CCDF State Plan Section 4: Ensure Equal Access to High Quality Child Care for Low-Income Children

Dec 16, 2015

Division of Early Childhood Care and Development
Overview

Child Care Development Block Grant (authorizing legislation)

Child Care Development Fund (Administered by ACF - OCC)

Division of Early Childhood Care and Development (Lead Agency for MS)

Child Care Payment Program
Certificates | Quality Initiatives
### Purpose of Webinar Series

- Review the information that will be included in our 2016-2018 State Plan
  - Type of questions being asked
  - Efforts to comply with new regulations
- Solicit Feedback

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Previous Webinars

Here’s what you missed

• Webinar 1 – CCDF Leadership
• Webinar 2 – Consumer Outreach and Education
• Webinar 3 – Provide Stable Child Care Financial Assistance to Families

To view webinar slides, please visit
The Feds have not published the final version of the preprint, but the current version is available on the OCC website.

http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization

Click on Resources for States > Other Resources > FY 2016-2018 Plan Preprint

Everything covered in this webinar series will follow the format of the Plan Preprint
= New CCDBG requirement which will mean a change in DECCD policy

CCDBG 658E (c)(2) = policy citation and text from CCDBG 2014
Section 4.1.1
Choosing a Provider

- Certificate Program
- Slot Program
Section 4.1.2
Choosing from a Variety of Providers

- Consumer education materials on choosing child care
  Brochures for Choosing Quality Child Care
- Referral to CCR&R
- Interactive Search Tool:
  https://www.apps.mdhs.ms.gov/ccis/DECCDProviderSearch.aspx
Do you feel that parents have adequate support to be able to choose a provider that meets their needs?
Slot Providers

- 25 throughout the State
- Selected through proposal submission process

State uses contracts to increase the supply and quality of specific types of care

- Programs for children with disabilities
- Programs for Infants and Toddlers
- Programs for School Aged Children
- Programs for Homeless Children
Section did not Change

**MSDH Rule 1.4.3 (Licensed Providers)**

Parental Access: Child care facilities shall assure the parent that they have welcome access to the child care facility at all times. Welcome access shall be defined as a parent having access to areas of the facility available to his child and non-disruptive to normal daily activities.

**Basic Health, Safety, and Nutrition Assurances (Unlicensed Providers)**

#18: Parents must have unlimited access to their child while under my care.
Section 4.1.5
In-Home Care

- DECCD allows for the care of children within the child’s own home
- Prohibited from keeping more than 5 children who not related to the provider within the 3rd degree of kinship.
- We do not allow anyone who resides in the same house as the child to be reimbursed for care.
- Provider must be 18
New Requirements

1. Must be statistically valid and reliable
2. Must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child

CCDBG 658E (c)(4)(B): The State plan shall (i) demonstrate that the Stat has, after consulting with the (SECAC), local child care program administrators, local child care resource and referral agencies, and other appropriate entities, developed and conducted (not earlier than 2 years before the date of the submission of the application containing the State plan) a statistically valid and reliable survey of the market rates for child care services in the State (that reflects variations in the cost of child care services by geographic area, type of provider, and age of child) or an alternative methodology, such as a cost estimation model, that has been developed by the State lead agency:
During the Development of the MRS, DECCD sought feedback from:
- SECAC
- Provider Organizations
- Tribe

Feedback garnered was used to refine survey instrument.

Notice of MRS available on DECCD website: TBA

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Section 4.2.3
Describe how MRS is statistically valid and reliable

- Working with a data partner at the EYN
- Current version of the MRS takes into account:
  - Market Rates (rates charged to the general public for the provision of care)
  - Provider Costs (costs incurred by the provider for the provision of care)

NOTE: If CCPP providers in Mississippi are setting their market rates at subsidy reimbursement levels, information regarding provider costs will help DECCD to set subsidy rates at a level that supports equal access to care.
(PROVIDERS ONLY) Select the following items (all that apply) that you would be comfortable providing in an anonymous survey.

- What it costs to run my business (provider costs)
- What I charge (provider rates)
Section 4.2.4
Describe how MRS reflects variations

- Geographic area
- Type of provider
- Age of Child
- Other factors
  - Does the provider accept certificates?
  - Is the provider receiving outside funding such as from a University or other Grants or Contracts?
MRS scheduled for completion:  
Mid January 2016

MRS results scheduled for publication:  
Mid February 2016
• Will be sent to key stakeholders
• Will be available on the DECCD website

CCDBG 658E (c)(4)(B): (ii) 
demonstrate that the State prepared 
a detailed report containing the 
results of the State MRS or 
alternative methodology conducted 
pursuant to clause (i), and made the 
results of the survey or alternative 
methodology widely available (not 
later than 30 days) after the 
completion of such survey or 
alternative methodology) through 
periodic means, including posting 
results on the Internet;
Plan requires that States list Base Rates and Percentiles based on Current MRS

TBA - UPON COMPLETION OF MRS
Section 4.3.2
Varied Rates for Specific Considerations

☑ Children with Special Needs
☑ QRIS participation
Please note that the language was strengthened in the new law regarding setting payment rates in accordance with the MRS.

