Wichita and Affiliated Tribes Child Care Subsidy Program

Provider Billing Guidelines

1. Providers will receive an approval letter for each family with approved child's name listed, family co-pay amount (the portion that the family will pay directly to you), effective date and end date.
2. The following must be on file for each child before care begins
    a. Provider Registration—Periodic updates required.
    b. Provider Agreement—Periodic updates required.
    c. W-9 (tax form) -- You will receive a 1099 tax document at the end of each calendar year, you are responsible for the filing of your taxes and tax payments.
    d. Driver's License (photo ID) of Provider (if home or relative provider you must provide photo IDs of anyone over the age of 18).
    e. If the provider is a licensed provider, a copy of the OKDHS license must be on file.
    f. All licensed providers will receive payment according to the DHS Star daily payment rates. We will not cover add on rates including COVID rates, we also will pay only part-time and full-time daily rates. No slot care, no weekly rates and no blended rates will be paid. All tribally operated centers and relative care providers will be compensated at the established program rates in effect at the time of registration (which may change). **NOTE:** If the selected provider charges more than the program allowance then the guardian(s) are responsible for the balance owed.
3. Timeline for billing
    a. Providers have 15 calendar days from the close of the month to submit **completed** timesheets to the program office for payment (Any late timesheets will delay payments).
    b. No timesheets will be accepted after 30 days from the close of the billed month.
    c. Child Care office agrees to process all **completed** timesheets within 10 business days (this does not include the time it takes for our accounting company to issue checks).
4. A completed timesheet must include (current edition of Comanche Child Care Program Timesheet is to be used-see attachment): **Incomplete timesheets will not be processed and will delay payments.**
    a. Guardian Full Legal Name,
    b. Child's Full Legal Name,
    c. Month & Year of Recorded/Billed Times,
    d. Provider/Payee Information,
    e. Child's Date of Birth & Age,
    f. Exact times for each day in and out-with the daily time total—Any day with no recorded times will need an explanation For example---CLOSED, ABSENT, WEEKEND, etc.,
    g. Total time for the whole month,
    h. The rate information, co-pay information and final total billed-provider is responsible for completing the math portion of the billing,
    i. Guardian & Provider Signatures-at no time should a guardian be asked to sign a blank timesheet (no unauthorized persons should be allowed to sign timesheets)
5. Provider is responsible for collecting the co-payments from the guardian.
6. Wichita and Affiliated Tribes Child Care office will not pay for days the facility is closed or unable to provide care, this includes holidays. **NOTE:** If the selected provider charges more than the program allowance (including slot care) then the guardian(s) is/are responsible for the balance owed.
7. If a family is removed from the program, you will receive a written notice, also if you terminate a child from your care you need to notify our office immediately.

_____ _____

Provider Signature **Date**

_____ _____

Signature of Subsidy Program Office Staff **Date**

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