

COVID Related Absences Invoicing INSTRUCTIONS

12-28-20 – 5-4-21

Step One: Getting Started* ** **

* *The **February, March and April** spreadsheets for CCDF Children **are slightly different.***

It asks you if -

Total amount already paid for the listed week(s) through Web-Billing for Child (Column L). Leave this column blank unless you have billed. Remember many of these cells self-populate (do the equation for you).

*** An excel sheet must be completed for each center resource # if payment is to go to the individual centers. All children must be entered onto one excel sheet.*

**** **DO NOT BILL FOR P & P children** with this invoice system. Children receiving scholarship funds through P & P should be billed through the web-billing system or other method as designated by your P & P DCYF team.*

***** Children ages 6 weeks to 12 years of age are eligible (with some exceptions) for program/providers that are Licensed and Licensed-exempt (enrolling or enrolled).*

1. Open the **monthly** invoice document and save as an **Excel Spreadsheet**. Save document as: Program Name COVIDABSENT Month. **This document must be saved as an Excel Spreadsheet. Pictures, Zip Files and PDF's will not be accepted.**

For example: ABCchildcareCOVIDABSENTJanuary

2. ***All invoice spreadsheets for Absences Due to COVID-19 must be received by 5:00 p.m. on the following schedule. Invoice spreadsheets received after the deadline will not be paid.***

Dec 28, 2020 – Jan 31, 2021 = January Invoice

Due by Friday, March 26, 2021

Feb 1 – Feb 28, 2021 = February Invoice

Due by Friday, April 9, 2021

Mar 1 – April 4, 2021 = March Invoice

Due by Friday, April 23, 2021

April 5 – May 2, 2021 = April Invoice

Due by Friday, May 14, 2021

- 3.

Worksheet One: Billing/Contact Information

1. **Vendor Name:** Enter your Vendor Name. This is the name of the person or business listed in your vendor number application and will be the name that appears on the payment check.
2. **DBA:** If your program is operating under a different name than your Vendor Name enter that here.
3. **Address/City/State/ZIP:** Enter the address, city, state, and zip code where the check should be mailed. This is the same address you put on the vendor number application.

4. **Vendor #:** Enter the vendor number here.
5. **ER Resource #:** Enter the resource ID number *you use to bill for the employment related (ER) NH Child Care Scholarship Program*
6. **Child Care License Number:** Enter your child care license number. This can be found on your Child Care License example: CCCB-01234
7. **Invoice Completed By:** enter the person who is completing the invoice.
8. **Date Submitted:** Enter the date you e-mail invoice to DHHS: COVID Absentee Invoices <DHHS.AbsenteeInvoice@dhhs.nh.gov>
9. Amounts due will auto populate so do not enter any information here.

10. ***This section must be completed:***

Indicate Type of Care (Licensed Child Care, Licensed Family Home, LE Center, LE Provider)	
Are You A License-Exempt Center/Provider?	
Are You A School Age Program Only?	
Are You Offering A Summer 2021 for School Age Children?	
Were You A Summer Only Program Before COVID?	
Number of Open Classrooms During This Time Period	
Total Enrollment During This Time Period	
Total Direct Staff (FT and PT) During This Time Period	

11. **Signature:** Enter your full name. Physical signatures are not needed.
12. **Title:** Enter your position title.
13. **Date Signed:** Enter the last day of the month.

NOTE THERE ARE CCDF CHILDREN AND NON-CCDF CHILDREN TABS AT BOTTOM OF DOCUMENT

Step Two:

Worksheet B – CCDF Children Only (NH Scholarship children):

1. **Complete each column**

- a. **Program Name** – *This is the same name you entered on Summary Sheet.*
- b. **Child's RID #:** *You can find this number under child's name in web billing.*
- c. **Childs LAST NAME**
- d. **Child's First Name** (do not use nicknames or abbreviated names)
- e. **Child's DOB**
- f. **Age in Mths:**

Example1:

Services dates week of 3-8-21.
 Childs DOB 3-5-20, child is 12 months old
 Weekly Standard

Example2:

Service dates week of 4-5-21
 Child DOB 3-5-20, child is 13 months old

*Age of child will determine the weekly standard rate

- g. **Authorized Service Level*:** This is the child's normal scheduled hours. Enter Full Time, Half Time or Part Time.
- h. **Provider's Actual Charge Amount for Week**:** Enter your weekly charge that you would charge the parent if web billing for a normal full time week. **Please note the**

**February, March and April spreadsheets for CCDF Children asks if you -
 Total amount already paid for the listed week(s) through Web-Billing for Child
 (Column L).**

**Leave this column blank unless
 you have billed. Remember many of these cells self-populate (do the equation for you).**

Note some columns letters may be different on February, March and April since we added the

- i. **DHHS Authorized Maximum Weekly Standard Rate***:** Enter amount from the attached Child Care Scholarship Program – Employment Related Maximum Weekly Standard Rates sheet
- j. **Columns J, K, M and X will auto populate. Do not enter any information into these columns.**
- k. **Week Begin / Was child absent:** Enter 1 for yes if child was absent that week or 0 for no if the child was not absent any day for that week
- l. **Week Begin / Number of days absent this week:** You only enter number of days in this column if you entered yes for absent.
- m. **Total Days Absent:** Total number of days cannot exceed 10. You must subtract days if the total amount is over 10.
- n. **Comments:** Enter CLOSURE if center is partial or fully closed. Enter COVID ABSENT if center was open but child was absent.

STEP 3

C- Non-CCDF Children Only

2. Complete each column

- a. **Program Name** – This is the same name you entered on Summary Sheet.
- b. **Childs LAST NAME**
- c. **Child's First Name** (do not use nicknames or abbreviated names)
- d. **Child's DOB**
- e. **Age in Mths:**

Example1:

Services dates week of 3-8-21.

Childs DOB 3-5-20, child is 12 months old

Weekly Standard

Example2:

Service dates week of 4-5-21

Child DOB 3-5-20, child is 13 months old

*Age of child will determine the weekly standard rate

- f. **Authorized Service Level***: This is the child's normal scheduled hours. Enter Full Time, Half Time or Part Time.
- g. **DHHS Authorized Maximum Weekly Standard Rate*****: Enter amount from the attached Child Care Scholarship Program – Employment Related Maximum Weekly Standard Rates sheet
- h. **Provider's Actual Charge Amount for Week****: Enter your weekly charge that you would charge the parent if web billing for a normal full time week.
- i. **Columns I, J, K, L, W and X will auto populate. Do not enter any information into these columns.**
- j. **Week Begin / Was child absent**: Enter 1 for yes if child was absent that week or 0 for no if the child was not absent any day for that week
- k. **Week Begin / Number of days absent this week**: You only enter number of days in this column if you entered yes for absent.
- l. **Total Days Absent**: Total number of days cannot exceed 10. You must subtract days if the total amount is over 10.
- m. **Comments**: Enter CLOSURE if center is partial or fully closed. Enter COVID ABSENT if center was open but child was absent.

Step Four: Submitting your Invoice

1. **Email submission** – Attach the completed and saved invoice to your email. Send the email to DHHS.AbsenteeInvoice@DHHS.NH.GOV . Enter your Program Name, COVID Absentee and month billing for in subject line: **Example: MsChildcareCOVIDABSENTEEJanuary**

Be sure to attach the completed monthly invoice for every authorized child to one email. No paper invoices will be accepted. Only email submissions will be reviewed and processed.

If you have any questions about completing the invoice, please email us at DHHS.AbsenteeInvoice@DHHS.NH.GOV