# **How to Claim Monthly Units**

Since July 1, 2021, all base rate payments for licensed family homes will be authorized as a monthly unit. Providers can claim the monthly unit if the child was in care during any day covered by the authorization. If the authorization is for less than the full month, the system will automatically adjust (prorate) for the days authorized in the month. Families must request changes to the authorized monthly units.

### **Claiming Monthly Units**

A monthly rate will be listed on your invoice with a unit of "1." Claim "1" monthly unit if the child was in care during any day covered by the authorization. If the authorization is for less than the full month, the system will automatically adjust for the days authorized in the month. Providers do not need to adjust the authorization when claiming the invoice. The monthly unit can only be prorated by DCYF.

Closure days must be reported before the monthly invoice deadline for DCYF to prorate the authorization. Closure days are those you are closed for reasons other than the five professional development days or eligible holidays.

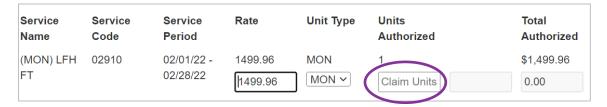
#### Claiming by Phone

Invoice Express was updated April 7, 2022. Prior to this update, you were asked if you provided care for all days authorized, leading to some confusion.

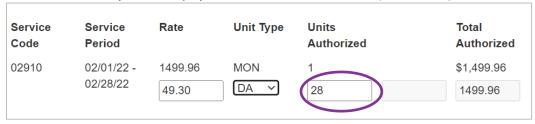
Following the update, you are now asked if you provided care at least one day of service for that month. If you provided at least one day of service for the month, answer "yes." This will record the monthly unit.

Claiming by SSPS Web-Based Portal

Indicate you are claiming "1" unit.



Note: If the unit type is changed to DA (Days) the provider will be paid the total authorized amount minus any client copayment or other deductions. (See below).





### Claiming by SSPS Web-Based Paper

Indicate you are claiming "1" unit.

| 5 SERVICE RECIPIENT |               | 93/01/22<br>10<br>03/31/22 |             | \$1,299.98<br>\$1,299.98<br>REFERENCE<br>002-02-0005 |       | 1299.98 | SERVICE<br>MON |  |   |
|---------------------|---------------|----------------------------|-------------|--|-------|---------|----------------|--|---|
| (MON) LFH FT        |               |                            |             |  |       |         | MON            |  | Ď |
| CASE NUMBER         | AUTHORIZATION | 2                          | WORKER I. D |  | 92910 |         |                |  |   |

## Need Help or Have Questions?

If you have any questions as to how to claim correctly, please contact the Statewide Provider Team at 1-800-394-4571 or email <a href="mailto:providerhelp@dcyf.wa.gov">providerhelp@dcyf.wa.gov</a>.