



November 30, 2020



Child Care Task Force Policy Proposals

The comments below give the required changes to enact each of the policy proposals suggested by the four work groups: [Funding](#), [Provider](#), [Child Care Worker](#), and [Governance](#). Note that some proposals are strictly for funding and not included here. Senator Taylor and members of the Child Care Task Force made this request on the November 3 meeting.

Summary of proposals from the Work Groups:

- 1-6 will increase cost per case
- 7,8 minimal procedure changes
- 9 general funding requests
- 10 requires Provider Pay computer system (at the Direct Pay Unit) upgrade
- 11-15 ELD-related proposals
- 16-19 larger cross-agency proposals

1) (Provider, Funding, CC Worker) Increase rates paid to providers to a single statewide rate with considerations for:

- Infant/toddler care
- Children with disabilities
- Culturally and linguistically specific care
- Off-hours care (evenings and weekends)

Comment: CCDF regulations require rates to be based on a market rate study or an alternate methodology that must be approved federally. Oregon is currently pursuing an alternate methodology through the True Cost of Quality Child Care workgroup.

Requires the following changes:

Statute:	No	CCDF federal approval:	Yes
Rules (OAR):	Yes	Collective Bargaining Agreement:	Yes
ONE:	Yes	Funding or Caseload reduction:	Yes

2) (Provider and Funding) Revise copays, provider workgroup says to limit copays to 7% of family income

Comment: Many discussions and recognition of the need for copay reduction. A detailed proposal is needed to understand the scope of ONE changes required.

Requires the following changes:

Statute:	No	CCDF federal approval:	No
Rules (OAR):	Yes	Collective Bargaining Agreement:	No
ONE:	Yes	Funding or Caseload reduction:	Yes

2a) (Provider) Waive or focus on rural copays

Comment: Family copay is required by CCDF. CCDF only allows the copay to be waived in limited situations. Zero copays are allowed for those at or below 100% FPL, children with disabilities, or other populations as defined by the lead CCDF agency.

Consideration would need to be taken for families who move into a waived area to a non-waived area since copays cannot be increased during a certification period. Other outstanding questions include: How are rural areas defined? Is eligibility determined by provider location or family location?

Requires the following changes:

Statute:	No	CCDF federal approval:	Yes
Rules (OAR):	Yes	Collective Bargaining Agreement:	No
ONE:	Yes	Funding or Caseload reduction:	Yes

3) (Provider, Funding, CC Worker) Expand contracted slots

Comment: Contracted slots have administrative work that will require a full time FTE depending on the number of contracts. Contracts are with providers and not the family; however, ODHS can apply protected eligibility for families who leave a contractor. CCDF funds are already used for contracted slots like Head Start and Teen Parent.

Requires the following changes:

Statute:	No	CCDF federal approval:	No
Rules (OAR):	Yes	Collective Bargaining Agreement:	No
ONE:	Yes	Funding or Caseload reduction:	Potentially

4) (Provider and Funding) Pay providers at beginning of month

Comment: In order to pay providers at the beginning of the month, a minor system issue in the Provider Pay system at the Direct Pay Unit (DPU) will need to be corrected. Note that this is a completely different system from the ONE Integrated Eligibility change system. The Provider Pay system is old and needs a major update.

Requires the following changes:

Statute:	No	CCDF federal approval:	No
Rules (OAR):	Yes	Collective Bargaining Agreement:	No
ONE:	DPU system	Funding or Caseload reduction:	One-time funding

5) (Funding) Expand eligibility to include more families. Suggestions include:

5a) Raising income limits

Comment: ODHS supports keeping the higher income limit for initial ERDC applications in place after the COVID-19 state of emergency ends. As this policy is currently in place it would be uncomplicated to continue. Families above 85% of the State Median Income cannot be paid using CCDF and must be paid from state general fund. A change to the copay system would also be necessary to allow families at the higher end of the eligibility range to benefit from the program.

Requires the following changes:

Statute:	No	CCDF federal approval:	No (GF only)
Rules (OAR):	Yes	Collective Bargaining Agreement:	No
ONE:	Yes	Funding or Caseload reduction:	Increases eligible pool

5b) Eligible regardless of immigration status

Comment: ERDC currently covers children regardless of the caretaker’s immigration status. If the proposal is to cover ineligible children, this is not allowable through CCDF.

Requires the following changes:

Statute:	No	CCDF federal approval:	No (GF funds only)
Rules (OAR):	Yes	Collective Bargaining Agreement:	No
ONE:	Yes	Funding or Caseload reduction:	Increases eligible pool

5c) Students who are not working

Comment: The CCDF allows funds to be used while parent/guardian is enrolled in school or job training. Current ODHS policy requires student to be eligible for up to the number of hours they are also employed. An existing program, the [Oregon Student Child Care Grant](#) available through the Oregon Office of Student Access and Completion (OSAC) provides grants to pay for child care while parents/guardians are enrolled in postsecondary education.

Requires the following changes:

Statute:	No	CCDF federal approval:	No
Rules (OAR):	Yes	Collective Bargaining Agreement:	No
ONE:	Yes	Funding or Caseload reduction:	Increases eligible pool

5d) Parents/guardians with a disability

Comment: CCDF only funds employment, education, or job training so this eligibility expansion will require general funds and a change in Oregon statute.

