

WORKFORCE DEVELOPMENT DIVISION
Workforce Policy and Service Delivery Branch
Technical Assistance Bulletin 187

Program: Child Care

Subject: Child Care Service Delivery System: New Process for Electronic Funds Transfer Payments to Child Care Providers

Date: August 22, 2008

This Technical Assistance (TA) Bulletin provides Local Workforce Development Boards with:

- the new process for generating payment records in the Child Care Service Delivery (CCSD) system;
- a graphic overview of the new process for provider payments using Electronic Funds Transfer (EFT); and
- a PowerPoint training tool on the changes to CCSD for EFT.

New Process for Generating Payment Records in CCSD

To generate payment records in CCSD and then create Budget and Payment Application (BAPA) records to track expenditures and performance:

1. Enter attendance units into *Claims Setup* in CCSD (mailed-in forms, eVision or phone-based billing).
2. Determine if an exception check is required. If a check is required for a provider, follow these steps:
 - a. Open the *Provider Information* screen;
 - b. Browse for the provider;
 - c. Choose *Check* option if the provider needs a check printed;
 - d. When *Check* is chosen:
 - enter the payment date (if the payment date is not entered, or is not in correct date format, an error message will appear); and
 - enter a check exception reason; and
 - e. Make all other appropriate notes on the *Provider Information* screen.
3. Run the CCSD *Payment Proof*. Verify totals and, if incorrect, return to *Claims Setup* and correct amounts.
4. Run the *Provider Payment*, which indicates if a check was used for that payment date. The *Provider Payment* may be exported in RTF format and e-mailed to providers or posted on a Web site.
5. Run the BAPA 2016 process.
6. Run the payment extract file, which can be used to import payment information into other systems when necessary.

Attachment 1 to this TA Bulletin is a graphic overview of the new process for provider payment by EFT.

Attachment 2 is a screen shot of the Provider Information screen in CCSD.

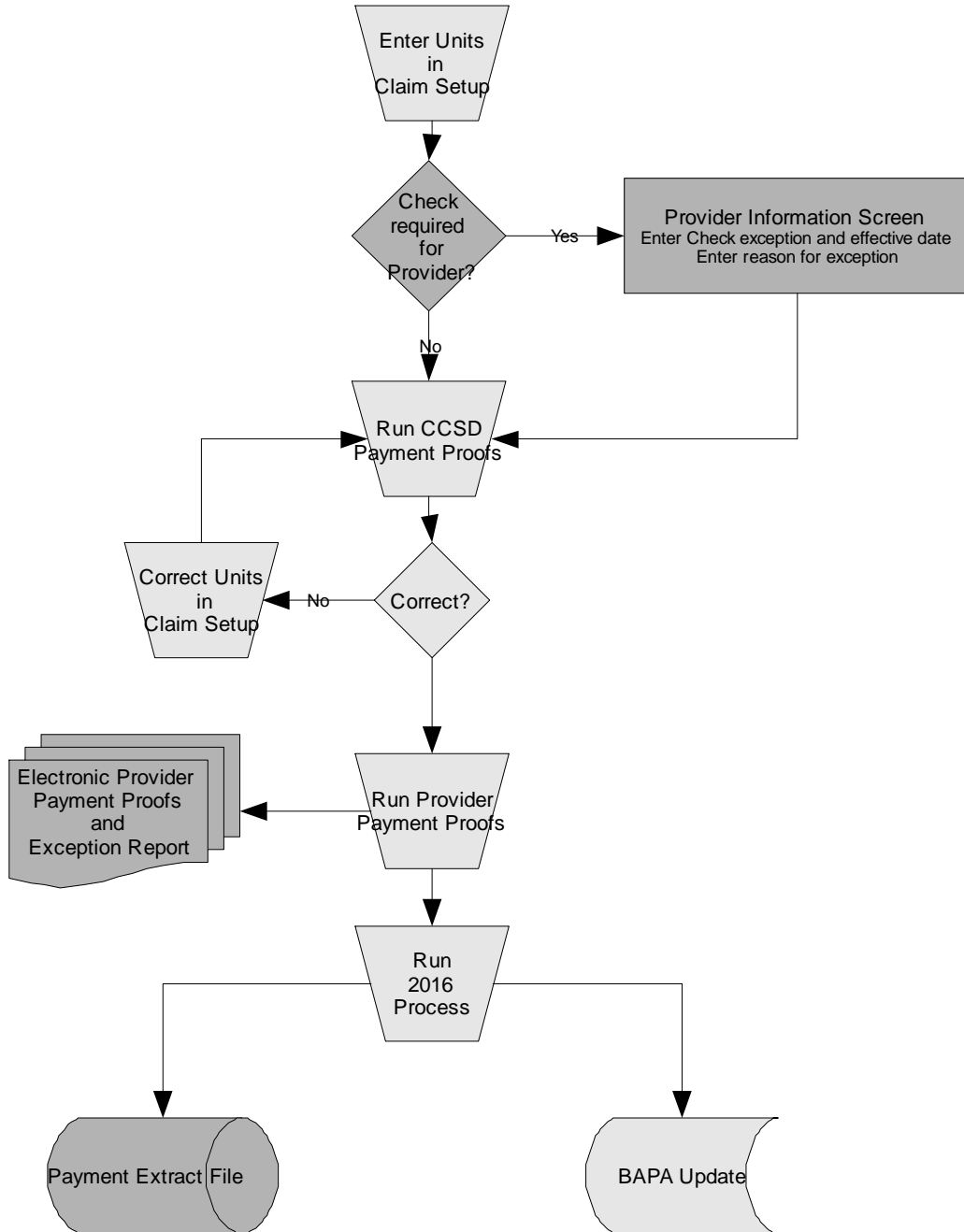
Attachment 3 is a PowerPoint training tool.

