

441—170.4 (237A) Elements of service provision.

170.4(1) Case file. The child welfare case file shall document the eligibility for service under 170.2(2)“b”(3).

170.4(2) Fees. Fees for services received shall be charged to clients according to the schedules in this subrule, except that fees shall not be charged to clients receiving services without regard to income. The fee is a per-unit charge that is applied to the child in the family who receives the largest number of units of service. The fee shall be charged for only one child in the family, regardless of how many children receive assistance.

a. Sliding fee schedule.

(1) The fee schedule shown in the following table is effective for eligibility determinations made on or after July 1, 2011:

Level	Monthly Income According to Family Size										Unit Fee Based on Number of Children in Care		
	1	2	3	4	5	6	7	8	9	10	1	2	3 or more
A	\$863	\$1,165	\$1,468	\$1,770	\$2,072	\$2,375	\$2,677	\$2,979	\$3,282	\$3,584	\$0.00	\$0.00	\$0.00
B	\$908	\$1,226	\$1,545	\$1,863	\$2,181	\$2,500	\$2,818	\$3,136	\$3,455	\$3,773	\$0.20	\$0.45	\$0.70
C	\$933	\$1,260	\$1,588	\$1,915	\$2,242	\$2,570	\$2,897	\$3,224	\$3,552	\$3,879	\$0.45	\$0.70	\$0.95
D	\$959	\$1,295	\$1,632	\$1,967	\$2,303	\$2,640	\$2,976	\$3,312	\$3,648	\$3,984	\$0.70	\$0.95	\$1.20
E	\$986	\$1,331	\$1,677	\$2,022	\$2,368	\$2,714	\$3,059	\$3,404	\$3,751	\$4,096	\$0.95	\$1.20	\$1.45
F	\$1,013	\$1,367	\$1,723	\$2,077	\$2,432	\$2,788	\$3,142	\$3,497	\$3,853	\$4,207	\$1.20	\$1.45	\$1.70
G	\$1,041	\$1,405	\$1,771	\$2,136	\$2,500	\$2,866	\$3,230	\$3,595	\$3,961	\$4,325	\$1.45	\$1.70	\$1.95
H	\$1,069	\$1,444	\$1,819	\$2,194	\$2,568	\$2,944	\$3,318	\$3,693	\$4,069	\$4,443	\$1.70	\$1.95	\$2.20
I	\$1,099	\$1,484	\$1,870	\$2,255	\$2,640	\$3,026	\$3,411	\$3,796	\$4,182	\$4,567	\$1.95	\$2.20	\$2.45
J	\$1,129	\$1,525	\$1,921	\$2,317	\$2,712	\$3,109	\$3,504	\$3,900	\$4,296	\$4,692	\$2.20	\$2.45	\$2.70
K	\$1,161	\$1,567	\$1,975	\$2,382	\$2,788	\$3,196	\$3,602	\$4,009	\$4,417	\$4,823	\$2.45	\$2.70	\$2.95
L	\$1,192	\$1,610	\$2,029	\$2,446	\$2,864	\$3,283	\$3,701	\$4,118	\$4,537	\$4,955	\$2.70	\$2.95	\$3.20
M	\$1,226	\$1,655	\$2,086	\$2,515	\$2,944	\$3,375	\$3,804	\$4,233	\$4,664	\$5,093	\$2.95	\$3.20	\$3.45
N	\$1,259	\$1,700	\$2,142	\$2,583	\$3,024	\$3,467	\$3,908	\$4,349	\$4,791	\$5,232	\$3.20	\$3.45	\$3.70
O	\$1,294	\$1,748	\$2,202	\$2,656	\$3,109	\$3,564	\$4,017	\$4,470	\$4,925	\$5,379	\$3.45	\$3.70	\$3.95
P	\$1,330	\$1,795	\$2,262	\$2,728	\$3,194	\$3,661	\$4,127	\$4,592	\$5,059	\$5,525	\$3.70	\$3.95	\$4.20
Q	\$1,367	\$1,846	\$2,326	\$2,804	\$3,283	\$3,763	\$4,242	\$4,721	\$5,201	\$5,680	\$3.95	\$4.20	\$4.45
R	\$1,404	\$1,896	\$2,389	\$2,881	\$3,373	\$3,866	\$4,358	\$4,849	\$5,343	\$5,834	\$4.20	\$4.45	\$4.70
S	\$1,443	\$1,949	\$2,456	\$2,962	\$3,467	\$3,974	\$4,480	\$4,985	\$5,492	\$5,998	\$4.45	\$4.70	\$4.95
T	\$1,483	\$2,002	\$2,523	\$3,042	\$3,561	\$4,082	\$4,602	\$5,121	\$5,642	\$6,161	\$4.70	\$4.95	\$5.20
U	\$1,524	\$2,058	\$2,594	\$3,127	\$3,661	\$4,197	\$4,731	\$5,264	\$5,800	\$6,334	\$4.95	\$5.20	\$5.45
V	\$1,566	\$2,114	\$2,664	\$3,213	\$3,761	\$4,311	\$4,859	\$5,408	\$5,958	\$6,506	\$5.20	\$5.45	\$5.70
W	\$1,610	\$2,173	\$2,739	\$3,303	\$3,866	\$4,432	\$4,995	\$5,559	\$6,125	\$6,688	\$5.45	\$5.70	\$5.95
X	\$1,653	\$2,233	\$2,813	\$3,392	\$3,972	\$4,552	\$5,131	\$5,711	\$6,291	\$6,871	\$5.70	\$5.95	\$6.20
Y	\$1,700	\$2,295	\$2,892	\$3,487	\$4,083	\$4,680	\$5,275	\$5,870	\$6,468	\$7,063	\$5.95	\$6.20	\$6.45
Z	\$1,746	\$2,358	\$2,971	\$3,582	\$4,194	\$4,807	\$5,419	\$6,030	\$6,644	\$7,255	\$6.20	\$6.45	\$6.70
AA	\$1,795	\$2,424	\$3,054	\$3,683	\$4,311	\$4,942	\$5,571	\$6,199	\$6,830	\$7,458	\$6.45	\$6.70	\$6.95
BB	\$1,844	\$2,490	\$3,137	\$3,783	\$4,429	\$5,077	\$5,722	\$6,368	\$7,016	\$7,662	\$6.70	\$6.95	\$7.20