Requires the following changes:

Statute:	Yes (ORS 329A.500(1))	CCDF federal approval:	No (GF only)
Rules (OAR):	Yes	Collective Bargaining Agreement:	No
ONE:	Yes	Funding or Caseload reduction:	Increases eligible pool

5e) Parents/guardians busy with an ill family member

Comment: ODHS suggests leveraging Authorized Medical Leave (AML) by expanding it to cover an illness of a family/household member. Illness and family/household members with will need defined definitions. This is unlikely to be a common need and therefore this change would not have a large financial impact.

Requires the following changes:

Statute:	No	CCDF federal approval:	No (GF only)
Rules (OAR):	Yes	Collective Bargaining Agreement:	No
ONE:	Yes	Funding or Caseload reduction:	Increases eligibility pool

6) (Funding) Children are eligible for one-year, whatever happens to the parent

Comment: If a family's income goes over the exit income limit, CCDF cannot be used to maintain program eligibility. More general funds may be needed to cover these families, depending on copay structure and other use of funds.

Alternatively, if the parent/guardian loses their job, currently the child care assistance can continue at no copay for up to three months after their job loss (as long as the job loss is reported). The job search period with no copay can go longer if there is a job start date, but it cannot extend beyond three months beyond recertification. A rule change is required to extend the job search beyond current policy.

Requires the following changes:

Statute:	No	CCDF federal approval:	No (Some GF required)
Rules (OAR):	Yes	Collective Bargaining Agreement:	No
ONE:	Yes	Funding or Caseload reduction:	Increases eligibility pool

7) (Provider) Continue allowing emailed billing forms

Comment: This is current process with no plans to reverse.

8) (Provider) Improve communication to providers about family enrollment

Comment: Different and sometimes competing interests combine to sometimes limit communications to providers. Due to client confidentiality, ODHS does not release client information to those who are not authorized. The communication changes when providers when these four conditions occur:

- 1) The family is determined to be eligible for ERDC
- 2) The provider has completed background and safety requirements and is registered in the ODHS system
- 3) The family has notified ODHS of their provider
- 4) The provider has accepted the family's child(ren).

After a provider is connected to a family's case in the system, the Direct Pay Unit (DPU) or eligibility workers may share basic case details with the provider:

- The program the family is enrolled
- The family's case number
- The number of authorized hours for child care
- The amount DHS will reimburse
- The amount of the family's copay
- Any extra the family must pay
- The reason for any delayed payments from DHS.

A parent/guardian may fill out the 3010 form to allow ODHS to share more detailed information with whomever they choose, up to everything in their case file.

These are the methods that providers can find out details of their family case upon their connection

- 1) The branch information section of the Child Care Provider Listing Form is filled out by the branch office when a family is eligible for child care
- 2) Parent/guardian can request 7494E ODHS child care provider form letter then show the completed version to their provider
- 3) Parent/guardian and provider call ODHS together
- 4) Parent/guardian shows approval letter to provider

- 5) Parent/guardian shows provider their ONE screen
- 6) Parent/guardians complete and submit the 3010 form

Communications with providers should be improved and ODHS is happy to look at ways to more effectively share information as long as family confidentiality is maintained.

9) (Provider) Business services and startup funding for providers including supports for children with special needs, trauma practices, and supports for families

Comment: Funding request coordinated by the ELD. ODHS asks that support is included for license-exempt providers.

10) (Provider) Allow automated child care management systems (CCMS)

Comment: A new automated child care management system will have difficulty interfacing with the provider pay computer system given its antiquated state. These automated CCMS would offer many benefits but will require a provider pay computer system upgrade. Implications of a system update are unknown until further information on what system will encompass (billing, attendance, etc.).

Upgrading the provider pay computer system at the Direct Pay Unit (DPU) will have a significant one-time cost.

11) (Provider, CC Worker) Allow short-term substitutes to have relaxed background checks and the creation of a substitute pool

Comment: ODE item – see item #16

12) (Provider) Allow on-site supervised job training

Comment: ELD item

13) (Provider, Governance) Ease licensing requirements

Comment: ELD item in cooperation with state and local business licensing regulations.

14) (CC Worker) Improve Professional Development Opportunities through various specific proposals

Comment: ELD item

15) (CC Worker) Explore Shared Service models among providers

Comment: ELD item

16) (Provider) Standardize background checks between ELD, ODHS, and K-12. Allows larger substitute pools

Comment: Work is being done to standardize background checks between ELD and ODHS as recommended by the [June 2020 Secretary of State audit](#). This work is more with Office of Child Care. However, background checks for K-12 educators has not been incorporated in this work.

Requires the following changes:

Statute:	Yes	CCDF federal approval:	No
Rules (OAR):	Yes	Collective Bargaining Agreement:	TBD
ONE:	No	Funding or Caseload reduction:	Some one-time funding

17) (Provider) Place provider information at a central location

Comment: The impacts will differ depending on where the information is held. This is a complex ask to separate ODHS provider approval from the ODHS provider payment system. A provider pay computer system update will likely be required for any computer system rearrangement which will have a significant cost.

18) (Funding, Governance) Create new agency

Comment: Large undertaking with many variables to be determined

19) (Governance) Create new computer system to track system capacity and vacancy, handle eligibility

Comment: May duplicate ONE system, however the DPU computer system is several decades old and needs an upgrade.