client or guardian

**WAS CHILD TERMINATED FROM THE FACILITY:** Yes ______ No ______

Date

The service provider certifies that the above-mentioned information accurately documents the hours and times services were rendered, and that I have made every reasonable effort to secure the signature of the service client or that of the client's parents or guardian, but have been unsuccessful in that effort. I understand that my signature below constitutes my certification that the individual has terminated or been terminated from my facility. I certify that I have signed and dated the form after delivery of services from the month indicated in the "for month of" section of the form. I affirm under penalty of perjury that the information contained on this form is correct to the best of my knowledge and belief. I understand that any false statements on my part may result in prosecution for fraud.

Signature of Provider

**VOUD AFTER 60 DAYS FROM EXPIRATION DATE**
Billing Information

- Provider must complete batch forms and billing forms in blue or black ink only.
  - Any forms completed in pencil, marker or in any other color ink will be returned for corrections.
- Do not use white-out (mark through any mistakes)
- The provider should claim every day the child is in care, we may have data change in the approval process.
- Keep copies of the billing forms for your records
- Client is required to sign and date the completed billing form on or after last day of service claimed.
  - Forms will not be paid without the client or authorized representative’s signature and date unless the child is terminated. The provider must mark YES that the child is terminated from the facility & record the date the child was terminated. The provider must sign and date the billing form in absence of the parent. Termination date must be in the same month as billing form.
- Do not modify or change any information on the billing forms.
Billing Information

- The billing form is good for **60 days** from the expiration date. After **60 days** these are void and will not be paid.
- Cherokee Nation does not pay for days the facility is closed or unable to provide care.
- Cherokee Nation does not pay holidays.
  - Cherokee Nation will not pay for the following Holidays: New Years Day, Memorial Day, Labor Day, July 4th, Thanksgiving day and Christmas day.
- At no time should a client be requested or allowed to sign a blank or incomplete billing form.
- At no time should an unauthorized person be allowed to sign or date a billing form on the behalf of the client. **Providers are not allowed to date the billing forms for the clients.**
  - Only the person listed on the Approval Notice has the authorization to sign the billing form unless we have an Authorization For Release of Information signed and on file in our office.
Absent Day Payments

- Child must be in attendance 15 days per month or 75% of the days the facility is open to qualify for paid absent days. If a child does not meet the minimum attendance requirement, the client will be responsible for payment of absent days. If the child failed to meet the attendance requirement due to illness, you may submit a doctor’s note with billing forms to show cause for child’s absent days. Court ordered visitation could also be covered as long as documentation is provided to the client’s caseworker.

- To claim absent days the provider must document “Absent” in the appropriate line on the billing form and include the rate in the total amount claimed.
  - Do not put dashes “---”, A, or leave claimed absent days blank, these days will be denied.
- All days must be documented and claimed in the math area before the rate will be paid.
How Rates Are Determined

• The rates paid by Cherokee Nation for child care are determined by the following factors:
  • Star status of the facility
  • Setting in which child care is provided (child care center, family child care home or relative provider)
  • Child’s age
  • Unit type that is approved (full-time, part-time, or special needs)
  • It is agreed and understood per your licensing contract that the “Provider” will not charge the clients amounts above the rates specified in the CN rate schedules for the daily rate paid by the CN, nor increase the copayment above the amount determined by the CN.

See Child Care Provider Rate Schedule updated August 1, 2020 for more details
RETURN TO: Cherokee Nation
Child Care and Development Dept.
PO Box 948
Tahlequah, OK 74465
ATTN: Subsidy Billing

PART I Billing Forms - Reserved for Provider use
TOTAL NUMBER OF BILLING FORMS: ___
AMOUNT CLAIMED: ___

PART II Audit/Approval - Reserved for approving office use only

Amount Denied: ____________
Amount Adjusted: ____________
Amount Approved: ____________
Amount Applied to Over Payment: ____________
Amount Paid: ____________

Reviewer: ____________
Date: ____________

The undersigned claimant of lawful age, on oath, says that (s)he has full knowledge of the above account, that said account is just, true, correct, and due according to law. And that the amount claimed after allowing all just credits is due and unpaid. Affiant further states that the services claimed have been supplied in accordance with the specifications furnished the affiant. Affiant further states that (s)he has made no payment, given or donated or agreed to pay, give or donate, either directly or indirectly to any elected officer or employee of the Cherokee Nation money, or any other thing of value to obtain payment of this contract and that (s)he is duly authorized to make this affidavit.