States must describe how they set payment rates in accordance with the results of the MRS, taking into account:
1. Cost of providing higher quality care;
2. And without, to the extent practicable, reducing the number of families served.

TBA UPON COMPLETION OF THE MRS!

CCDBG 658E (c)(4)(B)(iii): Describe how the State will set payment rates for child care services for which assistance is provided in accordance with this subchapter- (I) in accordance with the results of the MRS or alternative methodology conducted pursuant to clause (i); (II) taking into consideration the cost of providing higher quality child care services than were provided under than subchapter before the date of enactment of the CCDBG of 2014; and (III) without, to the extend practicable, reducing the number of families in the State receiving such assistance to carry out this subchapter, relative to the number of such families on the date of enactment of that Act;
Some Options for Determining Equal Access (as listed in the current version of Preprint)

- 75th percentile
- Differential rates for targeted needs
- Cost to provider of providing care
- Differences between payment rates and 75th percentile
- Proportion of children being served by high quality providers
- Where children are being served showing access to full range of providers
- Feedback from parents

State must certify that payment rates are sufficient to ensure equal access based on the current MRS.

CCDBG 658E (c)(4)(A): The State plan shall certify that payment rates for the provision of child care services for which assistance is provided in accordance with this subchapter are sufficient to ensure equal access for eligible children to child care services that are comparable to child care services in the State or substate area involved...
Describe the State’s payment practices that reflect generally accepted payment practices.

☑ Supports fixed cost of care by delinking provider payments from occasional absences (Child is allowed 15 paid absences per year, in addition to the 11 state sanctioned holidays)
☑ Pays Full Time or Part Time care (as opposed to hourly)
☑ Provides prompt notice to providers regarding eligibility (sent notification emails)
☑ Has a timely appeal and resolution process for payment inaccuracies/disputes

**CCDBG 658E (c)(2)(S):** Payment Practices – The plan shall include – (i) certification that the payment practices of child care providers in the State that serve children who receive assistance under this subchapter reflect generally accepted payment practices of child care providers in the State that serve children who do not receive assistance under this subchapter, so as to provide stability of funding and encourage more child care providers to serve children who receive assistance under this subchapter; and (ii) an assurance that the State will, to the extent practicable, implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider reimbursement rates from an eligible child’s occasional absences due to holidays or unforeseen circumstances such as illness.
Section 4.5.3
Strategies to ensure timely payments

☑ Track and monitor payment process
☑ Use of electronic tools (automated billing through e-ledger)
DECCD is in the process of conducting this analysis which will compare:
- Child care provider pool
- Child population (pre-school and school-aged)
Section 4.6.2
Supply Building Strategies

How does the state increase the supply and improve quality?
✓ Grants/Contracts for Infants and Toddlers
✓ Tiered payment rates for children with disabilities
✓ Grants and contracts for homeless children

CCDBG 658E (c)(2)(M): Meeting the Needs of Certain Populations –The plan shall describe how the State will develop and implement strategies (which may include alternative reimbursement rates to child care providers, the provision of direct contracts or grants to community–based organizations, offering child care certificates to parents, or other means determined by the state) to increase the supply and improve the quality of child care services for – (i) children in underserved areas; (ii) Infants and toddlers; (iii) children with disabilities, as defined by the State, and (iv) Children who receive care during nontraditional hours
Section 4.6.3
Investments for Areas with Significant Concentrations of Poverty

Prioritize investments for areas with significant concentrations of poverty:
• increase access to programs providing high quality child care and development services

658E(c)(2)(Q): Priority for Low-Income Populations. – The plan shall describe the process the State proposes to use, with respect to investments made to increase the access to programs providing high-quality child care and development services, to give priority for those investments to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs.
Public Hearings

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<td>1-2:30 pm</td>
<td>MGCC Jeff Davis Campus, Building #4, 2226 Switzer Road, Gulfport</td>
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<td>2/3/2016</td>
<td>1:30-3 p.m.</td>
<td>Mississippi Valley State, small auditorium, Room 108</td>
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<td>2/4/2016</td>
<td>8-11:00 a.m.</td>
<td>Oktibbeha Extension, 106 Felix Long Drive, Starkville</td>
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<td>2/4/2016</td>
<td>5:30-7 p.m.</td>
<td>Lafayette County/Oxford Library, Auditorium, 401 Bramlett Blvd., Oxford</td>
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<tr>
<td>2/5/2016</td>
<td>1:30-3:00 p.m.</td>
<td>Central Mississippi Research &amp; Extension Center, 1320 7 Springs Rd., Raymond</td>
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AT ANY TIME YOU CAN SUBMIT A PUBLIC COMMENT:
https://app.smartsheet.com/b/form?EQBCT=81f6199cf990413bb131f164f8f2adc0
Anonymous Feedback about this webinar and your experience:
https://www.surveymonkey.com/r/C9RJW72

Public Comment specific to the State Plan:
https://app.smartsheet.com/b/form?EQBCT=81f6199cf990413bb131f164f8f2adc0
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