

CCEP Program Participation Guide

Guidance for Foster Parents once you are participating in the CCEP program

You are receiving this Participation Guide because you have been approved for Child Care Exception Payments (CCEP). Child Care Exception Payments are used if you had childcare expenses that exceeded the benefit on your EBT card, or you incurred while waiting for benefits to be set up on your EBT card or CCEP case, or because you were denied for Foster Care Child Care.

1. How do I add another child in foster care to my CCEP case?

Send an e-mail to DCF.FCCCEBExceptions@ks.gov

Subject: ADD Child to [Your Name] Case

Body: Please add [child's name], born [DOB] to our CCEP case.

2. How do I add or change a childcare provider on my CCEP case?

Send an e-mail to DCF.FCCCEBExceptions@ks.gov

Subject: ADD Provider to [Your Name] Case

Body: The childcare provider for [child's name] will be...

- Childcare Provider's Name
- Childcare Provider's e-mail
- Date their services start
- This is a change in provider or added provider. [List other childcare providers you are still using or will stop using.]

PLEASE NOTE: When processing this request, a CCEP worker will send the childcare provider a W-9 and DA-130 form to get them entered in the State's accounting system, SMART. This can take more than 2 weeks to finalize so it is IMPORTANT to let CCEP know as soon as possible that you are working with a new provider.

3. How do I request reimbursement for an out-of-pocket childcare expense?

Have your Case Manager complete a CCEP *Request for Out-Of-Pocket Reimbursement* (Form 5258d). Provide your case manager a copy of your cashed check, written confirmation of payment from your daycare provider, or a screen print of an electronic payment made to your daycare provider. This supporting documentation must be sent with the form to get you reimbursed.

4. How do I request payment for a balance still owed after an EBT card payment?

Have your childcare provider send you an invoice. The invoice needs to include:

- Name of child(ren) in foster care who received the care
- Name of Foster Parent
- Child Care Provider's name and address
- Dates of Service
- Amount Charged
- Amount Paid by EBT Card
- Amount Due

If any of these pieces of information are missing from the invoice, include them in your e-mail so the payment can be processed without delay. Send to: DCF.FCCCEBExceptions@ks.gov