



CHILD CARE PROVIDER PAYMENT RESOLUTION REQUEST

INSTRUCTIONS

The payment resolution process is a formal process for child care providers to have their child care payments reviewed when discrepancies occur. To initiate the review, this form must be completed by the child care provider and must be submitted within 60 days of the end of the service month or 60 days past the 'Return by' date found on the paper invoice, whichever is later. A statement must be included in the 'Explanation' section below explaining why the invoices are being submitted late.

The attendance records for each child and service month listed below must be submitted with this form, if not correctly entered into CCBIS electronic time and attendance system.

EMAIL the completed form to: Office of Childhood- Childhood Finance at CCPayments@dese.mo.gov.

MAIL the completed form to: Missouri Department of Elementary and Secondary Education, Office of Childhood-Childhood Finance, PO Box 480, Jefferson City, MO 65102.

QUESTIONS: Contact the Office of Childhood-Childhood Finance at 573-522-1385 or CCPayments@dese.mo.gov.

CHILD CARE PROVIDER/FACILITY

CONTACT NAME	DVN	TELEPHONE NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

The information provided below, **along with complete attendance records (if not in CCBIS)**, will be used to review payment for child care services provided. Your request will be reviewed and you will be notified of the outcome. Submission of this form does not guarantee payment.

Child's Name	Date of Birth	DCN	Service Month/Year	Reason for Review*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

REASONS FOR REVIEW

*In the Reason for Review Column, enter the letter that best describes the situation:

- A. Child not authorized.
- B. Incorrect Rates.
- C. Provided more units of care than the child was authorized.
- D. Was not paid for the units of care submitted.
- E. KinderConnect/CCBIS technical issues (after contact with ControlTec).
- F. Overpayment – Explain in space below.
- G. Other – Explain in space below.

EXPLANATION (attach additional pages if necessary)

PROVIDER SIGNATURE	DATE
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

CHILD CARE PAYMENT RESOLUTION REQUEST

PURPOSE:

The Child Care Provider Payment Resolution Request is the form providers are required to submit when payments need to be reviewed for discrepancies. Submitting the Child Care Provider Payment Resolution Request will initiate the process for payments to be reviewed for discrepancies.

INSTRUCTIONS:

The form may be typed or legibly handwritten by the child care provider or a representative of the child care provider.

To be eligible for review, all Child Care Provider Payment Resolution Request forms must be submitted with complete attendance records for each child and service month in question, if attendance is not correct in KinderConnect/CCBIS electronic time and attendance system.

CHILD CARE PROVIDER/FACILITY – Enter the child care facility name or the child care provider's name.

CONTACT NAME – Enter the name of the person that can be contacted for any questions pertaining to the resolution request.

DVN – Enter the Departmental Vendor Number (DVN) for the facility or the provider.

TELEPHONE NUMBER – Enter the telephone number of the contract name.

MAILING ADDRESS – Enter the mailing address of the facility or individual child care provider.

CITY – Enter the city for the mailing address of the facility or individual child care provider.

STATE – Enter the state for the mailing address of the facility or individual child care provider.

ZIP CODE – Enter the zip code for the mailing address of the facility or individual child care provider.

EMAIL ADDRESS – Enter the email address for the facility contact or individual child care provider.

CHILD'S NAME – Enter the child's name for which payment review is being requested. Each form allows up to ten children to be listed for payment review.

DATE OF BIRTH – Enter the child's date of birth for which payment review is being requested.

DCN – Enter the child's DCN for which payment review is being requested. A DCN will need to be entered for each individual child listed.

SERVICE MONTH/YEAR – Enter the service month and year for which payment review is being requested.

REASON FOR REVIEW – Enter the letter (A-G) corresponding to the reason for the review request. (The reasons are listed below the child's name listing 1. – 10.)

EXPLANATION – Enter any information that may support the request for review.

PROVIDER SIGNATURE – The provider/contact must sign the request and keep a copy for your records.

DATE – Enter the date of the request

RETURN THE CHILD CARE PROVIDER PAYMENT RESOLUTION REQUEST – Return the form along with attendance records (if not correctly in KinderConnect/CCBIS) to:

- Office of Childhood/Childhood Finance
- PO Box 480, Jefferson City, MO 65102
- CCPayments@dese.mo.gov
- FAX: 573-526-2926

SUBMIT – Once the Child Care Provider Resolution Request has been completed in full, submit the request to Office of Childhood – Childhood Finance via email, fax or mail along with attendance record(s) for each child in question (if the attendance is not correct in KinderConnect/CCBIS). Provider must keep a copy of the requests and attendance records for their records. Attendance records will not be returned to the provider.