

Department of Human Services

Office of Self-Sufficiency Programs

Dan Haun, Director
500 Summer St NE
Salem, OR 97301
(971) 352-1446

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Responses to Child Care Task Force Questions December 1, 2020

1) Why does creating ODHS contracted slots require a change in ONE?

ODHS has contracted slots logic built into the ONE system for Head Start and Early Head Start Child Care Partnership contracts. Other newer contracts, such as those for Teen Parents and families participating in Substance Use Disorder treatment are held outside of the system. These contracts started after ONE development was in process and were outside of the initial scope for the ONE system.

If new contracts followed the existing Head Start model this would be a relatively simple change to add more contracted slots. Since the requested contracted slots would most likely not follow this model, changes in ONE will be needed in order to effectively manage the workload associated with a larger number of child care contracts. The extent of the changes in ONE will depend on the nature of the contracts.

2) How quickly are providers paid?

A child care provider receives the billing form at the beginning of the month. The provider can submit it once all the hours of care for the month have been performed. The Collective Bargaining Agreement says payments must be processed in 3 to 4 days after receipt by the DPU.

- December 2019 92% of billing forms were processed and payment sent within 4 days
- May 2020 70% (94% in five days)
- June 2020 97%
- October 2020 99%

Notes:

- These are business days weekends and holidays are excluded
- This processing times do not include mailing time for a physical check to arrive or the processing time a bank requires to make the Direct Deposit funds available
- Reasons these four months were selected: December 2019 is the oldest easily accessible data,
 May and June data had been pulled by chance this summer, and October is the most recent month data was available

There are often delays in receiving completed billing forms. This can occur because of a problem with their original submission such as missing information or an illegible entry. Typically, these problems are handled over the phone, gathering the information from the provider when possible. For the dozens of billing forms that were unable to be completed by phone, the provider must resubmit the form and will have a new submission date upon resubmission.

Note: Licensed Centers are allowed to send their billing form in at the beginning of the month of care and bill for anticipated hours of care. This process, called Center Pre-pay, was rolled out statewide in April 2019.

Example from the most recent set of data – October 2020

These charts show a breakdown of one month with the number and percentage of billing forms received by the end of each week.

Certified Center billings for October

Date	# Received	Total Percentage Received by Dec 2
7-Oct	587	22.6%
14-Oct	838	32.3%
21-Oct	1139	43.9%
28-Oct	1437	55.3%
4-Nov	1939	74.7%
11-Nov	2254	86.8%
18-Nov	2459	94.7%
25-Nov	2564	98.7%
2-Dec	2597	100.0%

All other Provider billing forms for October

Date	# Received	Total Percentage Received by Dec 2
4-Nov	2864	64.0%
11-Nov	3892	86.9%
18-Nov	4296	95.9%
25-Nov	4437	99.1%
2-Dec	4478	100.0%