



Subject: Adams County CCAP Manual Claims Provider Instructions

All manual claims will be reviewed by a Child Care Assistance Program (CCAP) on a case by case basis to determine if there is a justifiable reason for the manual claim.

- 1. You must complete the state prescribed Manual Claim form in its entirety.
- 2. Please make sure the attendance sheets are legible with no highlights and in blue or black ink.
- **3.** If you are submitting a Manual Claim form, you must indicate the reason why you are submitting a manual claim for each child on the line provided. If you have questions on what is a justifiable claim, please call CCAP 720-523-2337 or Provider Specialist 720-523-2206.
 - Example: system error- what is the error, county error- what is the error, No ATS-what
 is the ATS problem and have you sent a help desk ticket (HDT) to the State @
 cdhs ats helpdesk@state.co.us
 - If you don't indicate a reason for submitting the manual claim or the reason is not <u>justifiable</u>, you may not be reimbursed for child care cost.
- **4.** Sign in and sign out sheets (attendance sheets) with dates of care are required to process the manual claim. Provider shall maintain paper or electronic sign in/out sheets that the person authorized to drop off/pick up the children have signed with the date, names of the child(ren) and the time the child(ren) arrive and leave each day the attend. Please do not submit attendance sheets as a jpg (picture)
- 5. Incomplete manual claims will be "DENIED". If the Manual Claim form is incomplete or missing information or not legible the claim may be sent back to you with a request for the missing information to be submitted before the claim is processed.
- **6.** Manual Claim form must be signed and dated by the child care provider and should be submitted in "PDF" format. Do not send a jpeg (picture) manual claim.
- 7. Please reconcile all service months' payments from ATS before submitting manual claims. If there was an open authorization, a holiday may have been paid even though the adult caretaker did not have ATS access yet or was not in attendance.
- **8.** Manual claims should to be sent to CCAP after reconciliation of prior months' payment. CCCAP pays 2 weeks in arrears, therefore; please submit manual claims after the 2ND Thursday of the following month payment is being requested for.
- 9. Payment for services shall be forfeited if the state prescribed manual claim form is not submitted within (60) calendar-days following the month of service. Please submit all manual claims & attendance sheets within 60 days to; Adams County CCAP via e-mail to adamsccapproviders@adcogov.org or fax 720-523-2201 or mail Adams County CCAP 11860 N. Pecos St. Westminster, CO 80234-2740.
- 10. Adams County CCAP manual claim questions call the CCAP worker directly or 720-523-2337.

Adams County Department of Human Services Colorado Child Care Assistance Program 11860 N. Pecos St. Westminster, CO 80234-2740 CCAP Providers email: adcogov.org CCAP Main # 720-523-2337 Fax: 720-523-2201

Provider Specialist 720-523-2206





Provider Rights

When a provider contends that the county has not made adequate payment based on program rules for care provided, the provider has the right to an informal conference with county staff pursuant to 9 CCR 2503-9 at section 3.914.1.G (effective 12/31/2017 at section 3.914.1. H)

- Providers may request a conference in writing within 15 calendar days of the date of the action.
- Provider request should be addressed to the county director of the county department of social/human services responsible for the action.
- Provider may request that state program staff participate in the conference. That participation may be by telephone conference.
- The conference shall be held within two (2) weeks of the date that the written request is received by county.
- The purpose of the conference will be limited to discussion of the payments in dispute and the relevant rules regarding payment.
- The final decision of the county shall be mailed to the provider within 15 business days of the conference date.