(2) To use the chart:

1. Find the family size used in determining income eligibility for service.
2. Move across the monthly income table to the column headed by that number. (See paragraph “5” if the family has more than ten members.)
3. Move down the column for the applicable family size to the highest figure that is equal to or less than the family’s gross monthly income. Income at or above that amount (but less than the amount in the next row) corresponds to the fees in the last three columns of that row.
4. Choose the fee that corresponds to the number of children in the family who receive child care assistance.
5. When a family has more than ten members, determine the income level by multiplying the figures in the four-member column for the rows closest to the family’s income level by 0.03. Round the numbers to the nearest dollar and multiply by the number of family members in excess of ten. Add the results to the amounts in the ten-member column to determine the threshold amounts.

(3) **EXAMPLES:**

1. Family 1 has two members, monthly income of \$1,100, and one child in care. Since the income is at or above the Level A amount but less than the Level B amount, Family 1 pays \$0.00 for each unit of child care service that the child receives.
2. Family 2 has three members, monthly income of \$1,450, and one child in care. Since the income is at or above the Level B amount but less than the Level C amount, Family 2 pays \$0.20 for each unit of child care service that the child receives.
3. Family 3 has three members, monthly income of \$1,450, and two children in care. The younger child receives ten units of child care service per week. The older child is school-aged and receives only five units of service per week. Since the income is at or above the Level B amount but less than the Level C amount, Family 3 pays \$0.45 for each unit of child care service that the younger child receives.

b. Collection. The provider shall collect fees from clients.

- (1) The provider shall maintain records of fees collected. These records shall be available for audit by the department or its representative.
- (2) When a client does not pay the fee, the provider shall demonstrate that a reasonable effort has been made to collect the fee. “Reasonable effort to collect” means an original billing and two follow-up notices of nonpayment.

c. Inability of client to pay fees. Child care assistance may be continued without a fee, or with a reduced fee, when a client reports in writing the inability to pay the assessed fee due to the existence of one or more of the conditions set forth below. Before reducing the fee, the worker shall assess the case to verify that the condition exists and to determine whether a reduced fee can be charged. The reduced fee shall then be charged until the condition justifying the reduced fee no longer exists. Reduced fees may be justified by:

- (1) Extensive medical bills for which there is no payment through insurance coverage or other assistance.
- (2) Shelter costs that exceed 30 percent of the household income.
- (3) Utility costs not including the cost of a telephone that exceed 15 percent of the household income.
- (4) Additional expenses for food resulting from diets prescribed by a physician.

