



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

GRETCHEN WHITMER
GOVERNOR

MICHAEL F. RICE, Ph.D.
STATE SUPERINTENDENT

MEMORANDUM

DATE: July 22, 2020

TO: Current Licensed and License Exempt Child Care Providers

FROM: Dr. Scott M. Koenigsknecht, Deputy Superintendent
P-20 System and Student Transitions

SUBJECT: UPDATED Guidance for Child Care Providers During the COVID-19 State Emergency, including Updates for Current Child Development and Care (CDC) Subsidy Providers

This memorandum provides updated guidance for licensed and licensed-exempt child care providers during the COVID-19 state emergency. Per Executive Order, 2020-114, issued on Friday, June 5, 2020, all child care providers in Michigan were allowed to return to operation.

For up-to-date guidance about providing child care during the COVID-19 pandemic, please visit www.michigan.gov/coronavirus. Click on "Resources" and visit the child care page.

Updated Guidance for CDC Program Providers

The Michigan Department of Education's Child Development and Care (CDC) program understands the effect this state of emergency could have on current CDC subsidy providers—including licensed and licensed-exempt sites. Therefore, these frequently asked questions (FAQs) have been developed and posted to the CDC website (also attached) to clarify temporary child care billing procedures and answer other questions related to training and Great Start to Quality (GSQ) during this unprecedented situation. The FAQs on the CDC website will be updated as necessary as the situation evolves and new information becomes available.

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Please address questions related to child care billing and payments to the CDC call center at 866-990-3227. For questions not addressed in this memo, please contact Lisa Brewer Walraven at brewer-walravenl@michigan.gov or 517-241-6950.

Child Development and Care (CDC) FAQ

1. How should child care providers bill for child absence hours?
 - A. To help maintain licensed and licensed-exempt child care options throughout the state of emergency and beyond, the State has allowed child care providers to bill for all enrolled subsidy-eligible children. This policy ended on June 20, 2020.

During the time period of **March 16, 2020 – June 20, 2020** (Pay Periods 007, 008, 009, 010, 011, 012, and 013), providers should bill **regular child care subsidy hours** for all subsidy eligible children enrolled in their care.

- **If you are closed**, bill for the time the child is currently enrolled and would have been normally in your care.
- If you are **open and serving essential workers**, bill for the time you are serving a subsidy-eligible child in your care and bill for all subsidy eligible children who were enrolled and would have normally been in your care.

Providers will need to document on their time attendance records the following statement: **Billing regular child care hours due to state of emergency declared by Governor Whitmer (COVID 19).**

Effective Pay Period 014 (June 21, 2020 – July 4, 2020 and ongoing), providers should bill for children ONLY when the child is in attendance and your facility is open.

- **If you are closed:**

If your site is closed, you **may not bill subsidy (this includes absence hours)**, however you are eligible to apply for a Child Care Relief Fund grant for June.

- **If you are open:**

- You should follow normal billing practices.
- You should **bill for the hours that you provided care** for the child(ren). If a child is **absent**, use absence hours for the time when the child would have been in your care.
- If a child is absent, but is expected to return to care, a provider may bill the CDC program for absence hours. The absence hours should reflect the days and times a child would normally be in care. NOTE: licensed providers should have a written policy to charge families for absences, in order to bill the CDC program for absences.
- Payments for absence hours are limited to 360 hours annually, and to 10 days when no regular care hours are billed.

Providers should refer to the [Child Development and Care Handbook](#) for guidance on billing for regular hours and absence hours.

2. How can I bill for **school age children** who need additional care?

- A. The Department realizes that school age children **may** need to attend a child care program for additional hours during this time. Effective Pay Period 007 (March 15 – March 28, 2020) all school age child subsidy authorizations have been increased to 90 hours biweekly.

The increased authorizations will remain on the approved CDC subsidy case until the end of the 12-month authorization period. Ongoing, you should only bill for a school age child when they are in your care outside of regular school hours.

If you are currently open and serving essential workers, bill for the time the school age child is in your care.

If you are closed and you had a subsidy-eligible school-age child in your care, you may only bill for the hours the child was in attendance prior to the closure of your program.

