

G W Y . J D B F
CHEROKEE NATION®



CHEROKEE NATION CHILD CARE SUBSIDY PROGRAM

Basic Billing Guidelines for
Contracted Providers

Revised 10/16/23

Our Purpose

- To provide Child Care providers with the basic information to accurately complete billing forms.
- To assist providers with questions concerning billing forms.

Approval notice

- Client/Provider will both receive a Child Care Subsidy approval notice for each child approved.
- The approval letter will inform the Client/Provider of the effective date, client copayment, # of days eligible per week, the rate (full time or part time) and the expiration date.
- Clients will be approved for a 12 month period unless special circumstances apply.



G W Y . 3 D B P
CHEROKEE NATION®
Child Care Programs

P.O. Box 948
Tahlequah, OK 74465
918-453-5300
918-458-7616, fax
918-458-4446, fax

CLIENT APPROVAL 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
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

- Notify 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);
 - no longer in need of services;
 - family status (family size, marital status, etc.);
 - employment/income; and
 - address and/or phone.
- Must recertify child care case as scheduled.
- Responsible for paying any days or charges not approved.
- Review billing forms to ensure accuracy/completeness before signing/dating.

Provider Responsibilities

- For relative providers only: care must be provided in the home of the relative provider.
- Children must be supervised at all times.
- 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 contract.
- 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 licensing contract to have a parent sign and date a blank or incomplete billing form.**

Monthly Contract Billing Form

- Provider may only claim days/dates that fall within the approval period.
- The child's name along with provider's name is listed on each billing form.
- Provider must always record the time in/time out or absent for each day claimed. Provider will only be compensated for approved days of care.
 - 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 completing the math portion of the billing form including deducting copayment before submitting for payment.
 - 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 unless billing is emailed for processing.

MONTHLY CONTRACT BILLING FORM

Date Valid: 10/1/18 Expires: 10/31/2018 Claim #: October 2018
 Child Name: Charlie Doe DOB: 10/1/2018 Copay: \$28.00
 Star Rating: 3 Star Approval: 5FT Monday-Friday Print Date: 10/3/2018
 Provider Name: CHEROKEE NATION LC

Date	Day	Time In	Time Out	Time In	Time Out	Hrs Per Day	Amount
10/1/2018	Monday						
10/2/2018	Tuesday						
10/3/2018	Wednesday						
10/4/2018	Thursday						
10/5/2018	Friday						
10/6/2018	Saturday						
10/7/2018	Sunday						
10/8/2018	Monday						
10/9/2018	Tuesday						
10/10/2018	Wednesday						
10/11/2018	Thursday						
10/12/2018	Friday						
10/13/2018	Saturday						
10/14/2018	Sunday						
10/15/2018	Monday						
10/16/2018	Tuesday						
10/17/2018	Wednesday						
10/18/2018	Thursday						
10/19/2018	Friday						
10/20/2018	Saturday						
10/21/2018	Sunday						
10/22/2018	Monday						
10/23/2018	Tuesday						
10/24/2018	Wednesday						
10/25/2018	Thursday						
10/26/2018	Friday						
10/27/2018	Saturday						
10/28/2018	Sunday						
10/29/2018	Monday						
10/30/2018	Tuesday						
10/31/2018	Wednesday						

Part-Time Daily ___ # days X \$ \$10.00 Amount per day = \$ _____
 Full-Time Daily ___ # days X \$ \$16.00 Amount per day = \$ _____
 Weekly ___ # days X \$ _____ Amount per day = \$ _____
 Minus Copayment - \$ \$28.00

TOTAL minus Copayment Amount (Total which Cherokee Nation would pay) = \$ _____

I certify that the above information accurately documents the days and hours services were received. 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 co-payment (if applicable). I affirm under penalty for 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 _____ Date _____

WAS CHILD TERMINATED FROM THE FACILITY Yes _____ No _____ Date _____

The service provider certifies that the above recorded 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 clients 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 for 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

Signature of Provider _____ Date _____

VOID AFTER 60 DAYS FROM EXPIRATION DATE

Billing Information

- ▶ Provider must complete batch forms and billing forms in blue or black ink only (including client signature/date).
 - ▶ 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).
- ▶ Keep copies of the billing forms for your records.
 - ▶ 3 years retention per licensing contract
 - ▶ 7 year retention per IRS tax guidelines for self employment purposes
- ▶ 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 and record the date the child was terminated. The provider must sign and date the billing form in absence of parent signature. 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 the following holidays:
 - ▶ **New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving day and Christmas day.**
- ▶ Under no circumstances should a client sign a blank or incomplete billing form.
- ▶ Under no circumstances should an unauthorized person be allowed to sign or date a billing form on the behalf of the client.
 - ▶ 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.
 - ▶ Relative providers are not to sign billing forms even as an authorized representative.

Providers are not allowed to date the billing forms for the clients.

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 for child or parent with billing forms to show cause for child's absent days. Doctor notes should be specific regarding days covered. 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 clients for any amount above the daily rates specified in the CN rate schedule, nor increase the copayment above the amount determined by CN.

See Child Care Provider Rate Schedule updated January 1, 2023 for more details.