170.4(3) Method of provision. Parents shall be allowed to exercise their choice for in-home care, except when the parent meets the need for service under subparagraph 170.2(2) “b”(3), as long as the conditions in paragraph 170.4(7) “d” are met. When the child meets the need for service under 170.2(2) “b”(3), parents shall be allowed to exercise their choice of licensed, registered, or nonregistered child care provider except when the department service worker determines it is not in the best interest of the child.

The provider must meet one of the applicable requirements set forth below.

a. Licensed child care center. A child care center shall be licensed by the department to meet the requirements set forth in 441—Chapter 109 and shall have a current Certificate of License, Form 470-0618.

b. Registered child development home. A child development home shall meet the requirements for registration set forth in 441—Chapter 110 and shall have a current Certificate of Registration, Form 470-3498.

c. Registered family child care home. Rescinded IAB 1/7/04, effective 3/1/04.

d. Relative care. Rescinded IAB 2/6/02, effective 4/1/02.

e. In-home care. The adult caretaker selected by the parent to provide care in the child's own home shall be sent the pamphlet Comm. 95 or Comm. 95(S), Minimum Health and Safety Requirements for Nonregistered Child Care Home Providers, and Form 470-2890 or 470-2890(S), Payment Application for Nonregistered Providers. The provider shall sign Form 470-2890 or 470-2890(S) and return the form to the department before payment may be made. Signature on the form certifies the provider's understanding of and compliance with the conditions and requirements for nonregistered providers that include:

- (1) Minimum health and safety requirements;
- (2) Limits on the number of children for whom care may be provided;
- (3) Unlimited parental access to the child or children during hours when care is provided, unless prohibited by court order; and
- (4) Conditions that warrant nonpayment.

f. Nonregistered family child care home. The adult caretaker selected by the parent to provide care in a nonregistered family child care home shall be sent the pamphlet Comm. 95 or Comm. 95(S), Minimum Health and Safety Requirements for Nonregistered Child Care Home Providers, and Form 470-2890 or 470-2890(S), Payment Application for Nonregistered Providers. The provider shall sign Form 470-2890 or 470-2890(S) and return the form to the department before payment may be made. Signature on the form certifies the provider's understanding of and compliance with the conditions and requirements for nonregistered providers that include:

- (1) Minimum health and safety requirements;
- (2) Limits on the number of children for whom care may be provided;
- (3) Unlimited parental access to the child or children during hours when care is provided, unless prohibited by court order; and
- (4) Conditions that warrant nonpayment.

g. Exempt facilities. Child care facilities operated by or under contract to a public or nonpublic school accredited by the department of education that are exempt from licensing or registration may receive payment for child care services when selected by a parent.

h. Record checks for nonregistered family child care homes. If a nonregistered child care provider wishes to receive public funds as reimbursement for providing child care for eligible clients, the provider shall complete Form 470-0643, Request for Child Abuse Information, and Form 595-1489 or 595-1489(S), Non-Law Enforcement Record Check Request, Form A, for the provider, for anyone having access to a child when the child is alone, and for anyone 14 years of age or older living in the home. The department worker or the PROMISE JOBS worker shall provide the necessary forms. The provider shall return the forms to the department worker or PROMISE JOBS worker.

(1) If any of these individuals has a record of founded child abuse, a criminal conviction, or placement on the sex offender registry, the department shall perform an evaluation following the process defined at 441—subrule 110.7(3).

(2) If any of the individuals would be prohibited from registration, employment, or residence, the person shall not provide child care and is not eligible to receive public funds to do so. The department's designee shall notify the applicant, and shall forward a copy of that notification to the county attorney, the department worker, and the PROMISE JOBS worker, if applicable.

(3) A person who continues to provide child care in violation of this law is subject to penalty and injunction under Iowa Code chapter 237A.

170.4(4) Components of service program. Every child eligible for child care services shall receive supervision, food services, and program and activities, and may receive transportation.

170.4(5) Levels of service according to age. Rescinded IAB 9/30/92, effective 10/1/92.

170.4(6) Provider's individual program plan. Rescinded IAB 2/10/10, effective 3/1/10.