Effective Pay Period 014 (June 21, 2020 – July 4, 2020 and ongoing), providers should bill for children ONLY when the child is in attendance.

- **If you are closed:**

If your site is closed, you **may not bill subsidy (this includes absence hours)**, however you are eligible to apply for a Child Care Relief Fund grant for June.

- **If you are open:**

You should **bill for the hours that you provided care** for the child(ren). If a child is **absent** use absence hours. If a child is **absent**, use absence hours for the time when the child would have been in your care.

- If a child is absent, but is expected to return to care, a provider may bill the CDC program for absence hours. The absence hours should reflect the days and times a child would normally be in care. NOTE: licensed providers should have a written policy to charge families for absences, in order to bill the CDC program for absences.
- Payments for absence hours are limited to 360 hours annually, and to 10 days when no regular care hours are billed.

Providers should refer to the [Child Development and Care Handbook](#) for guidance on billing for regular hours and absence hours

3. Will child care subsidy cases that have eligibility end dates for March 2020, April 2020, May 2020, and June 2020 be allowed to continue without interruption?
- A. Yes. In order to not disrupt the continuity of care MDE and DHHS will be working together to suspend CDC case redeterminations for these three months. March 31, 2020 redeterminations will be extended to September 30, 2020. April 30, 2020 redeterminations will be extended to October 31, 2020. May 31, 2020 redeterminations will be extended to November 30, 2020. June 30, 2020 redeterminations will be extended to December 31, 2020.

4. Should Great Start to Quality Resource Centers continue to offer Great Start to Quality Orientation (GSQO) training for license exempt child care providers?
 - A. Because license exempt provider payments rely on the completion of this training, the temporary virtual GSQO training will be offered in place of in-person training through September 30, 2020, if an in-person option is not possible. In addition, during this state of emergency, Great Start to Quality Resource Centers will provide First Aid and CPR **training (infant, child, and adult)**, and suspend CPR and First Aid **certification**, which requires a practical skills component. Providers will not be certified in CPR and First Aid. The goal is for you to meet the needs of the providers in your service area who are waiting to be paid for care they are providing. Refer to specific communication and guidance issued from ECIC to the Great Start to Quality Resource Centers.

During this time, Great Start to Quality Resource Centers should indicate on the training sign in sheet the method of delivery for the training and that you offered CPR/First Aid training. Note, if a provider would like to become certified in the future, he/she could attend a stand-alone CPR/First Aid certification class and receive credit toward level two.
5. Should license exempt health and safety coaching visits continue as required to meet CDC requirements?
 - A. Health and safety coaches have been identified as essential visitors. Beginning June 12, 2020, we are transitioning to conducting these visits partially via phone and partially onsite to help reduce the amount of time onsite. A health and safety coach will contact unrelated license-exempt providers directly to make arrangements.
6. If I have a GSQ coaching visit or infant toddler cohort meeting scheduled, should it proceed?
 - A. Between the period of March 16, 2020 and September 30, 2020 coaching visits and cohorts (to the extent possible) should be conducted via phone or email. Case notes/documentation should indicate why any coaching visits were postponed.
7. If I have a GSQ Assessment Visit scheduled, should it proceed?
 - A. Between the period of March 16, 2020 and June 12, 2020, we are placing a moratorium on these visits. During the moratorium, proper documentation must be maintained, including the reason for the visit not being completed.

GSQ assessment staff have been identified as essential visitors. GSQ assessment visits will resume, with modified procedures in alignment with public health guidance, beginning June 15, 2020. A GSQ representative will contact all programs awaiting assessment to make arrangements in the coming weeks.

8. What if my rating expires between March 16, 2020 and July 9, 2020?
 - A. Programs with ratings that expire(d) between March 16-July 9, prior to EO 2020-04, will have their ratings extended by 15 weeks.

9. Should face to face training offered through the MiRegistry continue as planned?
 - A. No. COVID-19 has forced a discontinuation of face-to-face training. We encourage you to explore offering training virtually to meet the needs of providers in your service area through September 30, 2002. However, if it is feasible for you to offer face-to-face training, you may do so. Decisions made to suspend trainings must be documented in the ECSN monthly report document submitted to MDE.