Please distribute this information to appropriate staff. Direct inquiries regarding this TA Bulletin to wfpolicy.clarifications@twc.state.tx.us.

Graphic Overview

Steps required to generate provider payments within CCSD:

Provider Claim Process with Exception Check and Extract File Processing



CCSD Provider Information Screen

CCSD - Provider

File Browse Comment Option Audit Exit 7/22/2008 9:40:10 AM SQL Version 10.5.7

| Special Services | Group, Size, Meals | Additional Information |
|---|---|---|
| Provider Information | | |
| Provider No: <input type="text"/> | EIN/SSN: <input type="text"/> | Provider Since: <input type="text"/> # Mth Paymts: <input type="text"/> Charitable Type: <input type="text"/> |
| Provider Status: <input type="text"/> | Tele: <input type="text"/> | Owner CD: <input type="text"/> |
| License No: <input type="text"/> | License Date: <input type="text"/> | Cel: <input type="text"/> Category: <input type="text"/> |
| Provider Name: <input type="text"/> | Fax: <input type="text"/> | Email: <input type="text"/> |
| Address: <input type="text"/> | Permit No: <input type="text"/> | Permit Date: <input type="text"/> |
| City: <input type="text"/> | State: <input type="text"/> | Intake Closed Dt: <input type="text"/> |
| Zip Code: <input type="text"/> | County: <input type="text"/> | <input type="checkbox"/> Verified Not On Sex Offender Registry Date Registry Verified: <input type="text"/> |
| Mailing Address | | |
| Addr 1: <input type="text"/> | Addr 2: <input type="text"/> | |
| City: <input type="text"/> | State: <input type="text"/> | Zip: <input type="text"/> County: <input type="text"/> |
| Contract Signer: <input type="text"/> | Title: <input type="text"/> | <input type="checkbox"/> Full Year Facility |
| Contact Person: <input type="text"/> | Title: <input type="text"/> | <input type="checkbox"/> eVision Participant |
| Contact Tele: <input type="text"/> | Provider Worker: <input type="text"/> | Financial Worker: <input type="text"/> |
| Agreement (Start) <input type="text"/> | (End) <input type="text"/> | |
| <input type="checkbox"/> Check Payment Date: <input type="text"/> | <input type="button" value="TRS Provider"/> | <input type="button" value="TEEM Provider"/> |
| Rsn: <input type="text"/> | | <input type="button" value="School Ready"/> |