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Components

- EBT Payment System
 - Includes both regulated and unregulated providers
- Market Rate Study
 - Included only regulated providers
 - Unregulated providers not included as not market based businesses
 - Analyzed impact of EBT Payment System as well as rates
- Quality Challenges

Background

- Previous market rate study completed in 2004
- Last payment rate adjustment made in 2002
- New EBT payment system for child care implemented statewide in September, 2005
- Quality rating system exists, but is not statewide
- Currently, no tiered payment system

EBT Payment System Overview

Goals

- Simplify payment process for parents, providers and staff
- Mirror private sector payment processes
- Involve the parent in the payment process

Benefit issuance

- Child care approved on eligibility determination system
- Interface occurs with EFD Government Solutions
- Benefits loaded on EBT card on first of each month
- Program debited when benefits actually used

EBT Payment System – Processes and Roles

Workers/staff

- Enroll providers
- Determine eligibility
- Enter information into automated system
- Issue EBT card
- Act on changes reported

Automated system

- Calculates benefits
- Sends child care plans (vouchers) to parents
- Sends notices
- Advises EFD
 Government Solutions
 funds are available
- Interface with EFD for approved providers

EBT Payment System – Processes and Roles

EFD Government Solutions

- Contracts with providers (POS device, non-POS and bank account information)
- Installs POS devices if chosen
- Operates a 24/7 Help desk
- Transfers funds as requested by parents

Providers

- Contract with EFD
 Government Solutions for EBT payments
- Negotiate payment and policy terms with parents
- Bill parents for services
- Receive transfer of funds
- Comply with audit requests

EBT Payment System – Processes and Roles

Parents

- Apply for benefits
- Select provider
- Negotiate payment and policy terms with provider
- Request transfer of funds to provider
- Report changes to worker

EBT Payment System Impact on Payments to Providers

- Benefits available for payment to be made on first of each month
- Benefits available throughout the month for use in purchasing child care
- Hours of care needed calculated prospectively
- No adjustment made for actual hours of care
- Benefits not terminated before end of month

Market Rate Study

- Completed June 20, 2007 using December,
 2006 data
- Included analysis of EBT payment amounts
- Used R&R data did not conduct a survey
 - Included total population of regulated providers
 - Based on rates reported to R & R for parent referrals
 - Represented rates providers charge to the private sector

Market Rate Survey

- Mapping used to analyze data
 - Provider Type
 - County in which provider conducts business
 - Age of children
- New area rate groups
 - Group 1 4 counties (highest rates)
 - Group 2- 11 counties
 - Group 3- remaining 90 counties (lowest rates)

Market Rate Study Results-Rates

- Current maximum hourly rates consistently below 50th percentile for regulated providers
- County grouping changes
 - 2 counties moved from Group 2 to Group 1
 - 2 counties moved from Group 2 to Group 3

Market Rate Study – EBT Payment System Impact

- Paid hours, percentile and benefits increased
- Average number of providers serving subsidy children increased
 - Group 1 by 13.3%
 - Group 2 by 9.6%
 - Group 3 insignificant increase (0.1%

Market Rate Study – EBT Payment System Impact on Percentile Computation

Registered Providers

- under 18 months 49th percentile
- over 18 months 63rd percentile

Licensed Home Providers

- under 18 months 67th percentile
- over 18 months 70th percentile

Centers

- under 12 months- slightly lower than 50th percentile
- 12 to 18 months –56th percentile
- 18 to 30 months 56th percentile
- 30 months to 5 years –
 56th percentile
- 6 years and older 66th percentile

Conclusions from Market Rate Study and EBT Payment System Analysis

- EBT Payment System policies have increased access
 - Increase in number of providers serving subsidy children in Groups 1 and 2
 - While maximum hourly rates have not been adjusted, additional funds are available to parents to purchase child care
 - Actual benefits issued to licensed providers has increased despite flat funding of maximum hourly rates & licensed providers serve more subsidy children than other provider types

Conclusions from Kansas Market Rate Study and EBT Payment System Analysis

- Factors other than maximum hourly rates must be considered when determining actual provider payment and access
- Payment rate increase still needed for some provider types
 - Actual registered provider rates and center rates are still below 65th percentile
 - Kansas is proposing a provider rate increase for State Fiscal year 2009

Quality Challenges

- Funding to increase payment rates even with benefits of EBT Payment System
- Quality Rating System availability statewide to assess quality of care being provided
- Implementation of a tiered payment strategy