Provider Signature: ____________
Date: ____________

BLUE COPY FOR PROVIDER RECORDS.
Batch Form

• A completed batch form must be submitted with all monthly billing forms & retroactive billing forms.
  - Claims will be returned if a batch form is not sent or if the batch form is not completed.

• Multiple billing forms may be sent in with one Batch form.
  - Add all of the final totals of all billing forms, this amount will be the total amount of the Batch that you are submitting for payment. This amount will be put on the “AMOUNT CLAIMED” line on Part I of the Batch Form.

• On Part One of the batch form the provider will record the # of claim forms submitted and the total amount the provider is claiming.

• Provider must sign and date batch form.
  - Forms will be returned if there is not a provider signature and date thus causing delays in your payment.

  - If mailing, please mail to the address listed on the BATCH form.
  - We will not accept faxed Batch Forms and billing forms.
  - Completed Batch Forms and billing forms can also be dropped off at the Front Desk in Tahlequah Child Care Subsidy Office or in the Drop Box located at the entrance.
  - You can now email billing: Remember to include a batch form when emailing your billing. Subsidy must have a batch form to process. The new email address is cnsubsidy@cherokee.org.
  - Email requirements: Due to the time commitment it takes to print billing forms received via the new billing email address, subsidy must implement some emailing requirements. Please submit the Batch Form and Billing Forms as ONE scanned document in PDF format. Please do not take individual pictures of each billing form and send as pictures, or as multiple attachments. Note: iPhones have a scan feature in the NOTES app. You can call the billing staff for more information.

• If a provider needs batch forms they may contact the Tahlequah office.
  - The Receptionist will be able to issue and mail out Batch Forms.

• Keep the BLUE copy of the batch form and copies of billing forms for your records.
Billing Process

• **We have 15 days from the day we receive billing to process forms.**
• Incomplete billing forms will be returned to the provider for corrections.
• The Child Care Program does not hold billing forms.
• When claims are adjusted or amounts are denied we will print and mail a copy of the billing form reflecting the changes we have made. This copy is for the provider’s records and does not need to be returned to our office.
• All completed billing forms for the previous month will need to be turned into our office by the 15th of the following month. If claims are received after the 15th it could take up to 15 more days to process.
  – Approved Co-Payment will be deducted from billing whether or not the client paid or if you didn’t charge the client a Co-Payment.
When would I expect to be paid?

The Child Care Program does not establish when the payments are sent out by direct deposit or by check. This is determined by our Finance Department.
Termination notice

- Client and Provider will receive a closure letter with termination date for each child.
- The termination date is the last day the provider can claim.
  - The termination date is determined by the child’s attendance and will either be the child’s last day OR the provider’s termination date.
  - Please be aware that any termination date received for a child voids the expiration date on the approval notice.

The Provider’s letter will not include a reason for termination. The client does receive the information, but it is at their discretion to share.
CLIENT DENIAL/TERMINATION NOTICE PROVIDER COPY

CHEROKEE NATION CDC
PO BOX 948
TAHLEQUAH, OK 74465

EXAMPLE

Today's Date: 10/03/2018
Office:
County of Residence: Cherokee
Phone Number:
Caseworker: Andrea Cloud

This letter is to inform you that Child Care Subsidy services for Charlie Doe have been denied/terminated. The effective date of the denial/termination is 11/02/18.

If you have questions, please contact the office listed above.

Respectfully,

Cc: File
Age Changes

• When a child has an age change, their rate will not decrease until the following month.
  – For example, child’s birthday is March 12th, their rate will not change until April 1st.

• Children turning 13 years of age are eligible for services through the end of that child’s certification if the child care provider continues to provide care for the child.
  – Special Needs cases, the child is eligible for services until the end of the certification after turning 19 years of age.
Special Needs

• **Special needs rate** (ages 0 to 19 years of age). To request a special needs rate, the child must meet the definition of a child with disabilities and the child and provider must meet certification requirements following completion of the special need application. A special needs rate, when approved, is paid in addition to the rate paid for a typically developing child of the same age.
Special Needs (cont.)

• Moderate special needs rate: child care providers receive an additional $16 for a full-time day and an additional $6 for a part-time day.

• Severe special needs rate: child care providers receive an additional $28 for a full-time day and an additional $10 for a part-time day.

• It is the client’s responsibility to request a special needs application.

• It will be at the discretion of the child’s Physician to determine the child as Severe or Moderate.
Policy Reminders

• If a child requires additional care during the day due to school closings (ex: PT to FT), the provider is required to document “school out” on that specific day on the contract billing form.

• If a child requires additional care during the day approved (ex: PT to FT) as a result of a parent not sending the child to school for safety reasons, the provider is required to document “school emergency” on that specific day on the contract billing form.
Policy Reminders

• When a child is gets out of school for summer break, the client must contact their Subsidy Caseworker to request full-time care.