170.4(7) Payment. The department shall make payment for child care provided to eligible families when the provider has a completed Form 470-3871, Child Care Assistance Provider Agreement, on file with the department. Both the child care provider and the department worker or PROMISE JOBS worker shall sign this form.

a. Rate of payment. The rate of payment for child care services, except for in-home care which shall be paid in accordance with 170.4(7)“d,” shall be the actual rate charged by the provider for a private individual, not to exceed the maximum rates shown below. When a provider does not have a half-day rate in effect, a rate is established by dividing the provider's declared full-day rate by 2. When a provider has neither a half-day nor a full-day rate, a rate is established by multiplying the provider's declared hourly rate by 4.5. Payment shall not exceed the rate applicable to the provider and age group in Table I, except for special needs care which shall not exceed the rate applicable to the provider and age group in Table II. To be eligible for the special needs rate, the provider must submit documentation to the child's service worker that the child needing services has been assessed by a qualified professional and meets the definition for “child with special needs,” and a description of the child's special needs, including, but not limited to, adaptive equipment, more careful supervision, or special staff training.

Table I Half-Day Rate Ceilings for Basic Care				
Age Group	Child Care Center	Child Development Home Category A or B	Child Development Home Category C	Nonregistered Family Home
Infant and Toddler	\$15.81	\$12.24	\$11.73	\$8.19
Preschool	\$12.75	\$11.48	\$11.48	\$7.19
School Age	\$11.48	\$10.20	\$10.20	\$7.36

Table II Half-Day Rate Ceilings for Special Needs Care				
Age Group	Child Care Center	Child Development Home Category A or B	Child Development Home Category C	Nonregistered Family Home
Infant and Toddler	\$48.96	\$16.07	\$12.63	\$10.24
Preschool	\$28.69	\$14.92	\$12.63	\$ 8.99
School Age	\$28.60	\$13.77	\$11.48	\$ 9.20

The following definitions apply in the use of the rate tables:

(1) “Child care center” shall mean those providers as defined in 170.4(3) “a” and “g.” “Registered child development home” shall mean those providers as defined in 170.4(3) “b.” “Nonregistered family child care home” shall mean those providers as defined in 170.4(3) “f.”

(2) Under age group, “infant and toddler” shall mean age two weeks to two years; “preschool” shall mean two years to school age; “school age” shall mean a child in attendance in full-day or half-day classes.

b. Payment for days of absence. Payment may be made to a child care provider defined in subrule 170.4(3) for an individual child not in attendance at a child care facility not to exceed four days per calendar month providing that the child is regularly scheduled on those days and the provider also charges a private individual for days of absence.

c. Payment for multiple children in a family. When a provider reduces the charges for the second and any subsequent children in a family with multiple children whose care is unsubsidized, the rate of payment made by the department for a family with multiple children shall be similarly reduced.

d. Payment for in-home care. Payment may be made for in-home care when there are three or more children in a family who require child care services. The rate of payment for in-home care shall be the minimum wage amount.

e. Limitations on payment. Payment shall not be made for therapeutic services that are provided in the care setting and include, but are not limited to, services such as speech, hearing, physical and other therapies, individual or group counseling, therapeutic recreation, and crisis intervention.

f. Review of the calculation of the rate of payment. Maximum rate ceilings are not appealable. A provider who is in disagreement with the calculation of the half-day rate as set forth in 170.4(7) “a” may request a review. The procedure for review is as follows:

(1) Within 15 calendar days of notification of the rate in question, the provider shall send a written request for review to the service area manager. The request shall identify the specific rate in question and the methodology used to calculate the rate. The service manager shall provide a written response within 15 calendar days of receipt of the request for review.

(2) When dissatisfied with the response, the provider may, within 15 calendar days of the response, request a review by the chief of the bureau of financial support. The provider shall submit to the bureau chief the original request, the response received, and any additional information desired. The bureau chief shall render a decision in writing within 15 calendar days of receipt of the request.

(3) The provider may appeal the decision to the director of the department or the director’s designee within 15 calendar days of the decision. The director or director’s designee shall issue the final department decision within 15 calendar days of receipt of the request.

g. Submission of claims. The department shall issue payment when the provider submits correctly completed documentation of attendance and charges. The department shall pay only for the number of units of service authorized in the notice of decision issued pursuant to subrule 170.3(3). Providers shall submit a claim in one of the following ways:

(1) Using Form 470-0020, Purchase of Services Provider Invoice, or Form 470-4466 or 470-4466(S), Child Care Provider Claim, accompanied by Form 470-3872, Child Care Assistance Attendance Sheet, signed by the parent;

(2) Using Form 470-3896, PROMISE JOBS Child Care Attendance and Invoice;

(3) Using Form 470-4534, Child Care Assistance Billing/Attendance; or

(4) Using an electronic request for payment submitted through the KinderTrack system. Providers using this method shall print Form 470-4535, Child Care Assistance Billing/Attendance Provider Record, to be signed by the provider and the parent. The provider shall keep the signed Form 470-4535 for a period of five years after the billing date.