

Ohio Department of Job and Family Services
**INSTRUCTIONS FOR COMPLETING THE JFS 01292, PUBLICLY FUNDED
CHILD CARE REQUEST FOR OHIO ECC PAYMENT ADJUSTMENT**

The purpose of this form is to request an adjustment to a previously issued publicly funded child care payment by the Ohio ECC system. This form is for payments issued after a provider has begun utilizing Ohio ECC.

Provider: Listed below is the information that is needed on the JFS 01292 for the County/Ohio Department of Job and Family Services to process an Ohio ECC Payment Adjustment request.

County: Listed below is the information that is needed on the JFS 01292 for the Ohio Department of Job and Family Services to process an Ohio ECC Payment Adjustment request.

County must submit this form to child_care_adjustment@jfs.ohio.gov to the Ohio Department of Job and Family Services

Forms with incomplete or inaccurate information will be returned.

Section	Instructions for the section
County Request or Provider Request	Mark the appropriate request checkbox.
SECTION I. PROVIDER AND CASE INFORMATION	Provider or County complete this section
Provider Name	List the information as it appears on your license or certificate.
Provider ID Number	Provider ID number can be found on the license, certificate, PWeb (Provider Profile Screen), and the CCIDS provider portal, as well as the PFPD screen in CP and perform a provider inquiry and go to the provider profile tab in the AT.
Authorization Number	This number can be found on the PWeb Provider Profile Screen, select Authorizations button, in EA Auth # found on AUICC.
Caretaker First Name	List primary caretaker's first name on the case, Authorization Inquiry and view Authorization – Profile.
Caretaker Last Name	List primary caretaker last name on the case.
Case Number	Ten digit number can be found on the PWeb Provider Profile Screen, select Authorizations button, or in AT on the Authorization Profile.
Child First Name	List the first name of the child for whom claim is being submitted.
Child Last Name	List last name of the child for whom claim is being submitted.
Child ID Number	Twelve digit number found on Authorization Profile in the AT.
Service Week/Period (MM/DD/YYYY-MM/DD/YYYY)	Enter the Sunday begin date and Saturday end date of the week of service.
Settlement Date (MM/DD/YYYY-MM/DD/YYYY)	Settlement Date can be found on PWeb on Provider Payment Detail Screen.
SECTION II. REASON FOR REQUEST	Provider or County complete this section
Reason for the Request	Check one of the Reasons listed in the section.
Swipe Error	Caretaker back swipe was incorrect and was not corrected during the back swipe period.
Authorization Change	The authorization needs to change child in attendance utilized more care than authorized.
Caretaker Failure to Swipe	Caretaker does not swipe or loses swipe card.
Manual Claim Error	A manual claim payment amount was incorrect.
Describe the reason for submitting request	Provider details for submitting the adjustment request.

SECTION III. ATTENDANCE DURING SERVICE/WEEK PERIOD	
Enter Sunday Begin Date	Enter the Sunday date of the beginning of the week of attendance in the format MM/DD/YYYY.
Day of Week	For each day of week indicate time in HH:MM format and check am or pm for each check in and checkout time (may be more than one per day).
SECTION IV. SIGNATURES	For Caretakers and Providers to complete
Caretaker Signature	Caretaker signs signature
Date Caretaker Signs	Caretaker lists the date (MM/DD/YYYY)
Caretaker Name	Caretaker prints name
Phone Number of Caretaker	Caretaker lists contact phone number
Provider/Designee Signature	Provider/Designee signs signature
Date Provider/Designee Signs	Provider/Designee lists the date (MM/DD/YYYY)
Provider/Designee Name	Provider/Designee prints name
Phone Number of Provider/Designee	Provider/Designee lists contact phone number
Sunday Begin Date	Enter the Sunday date of the beginning of the week of attendance in the format MM/DD/YYYY
Child ID Number	Twelve digit number found on Authorization Profile in the AT
SECTION V. REVISED PAYMENT INFORMATION	County completes this section
Age Category of Child (<i>check one</i>)	Check one age category of child at time services were provided
Customary Rate	This rate can be found in CP on screen PFPR or PFRH
Appendix Rate	This rate can be found in Appendix to Rule 5101:2-16-41
Child Special Needs	This indicator can be found in EA on AECIC, if yes, up to 5% of payment rate not to exceed provider's customary charge
Child Special Needs Waiver	This indicator can be found in EA on AECIC, if yes rate equals twice the payment rate in appendix to rule 5101:2-16-41.
Non-traditional care 7:00p.m. – 6:00a.m. Weekdays 12:00a.m. Saturday – 6:00 a.m. Monday Holidays: New Year's day, Thanksgiving day, Christmas day, Memorial day, Labor day, Independence day and Martin Luther King, Jr. day	This indicator can be found in CP on screen PFPR or PFRH, if yes rate equals up to 5% of payment rate not to exceed provider's customary charge.
Accreditation or Star Rated NAEYC, NAFCC, NECPA, COA, NAC, ACSI, SUTQ Star Rated	This indicator can be found in CP on screen PFPR or PFRH Select checkbox if accreditation is confirmed, rate equals up to 7% of payment rate not to exceed provider's customary charge
SUTQ 2 Star Rated	Select checkbox if star rating is confirmed, rate equals up to an additional 7% above payment rate
SUTQ 3 Star Rated	Select checkbox if star rating is confirmed, rate equals up to an additional 12% above payment rate
Copayment Amount	This amount can be found in EA on AUICC or AURCA
Original Payment Amount for Week	This amount is on the Provider Payment Detail in AT and Pweb

Revised Payment Amount for Week	Enter corrected amount
Adjustment Amount	Amount to be issued or collected
Overpayment Underpayment	Check one
SECTION VI. IN HOME AIDE	
Customary Rate	This rate can be found in CP PFPR or PFRH
Weekly Cost of Care	Enter amount cost of care for the week
Copayment Amount	This amount can be found in EA on AUICC or AURCA
Number of Children	Enter the number of children cared for by in home aide during service week/period
Original Payment Amount for Week	This amount is on the Provider Payment Detail in AT and Pweb
Revised Payment Amount for Week	Enter corrected amount
Adjustment Amount	Amount to be issued or collected
Overpayment Underpayment	Check one
SECTION VII. COUNTY CONTACT	
County	County Worker Phone Number
County Worker First Name	County Worker Last Name
SECTION VIII. FOR COUNTY USE ONLY	Indicate if the adjustment was denied and provide a brief explanation of why it was denied