

CCR&R Milestone Definitions

(All milestone definitions will be included in Appendix D section of a new contract when developed)

(Costs included in this section are based on the 2008 Functional Cost Analysis)

Information/Referral: is a service that assists families in making appropriate child care arrangements. This service is provided through in-take and consulting/counseling that leads to the development of an appropriate child care plan. This will include referrals to child care programs/providers that meet the family's needs (regulated care) and/or assistance in the development of a child care plan using parental care, legally-exempt care, in-home agencies or camps or a combination of care options. Information provided would include but not be limited to: quality indicators, financial assistance, health/safety requirements and complaint policies. In addition, these families will be provided with resource materials on how to choose appropriate child care and referrals to other human services, if appropriate. The CCR&R staff is required to collect data on the family's income eligibility for subsidy assistance and, when appropriate, families are referred to the local agency administering subsidy. For data reporting requirements, families of low income are defined as having an income of 200% of State poverty guidelines or below the county income eligibility, (whichever amount is higher). For non-subsidy eligible family information/referral services not supported by OCFS funds, fees may be charged to the family. The information referral service can be provided by phone, e-mail, real-time web-based conversation (live chat, Skype, etc.) or in person. A CCR&R may serve and count a family more than once per quarter if the family requests are for significantly new information and/or referral services.

The unit cost includes: intake, consultation, referrals, follow-up surveys of 20% of families served, material development, data base administration and maintenance and related administrative costs. Payment is based on the number of information/referrals made.

On-line Referral – is a service that allows families the ability to generate referrals on-line using NACCRRAware Referral Software. This software must be used by all state funded CCR&Rs when providing referrals. Referral services must include access to information including, but not limited to: quality indicators, financial assistance, health/safety requirements and complaint policies. In addition, these families will be provided with resource materials on choosing appropriate child care referrals and referrals to other human services, if appropriate. Families must request referrals for services to be counted as a milestone. Sufficient information must be collected from the on-line user to ensure proper documentation of service provision and, to the extent possible, demographic information is needed for the quarterly data report. A CCR&R may serve and count a family more than once per quarter if the family requests are for significantly new information and/or referral services.

The unit cost includes: NACCRR data base usage costs, data update, software, hardware and internet costs, Internet Mask Modules (IMM) verification and follow-up surveys of 20% of all on-line referrals. Payment is based on the number of complete and documented on-line referrals provided.

Basic Technical Assistance to Regulated Providers and Legally Exempt Providers: is a service when a CCR&R provides information specific to a provider/program on such topics as, but not limited to, best practices for providing child care, indicators of quality child programs, information on business administration practices, health issues that are not part of health care consultancy services and regulations governing program compliance issues specific to that program. All individuals working in licensed and registered programs are eligible for this service. Technical assistance is provided through all modes of written and verbal communication such as phone, email, and fax, as well as in person.

The unit cost includes intake and consultation, research, material development if appropriate and related administrative costs. Payment is based on the number of basic technical assistance service units provided.

Intensive Technical Assistance to Regulated Providers and Legally Exempt Providers who are in the process of becoming regulated family child care providers: is a service when a CCR&R provides information specific to a child care provider/program on such topics as, but not limited to: best practices for providing child care; indicators of quality child programs; and providing services that programs need to achieve the goals of their QUALITYstarsNY Quality Improvement Plan; and information on business administration practices and regulations governing program compliance issues specific to that program. Technical assistance is provided in person and is for a duration of at least one hour in length.

The unit cost includes: intake, preparation time, travel time and expenses and consultation, research, material development if appropriate, and related administrative costs. Payment is based on the number of contact hours of intensive technical assistance provided, regardless of the number of people served.

Health Care Consultancy Services: is a mandatory service defined in regulations to assist child care providers/programs maintain compliance with the regulations concerning Health Care Plan requirements such as the Administration of Medication, the care of infants, toddlers, and the care of mildly or moderately ill children. All licensed and registered providers/programs, prospective programs/providers and legally-exempt programs/providers requiring a HCC approval are eligible for this service. Services must be conducted by a person meeting health care consultant qualification. The CCR&R may employ such a person and/or enter into a consulting agreement with a qualified person. Services may include: technical assistance, site visits, training on the requirements of a health care plan, plan approval and plan renewal.

Unit cost for health care approved plan includes any and all required services that pertain to the OCFS approval or renewal of a Health Care Plan and related administrative costs. Services may include site visits to the program during the certification period and unlimited technical assistance post plan approval. Site visits may include: review of health care policies and procedures, review of all documentation of medication practices within the program and a review of staff records of those authorized to administer medication to ensure that all requirements are met. Payment is based on the number of approved health care plans.

It is recognized that there are times when a health care plan approval or renewal is unable to be completed. Therefore, when one or more of the following health care services is provided and

documented, the following service level and unit costs may be applied under the health care consultancy milestone.

Unit cost for each service must pertain to the development or renewal of a Health Care Plan and include related administrative costs as defined in the service plan.

- a. Initial Plan Consultation – this includes all technical assistance to a provider/program in the development or renewal of a Health Care Plan. Unit cost would be based on 2 hours at \$90.00 per hour.
- b. Site Visit – includes a site visit to the program/provider’s site and consultation during the visit. The site visit must include: review of health care policies and procedures, review of all documentation of medication practices within the program and a review of staff records of those authorized to administer medication to ensure that all requirements are met. Unit cost would be based on 3 hours at \$90.00 per hour.
- c. Health Care Plan Review – includes the review of a provider/program’s health care plan and feedback of the plan sent to the provider/program. Unit cost would be based on 7 hours at \$90.00 per hour.

In addition, the CCR&R must submit a fee structure that the CCR&R has established for health care consultancy services and the percentage of cost that is offset by the funds provided by OCFS. Services may be available for free, reduced or full cost.

Quality Child Care Community-Specific Strategies: are the services the CCR&R will design for community-specific strategies for improving the quality of care in regulated and legally-exempt family-based care, licensed child care centers and registered school-age child care programs. The strategies may include costs of intensive technical assistance, incentive payments to providers to participate in technical assistance services and meet quality improvement goals, small grants to meet health and safety standards to become enrolled/registered/licensed or maintain such approval, and other locally defined strategies. Grants for day care centers and school age programs will be allowed. Grants up to \$1,000 are only available to child care programs that have 25% of their child care slots committed to subsidized children.

The CCR&R must establish unit costs for each strategy(ies) it develops under this category. The unit costs may be distinct unit costs for different strategies. If strategies include small grants for the purchase of equipment or other materials for the provider, the grant portion of the reimbursement will be limited to the actual funds granted to the provider.

Legally-Exempt Enrollment: is a service that includes the enrollment and monitoring of legally-exempt child care. The legally-exempt enrollment services are measured through meeting identified and defined standards within required timeframes found in the CCR&R contract. They include: providing enrollment packages to parents, rendering a temporary enrollment decision, rendering a full enrollment decision, processing re-enrollments, inspection of 20% of legally-exempt providers and maintaining case files and entries into CCFS.