• We encourage the client to notify the Subsidy Caseworker as soon as they know the child’s last day of school for summer break or upon their return to school after summer break in order for the provider to bill and be paid the correct rate.
Please keep this in mind......

• Please allow 2 weeks from the day you mail or drop off your Batch forms to call the office to look for your checks or direct deposits.

• Billing staff process billing EVERYDAY and have NO CONTROL over when your payment will be released from accounting.

• Do not expect to be paid at the same time each month.

• When calling to inquire about a billing form please have the batch number available.
Confidentiality Policy

• It is our responsibility to secure the privacy of our clients and providers. We must have a signed Release of Information form on file prior to disclosure of any information.
Frequently Asked Questions

• Q: What is the contact number for any questions that I may have?
  – Call 918-453-5300 or Toll Free 1-888-458-6230 or you can refer to the attached list of field office locations

• Q: Who do I need to speak with about getting more batch forms?
  – Ronnita Bluebird can issue and mail out more batch forms.

• Q: I haven’t received my billing forms or I have lost/misplaced my billing forms, how do I get the billing form re-issued to me?
  Ronnita Bluebird can issue new/replacement billing forms to the providers.

• Q: I have been denied days, can you tell me why?
  – Please contact the Reviewer that processed your billing. Reviewer’s name can be found on the copy of the Batch form that is mailed back to provider if there is any denial or adjustment of money.

• Q: I am not sure what rate to claim?
  – You may contact Tashina Snell or Angel Galvan to assist with rates.

• Q: I am having trouble completing my billing forms who can help me?
  – Tashina Snell or Angel Galvan will be able to assist providers in completing contract billing forms.
Contact Information

Address:
Cherokee Nation Childcare
PO Box 948
Tahlequah OK 74465

- Phone # 1-918-453-5300
- Toll Free # 1-888-458-6230
- Fax # 1-918-458-4446
- Website: https://childcare.cherokee.org/subsidy/
Cherokee Nation Child Care & Development
Subsidy Program Staff and Locations

Bridget Tobey - Subsidy Manager
bridget-tobey@cherokee.org  x5057
Ronnita Bluebird, Accounting Assistant III
ronnita-bluebird@cherokee.org  x5046
Tashina Snell, Accounting Assistant I
tashina-snell@cherokee.org  x5053
Angel Galvan, Accounting Assistant I
angel-galvan@cherokee.org  x5074

Tahlequah office
Andrea Cloud, Subsidy Caseworker
andrea-cloud@cherokee.org  x5061
Donna Whitener-Cowan, Subsidy Caseworker
donna-whitener@cherokee.org  x5067
PO Box 948
Tahlequah, OK 74465
Phone: 918-453-5300
Hours: M-F (8am-5pm)

Stilwell office
Kim Bobb Conley, Subsidy Caseworker
kim-bobb@cherokee.org
406A W Locust Street
Stilwell, OK 74960
Phone: 918-696-5531 x2978
Hours: W-F (8am-5pm)

Catoosa office
Alicia Ingram, Subsidy Caseworker Supervisor
alia-ingram@cherokee.org  x7779
Davina Jordan, Subsidy Caseworker
davina-jordan@cherokee.org  x7781
Patricia Politte, Subsidy Caseworker
patricia-politte@cherokee.org  x7734
701 Rollins St.
Catoosa, OK 74015
Phone: 918-266-5626
Hours: M-F (8am-5pm)

Ochelata - Drop Off Location
Kim Bobb Conley, Subsidy Caseworker
kim-bobb@cherokee.org
95200 W 2900 RD
Ochelata, OK 74051
Phone: 918-718-5753
Hours: By appointment only

Sallisaw office
Pauline Pettit, Subsidy Caseworker
pauline-pettit@cherokee.org
307 N. Dogwood
Sallisaw, OK 74955
Phone: 918-775-6226
Hours: M-F (8am-5pm)

Jay - Drop Off Location
Kim Bobb Conley, Subsidy Caseworker
kim-bobb@cherokee.org
1499 Industrial Parkway Rd/PO Box 369
Jay, OK 74346
Phone: 918-718-5753
Hours: By appointment only

Pryor office
Kim Bobb Conley, Subsidy Caseworker
kim-bobb@cherokee.org
6789 US 69 South
Pryor, OK 74361
Phone: 918-824-4533
Hours: M-Tues (9:30am-3:30pm)

Subsidy Email
cnsubsidy@cherokee.org

***Date & times of field office locations are subject to change