CHEROKEE NATION
Batch Form

179759

Date _____

Provider Name _____

Mailing Address _____
 City State Zip

County _____ Phone _____

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 Applied to Over Payment _____

Amount Adjusted _____

Amount Approved _____ 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 dully 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 and retroactive billing forms.
 - Claims will be returned if a batch form is not included or if the batch form is not complete.
- Multiple billing forms may be sent in with one batch form.
 - Add all final totals of all billing forms, this amount will be put on the “AMOUNT CLAIMED” line on Part I of the batch form.
- On Part I of the batch form the provider will record the # of claim forms submitted and the total amount the provider is claiming.

Batch Form

- **Provider must sign and date batch form.**
 - Forms will be returned if provider signature and date are missing causing delays in your payment.
- Batch forms and monthly billing forms can be submitted by:
 - In person: drop off at the front desk in Tahlequah Child Care Subsidy office or in the drop box located at the entrance.
 - Mail: please mail to the address listed on the batch form.
 - Email: **cnsubsidy@cherokee.org** Remember to include a batch form when emailing your billing. Subsidy must have a batch form to process.
 - Email 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. All documents must be clear with no background or shadows.
 - Note: iPhones have a scan feature in the NOTES app. You can call the billing staff for more information.
- Subsidy will not accept faxed batch forms and billing forms.
- If a provider needs batch forms they may contact the Tahlequah office or email cnsubsidy@cherokee.org.
- Keep the BLUE copy of the batch form and copies of billing forms for your records. If emailed, keep original copies. Retention period is 3 years.

Billing Process

- Subsidy has 15 days from the day billing is received to process forms.
- Subsidy does not hold billing forms.
- When claims are adjusted or amounts denied Subsidy will print and mail a copy of the billing form reflecting the changes. This copy is for the provider's records and does not need to be returned to our office.
- Copayments are deducted from the billing regardless of client payment or if you didn't charge client a copayment.
- Once Subsidy is finished processing batch/billing forms, uploads are sent to the finance department for payment processing.
- Subsidy does not establish when payments are released from the CN finance department.

Termination notice

- Client and Provider will receive a denial/termination notice 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 termination notice will not include a reason for termination. The client does receive the information and it is at their discretion to share.



GWYD DBF
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Child Care Programs

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918-453-5300
918-458-7616, fax
918-458-4446, fax

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 that affects the daily rate paid, the daily 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.

Children with Special Needs

- **Children with 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 daily rate.
 - Children with special needs turning 19 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.

Children with 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 school age 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. When a child gets out of school for summer break, the client must contact their Subsidy Caseworker to request full-time care. Clients must also contact their Subsidy Caseworker when children return to school after summer break.
- Relative Providers: when caring for school age children that are sick and care exceeds 4 hours, it can be claimed at FT rate if you document “sick” on that specific day on the contract billing form.
- Subsidy encourages 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 claim and be paid the correct rate.

Please keep this in mind.....

- Please allow **15 days** from the day you mail, email, or drop off your batch forms to call the office regarding checks or direct deposits.
- Billing staff process Billing Forms everyday and have no control over when your payment will be released from CN finance department.
- 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?
 - Any billing staff 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?
 - Any billing staff 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 returned to provider following any denial or adjustment of claims.
- 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 Child Care

PO Box 948

Tahlequah OK 74465

▶ **Phone # 1-918-453-5300**

▶ **Toll Free # 1-888-458-6230**

▶ **Fax # 1-918-458-7616 or 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

Tahlequah Office

Andrea Cloud, Subsidy Caseworker

andrea-cloud@cherokee.org x5061

Donna Whitener-Cowan, Subsidy Caseworker

donna-whitener@cherokee.org x5067

16947 Cherokee St.

Tahlequah, OK 74464

Phone: 918-453-5300

Hours: M-F (8am-5pm)

Sallisaw office

Pauline Pettit, Subsidy Caseworker

pauline-pettit@cherokee.org

100 E. Choctaw Ave.

Sallisaw, OK 74955

Phone: 918-775-6226

918-453-5000 x8408

Hours: M-F (8am-5pm)

Pryor office

Lynette True, Subsidy Caseworker

Lynette-true@cherokee.org

6789 US 69 South

Pryor, OK 74361

Phone: 918-824-4533

918-453-5000 x2391

Hours: M-F (8am-5pm)

Subsidy Email for Billing Form Submission

cnsubsidy@cherokee.org

Tashina Snell, Accounting Assistant I

tashina-snell@cherokee.org x5053

Angel Galvan, Accounting Assistant I

angel-galvan@cherokee.org x5074

Stilwell office

Kim Bobb Conley, Subsidy Caseworker

kim-bobb@cherokee.org

406A W Locust Street

Stilwell, OK 74960

Phone: 918-696-5531 x2978 or

918-453-5000 x2978

Hours: M-F (8am-5pm)

Catoosa office

Alicia Ingram, Subsidy Caseworker Supervisor

alicia-ingram@cherokee.org x7779

Davina Jordan, Subsidy Caseworker

davina-jordan@cherokee.org x7781

Patricia Politte, Subsidy Caseworker

patricia-politte@cherokee.org x7734

701 W. Rollins St.

Catoosa, OK 74015

Phone: 918-266-5626

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 or

918-453-5000 x2978

Hours: By appointment only

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