

How to Calculate Your Retroactive Payment per Child

Q1: What do I need to calculate my retroactive payment per child?

A1: You will need the following:

- The child care certificate covering the retroactive payment period:
 - Home based providers (licensed and unlicensed) as of January 1, 2014
 - Center based providers and recreational programs as of July 1, 2014
- 2002 Payment Rate Table ([click here to view the 2002 rate table](#))
- New 2014 Payment Rate Table ([click here to view the 2014 rate table](#))
- Monthly Invoice covering the retroactive payment period
- Remittance Advice for retroactive payments

Q2: How do I breakdown my retroactive payment per child?

A2:

Step 1: Obtain the original invoice number, payment month and corresponding total retroactive payment from the retroactive payment Remittance Advice you received in the mail.

Remittance Advice for Retroactive Payment										
PROVIDER ABC KIDSVILLE USA 1234 MAIN STREET ROCKY HILL, CT 06067						Provider ID: 000000123 Phone Number: (860)555-5555 For services during: 00-0000 Invoice Number: 000000000 Issue Number: 000012345 Issue Amount: \$26.00 Issue Date: 09/30/14				
Child			Payment Calculation							
Child Name	Certificate Number ** ** Family ID Number	Child with Special Needs?	Care 4 Kids Basic Rate per Month	Payment from Other Sources (-) 1	Additional Hours Supplement (+)	Supplemental Special Needs Payment (+) 2	Family Fee	Adjustment (-/+) 3	Net State Payment for Child	Incentive Payment to Provider 4
INV AMOUNT JULY 14 ORIGINAL	ORIGINAL INV 00123456								899.00	
ADJUSTMENT JULY 14 RATE	ORIGINAL INV 00123456							26.00		

Step 2: Refer to your original invoice for a breakdown of the individual children that were paid.



MONTHLY INVOICE

1344 SILAS DEANE HWY, ROCKY HILL, CT 06067-1339
 1-888-214-KIDS (5437) Invoice Fax: 1-877-868-0871

For services provided during: July 2014

Invoice Number: 00123456

Invoice Date: 07/30/2014

For payment, invoice must be returned no later than: 11/30/2014

Provider ID: 000000123

Phone Number: (860)555-5555

Setting: Licensed Center

**PROVIDER ABC
 KIDSVILLE USA
 1234 MAIN STREET
 ROCKY HILL, CT 06067**

Thank you for providing care to the families in the Care 4 Kids program. This notice contains your monthly invoice. Complete the "Provider Total for Month" and "Changes in Car" sections. Mail or fax the completed invoice to the address or fax number listed above. Please remember to sign and date the invoice.

Children in Care	Care 4 Kids Information						Provider Totals for Month				Changes in Care
	Certificate Number ----- Family ID	Certificate Start Date End Date	Care Level 1	Total Approved Hours per Month	Total Approved Days per Month	Provider Monthly Charge	Actual Days Attended this Month	Actual Charge this Month	Additional Hours this Month	Total Charge for Additional Hours	
Child's Name	0001112222 ----- 0000000	1/1/2014 12/01/2014	FT	40.00	22	1226.00					

Step 3: Compare your 2002 C4K basic rate per week as indicated on the Child Care Certificate to the new 2014 Payment Rate Table.

Child Care Certificate

This is your Child Care Certificate for CHILD'S NAME. The Certificate starts 01/01/2014 and ends on 10/01/2014. CHILD is approved to receive Full Time(35-50) care from PROVIDER ABC KIDSVILLE USA, in the Infants (0-2 years) age group. Look at the payment calculation below to see the payment amount and your Family Fee.

We are issuing this Certificate for the following reason(s):

Your redetermination is completed. Your child is eligible for payment (17b-749-18 (b)).

Amount of Payment
(see the Parent Handbook for a description of these items)

Care 4 Kids Basic Rate per Week:	\$209.00
MONTHLY CALCULATION	
Care 4 Kids Basic Rate per Month(+):	\$899.00
Family Fee for this Child (-):	\$0.00
Total Payment Amount:	\$899.00

2014 WEEKLY PROVIDER REIMBURSEMENT RATES

EFFECTIVE January 1, 2014: Licensed Family Child Care Providers and Unlicensed Home Provider

EFFECTIVE July 1, 2014: Center, Group Child Care Home and Recreational Programs

		Eastern*	North Central*	Northwest*	South Central*	Southwest*
Full-Time Care - 35 to 50 hours/week						
Child Care Centers or Group Child Care Homes: Rates Effective 7/1/14	Infant/Toddler	176	195	205	215	234
	Pre-School	139	155	163	170	184
	School-Age	126	139	146	153	167

Step 4: Take the difference of the rates and multiply it by 4.3 weeks to obtain the retroactive monthly payment amount.

Example:

NEW 2014 Basic Rate per week for a Licensed Center in the South Central region at the

Full-Time Care level for an Infant Child\$215.00 per week

2002 C4K Basic Rate per week for a Licensed Center in the South Central region at the

Full-Time Care level for an Infant Child.....\$209.00 per week

\$215.00 minus \$209.00 = a difference of \$6.00 per week between the old and new rate.

\$6.00 multiplied by 4.3 weeks = \$26.00

*\$26.00 is the retroactive payment for that child**

**If you are a member of CSEA-SEIU Local 2001 labor union, your union dues will be deducted from the retroactive payment and the original payment amount.*

** If your program is accredited, the accreditation incentive will be included in your retroactive payment.*

Q3: What is the percentage increase?

A3: The percentage increase depends on your provider type:

- Unlicensed Home Based providers - approximately 29%
- Licensed Family Day Care Home providers with Infants and Toddlers – approximately 11.25%
- Licensed Family Home providers with Pre-School and School Aged children – approximately 3%
- Licensed Centers and Recreation programs – approximately 3%